



Thursdays Webinars



Bone marrow failures genetic diagnostic

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French reference center for aplastic anemia & PNH
French network for rare immunological & hematological
disorders (MaRIH)

Hôpital Saint-Louis, Paris, France

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Co-funded by
the Health Programme
of the European Union



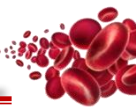


- **Alexion, Novartis, Pfizer**
 - Consultancy
 - Honoraria
 - Research funding
- **Amgen**
 - Research funding



Agenda

- **Initial diagnosis**
 - **Etiology**
 - Idiopathic aplastic anemia
 - Fanconi anemia, Dyskeratosis congenita
 - **Management**
- > Who should be screened for germline mutation at diagnosis?**

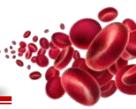


Diagnosis

- Pancytopenia

- Macrocytosis is common
- Lymphocytes count is usually preserved (!)
- Isolated cytopenia at early stage (thrombocytopenia)

*(!) differences between
idiopathic and acquired*



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- Bone marrow aspiration

- No abnormal cells

*(!) differences between
idiopathic and acquired*



Diagnosis

- Pancytopenia

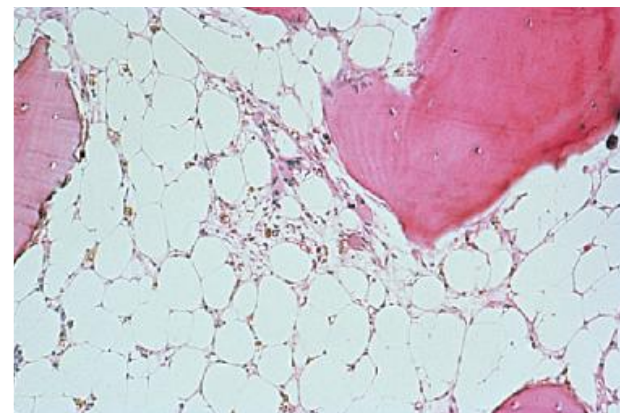
- Macrocytosis is common
- Lymphocytes count is usually preserved
- Isolated cytopenia at early stage (thrombocytopenia)

- Bone marrow aspiration

- No abnormal cells

- Bone marrow biopsy (diagnosis)

- Cellularity <30%
- Dyserythropoiesis (usual)
- Mast cells, lymphoid hyperplasia, plasma cells, macrophages (!)

