

Myelodysplastic Syndromes with EZH2 Mutations Frequently Show Multilineage Dysplasia, Chromosome 7 Alterations and Concomitant Mutations in ASXL1, RUNX1 and TET2

Ali Sakhdari, Mark J. Routbort, Keyur Patel, Joseph D. Khoury, Carlos Bueso-Ramos, Rajyalakshmi Luthra, Guillermo Garcia-Manero, C. Cameron Yin, Sanam Loghavi, Chi Young Ok, Zhuang Zuo, L. Jeffrey Medeiros and Rashmi Kanagal-Shamanna Department of Hematopathology, The University of Texas M.D. Anderson Cancer Center, Houston, TX

CONTEXT

- EZH2 (7q36) encodes a histone methyltransferase essential for epigenetic silencing during stem cell renewal.
- EZH2 mutation is one mechanism of abnormal EZH2 function and is shown to be an independent predictor of survival in MDS.
- Unlike lymphomas where EZH2 Y641 hot-spot gain-of-function mutation is frequent, MDS cases show a spectrum of mutations.
- Due to the availability of *EZH2*-targeted therapies, there is a need for precise evaluation of these mutations in larger cohorts.
- In this study, we evaluated *EZH2* mutations in MDS patients and correlated with clinical, morphologic and genetic findings.

METHODS

- We searched the institutional database for MDS patients with *EZH2* mutation.
- NGS using a 81-myeloid-gene panel was performed.
- Clinical, morphologic, cytogenetic and mutational results were reviewed.

RESULTS

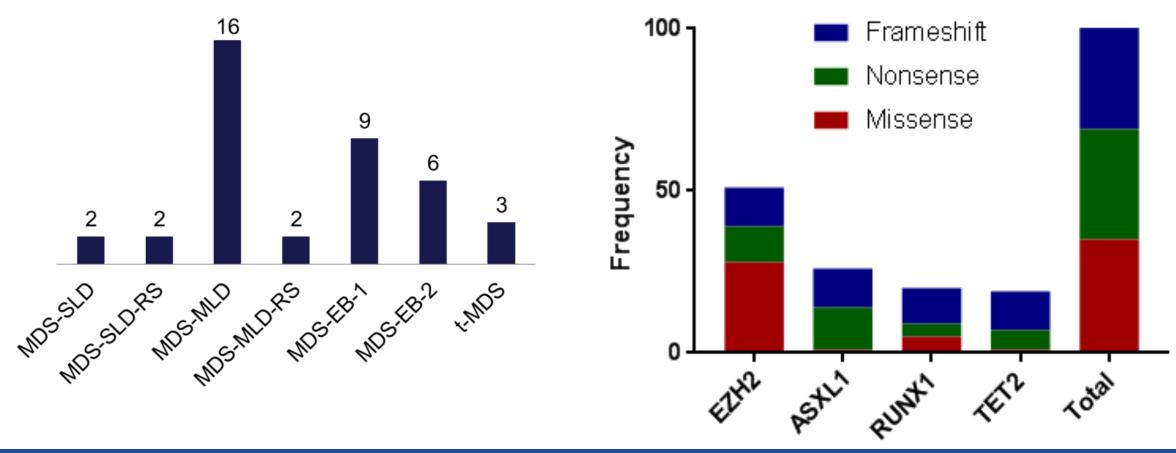
- The EZH2 mutations were most frequent in exons18 and 19.
- All cases had at least 1 concurrent gene mutation; ASXL1 (45%), RUNX1 (35%), TET2 (33%) etc..(fig.2).
- By morphologic review, MLD was most frequent subtype (fig.3).
- Abnormal karyotype was frequent; majority include concurrent chromosomal 7 alterations.