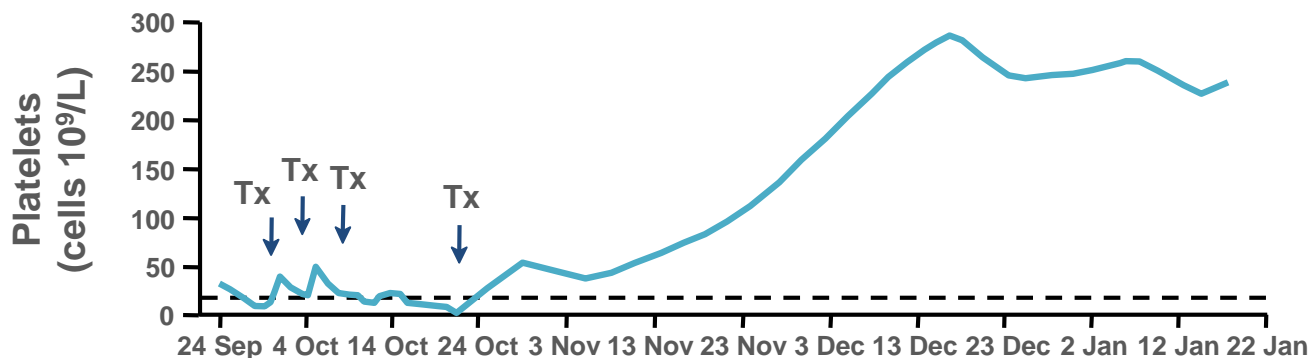
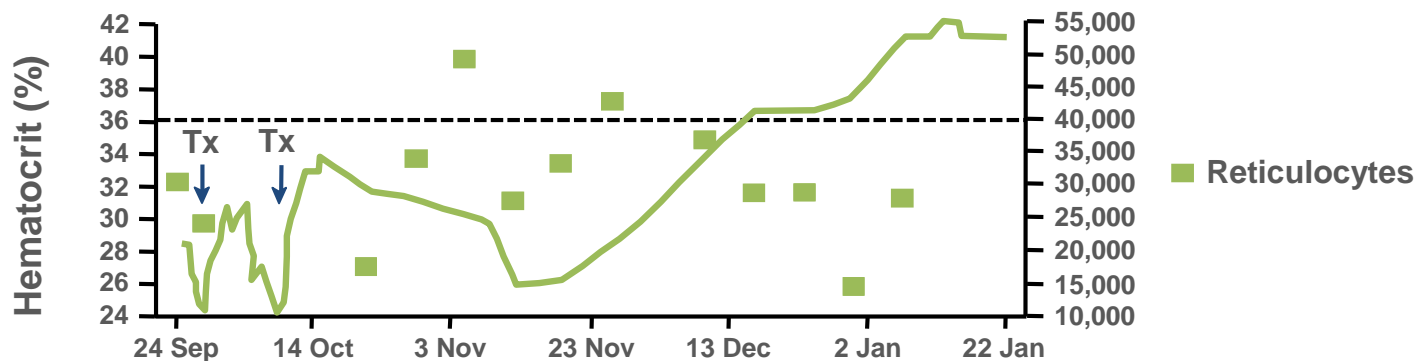
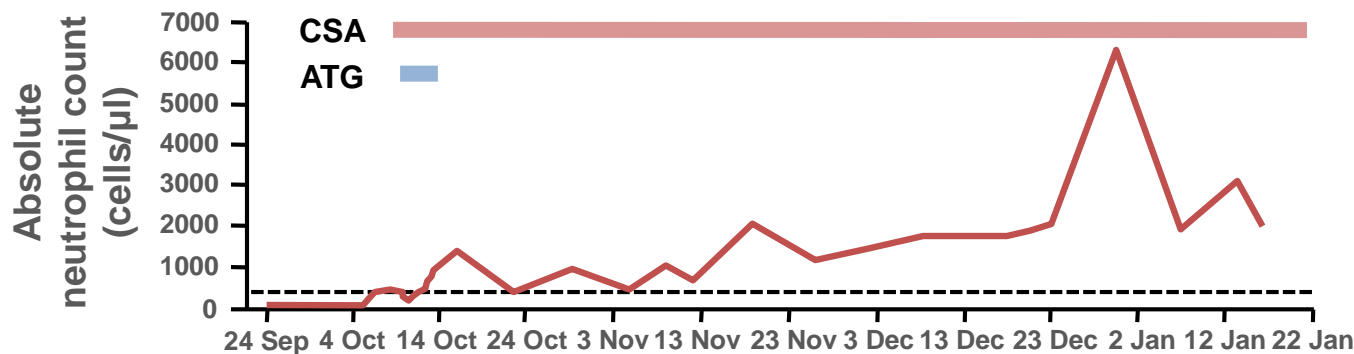


*(!) differences between
idiopathic and acquired*

Idiopathic *versus* inherited aplastic anemia



Idiopathic (80%) – immune mediated



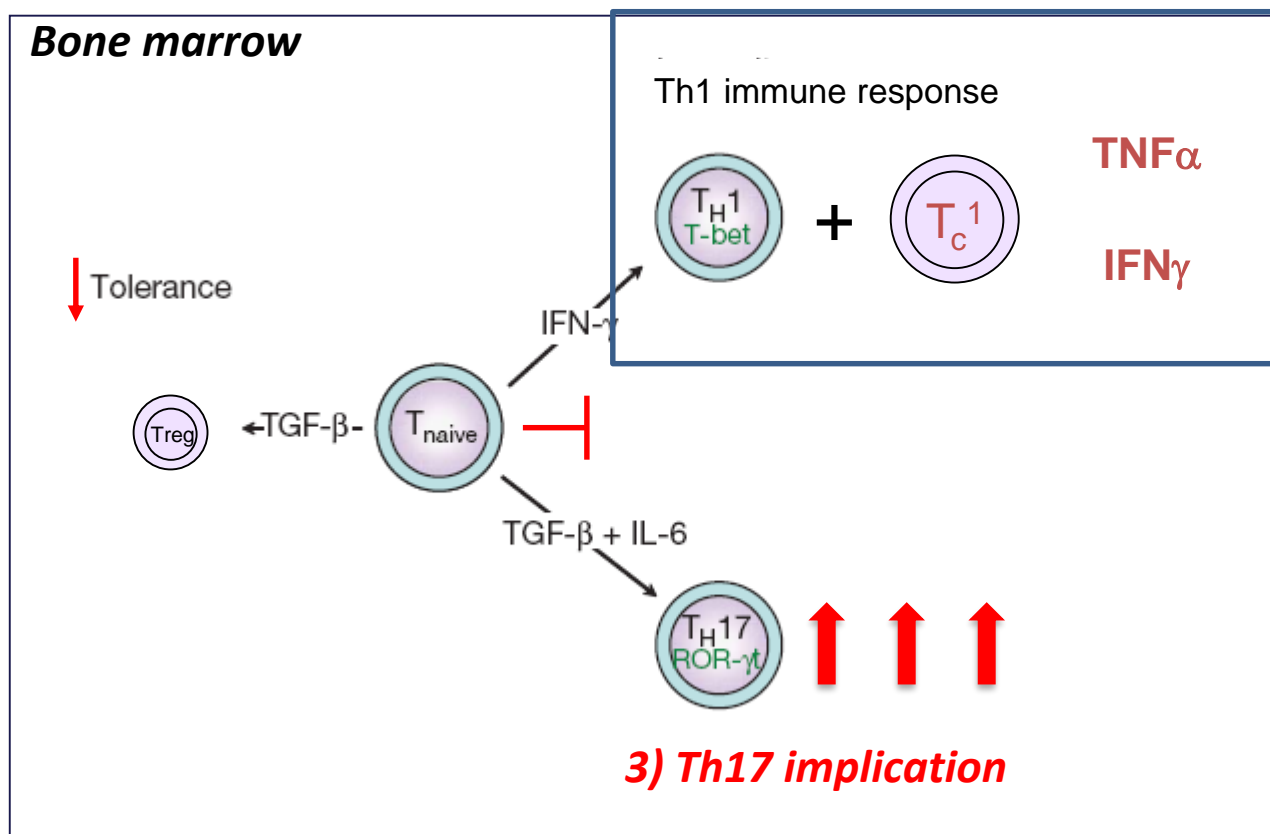
Idiopathic *versus* inherited aplastic anemia



Idiopathic (80%) – immune actors

> Acute phenomena – previous normal CBCs

1) Th1 immune mediated response



2) Tregs quantitative deficit

3) Th17 implication

Solomou *et al*, Blood 2006; Bettelli *et al*, Nature 2008;