Table1. Summary of clinical and laboratory features

Features	+ No other mutation N = 5				
Gender M:F	3:2				
Age - M (rang	76 (66 - 79)				
% BM blasts	2 (1 - 9)				
BM fibrosis - I	1 (0 - 2)				
BM cellularity	70 (40 - 80)				
% Ring sidero	0 (0 - 15)				
Karyotype	Normal	1			
	Not- complex	4			
	Complex	0			
	+ chr 7 alteration	1			

Table2. Distribution of most common co-mutated genes with EZH2

Pt.ID													
	29	31	42	46	8	44	57	14	25	50	53	30	,
Gene													
EZH2													
ASXL1													
RUNX1													
TET2													
TP53													
IDH1/2													
DNMT3A													



RESULTS

+ 1 of *RUNX1* + ≥ 2 of + ≥ 3 extra RUNX1, + TP53* or ASXL1 or Total mutations ASXL1,TET2 N = 40 TET2 N = 6 N = 10 N = 14*** N = 12 33:7 5:1 11:1 12:1 9:1 75 (65 - 90) 74 (59 - 80) 75 (63 - 84) 74 (55 - 90) 64 (55 - 77) 2.5 (0 - 13) 4 (1 - 15) 6 (1 - 15) 6.5 (1 - 11) 4 (0 - 15) 1 (0 - 2) 1 (0 - 3) 1 (0 - 1) 1 (0 - 1) 1 (0 - 3) 50 (10 - 95) 65 (15 - 90) 60 (15 - 95) 50 (10 - 95) 60 (10 - 95) 0 (0 - 67) 1 (0 - 20) 0 (0 - 67) 0 (0 - 7) 0 (0 - 8) 12 (30%) 2 3 2 19 (47.5%) 7 7 5 1 3 7 (17.5%) 3 1 2 14 (35%) 3 5 4 4



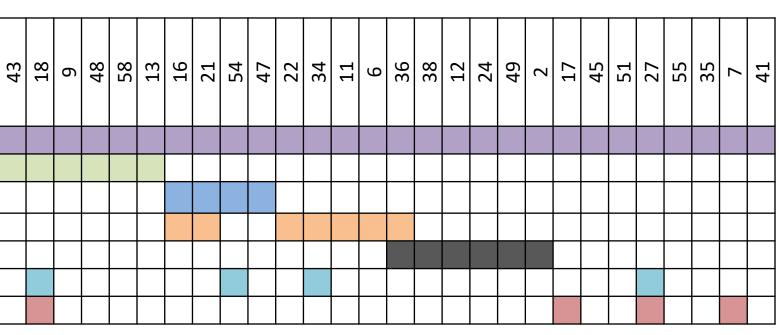
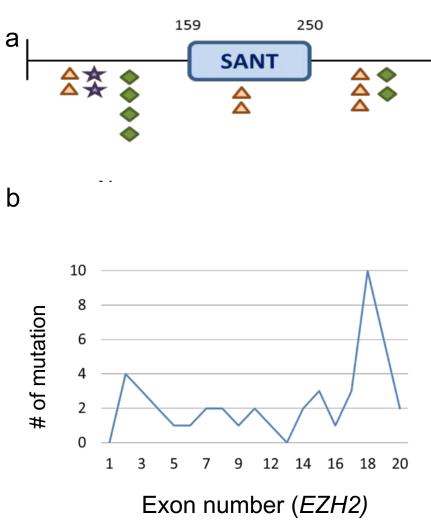
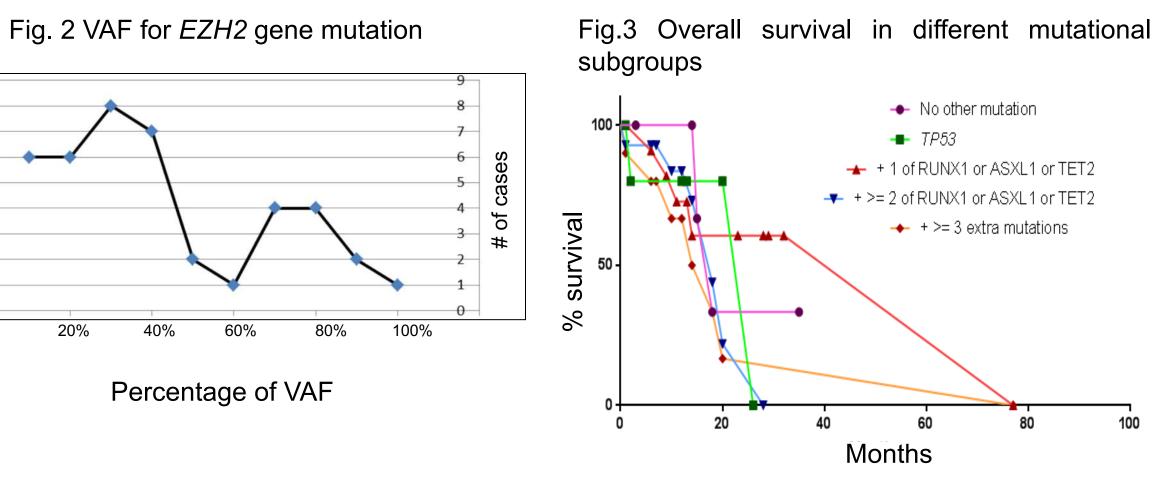
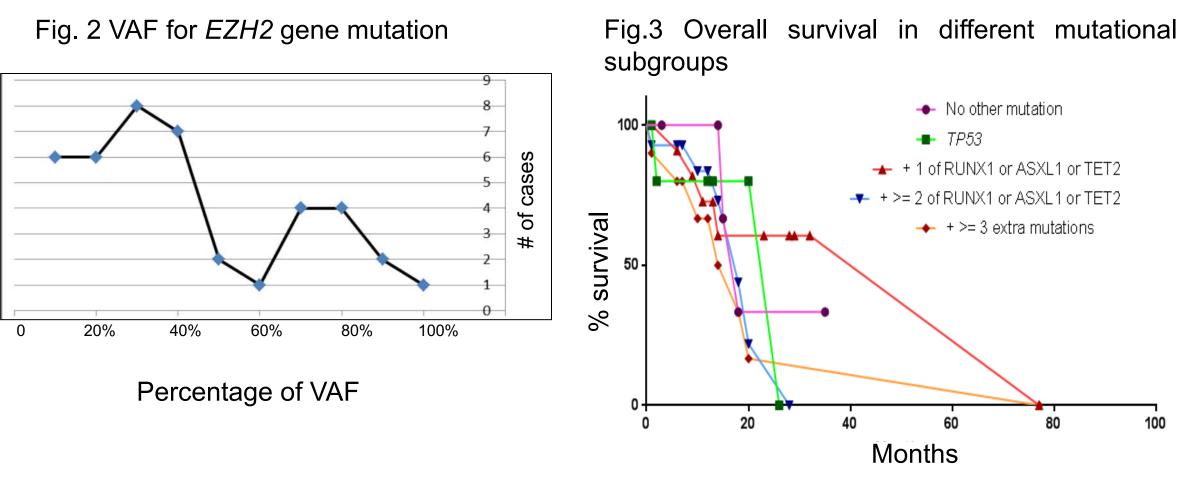


Table3. Summary of different subtypes of MDS
 Table4. Summary of gene mutations and types







- EZH2 mutations in MDS span the entire gene.
- mutually exclusive.
- •
- suggesting a tumor suppressor role.



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Fig. 1 EZH2 mutations distribution in a) among different gene domains, **b**) different gene exons

CONCLUSIONS

MDS patients with EZH2 mutations show a male predominance, multilineage dysplasia and frequent co-mutations in ASXL1, RUNX1 and TET2. Mutations between TP53 and other (ASXL1, RUNX1, TET2, etc..) genes are

EZH2 VAF shows a clonal rather than a subclonal change in most cases.

A high proportion (35%) has concurrent chromosome 7 alterations