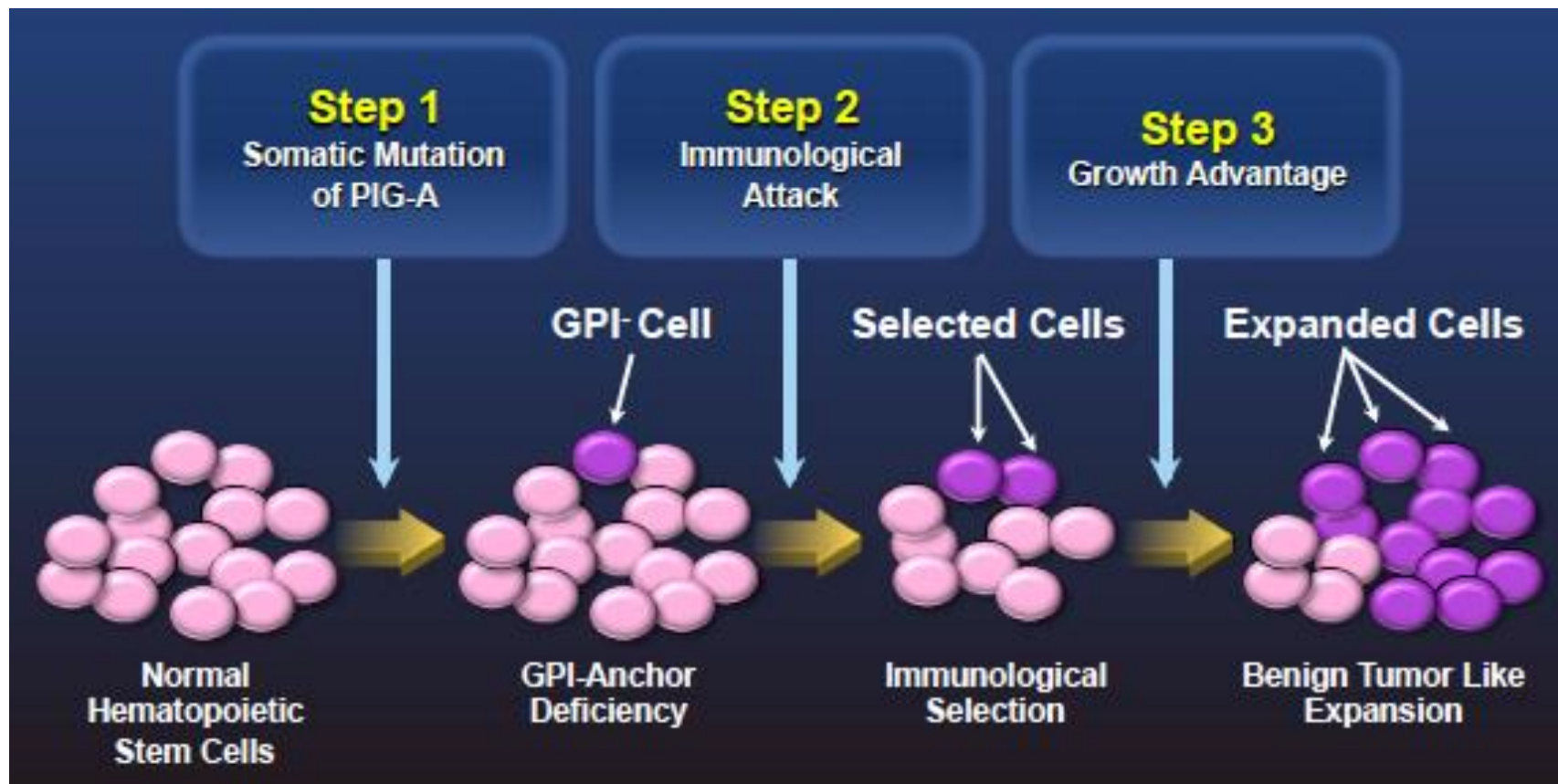
Feng X *et al*, Haematologica 2010; Peffault de Latour *et al*, Blood 2010

Idiopathic *versus* inherited aplastic anemia



Idiopathic (80%) – PNH clone

> PNH clone expansion in the context of immune-mediated BMF



Reference
Network
for rare or low prevalence
complex diseases

Network
Hematological
Diseases (ERN EuroBloodNet)



Inherited (20%) – Germline mutations

- **Mutations implicated in heterogeneous biological pathways**
 - DNA repair, Fanconi anemia
 - Related Telomere biology disorders, Dyskeratosis congenita
 - Ribosome biogenesis, DBA, Schwachman-Diamond
 - Hematopoietic transcription factors, GATA-2 deficiency
- Physical exam is very useful



Inherited (20%) – Germline mutations

- **Mutations implicated in heterogeneous biological pathways**

- DNA repair, Fanconi anemia

- Related Telomere biology disorders, Dyskeratosis

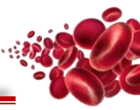
congenita

- Ribosome biogenesis, DBA, Schwachman-Diamond

- Hematopoietic transcription factors, GATA-2 deficiency

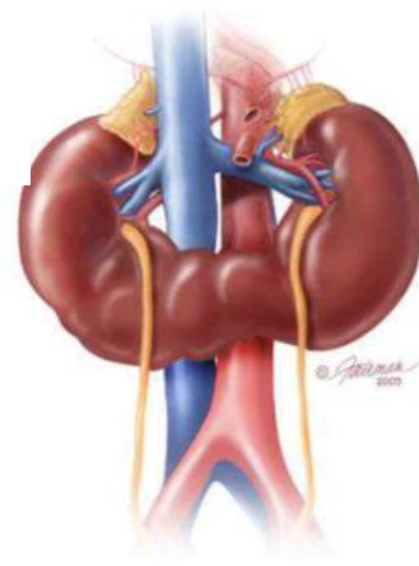
- **Physical exam is very useful**

Idiopathic *versus* inherited aplastic anemia



Inherited (20%) – Fanconi anemia

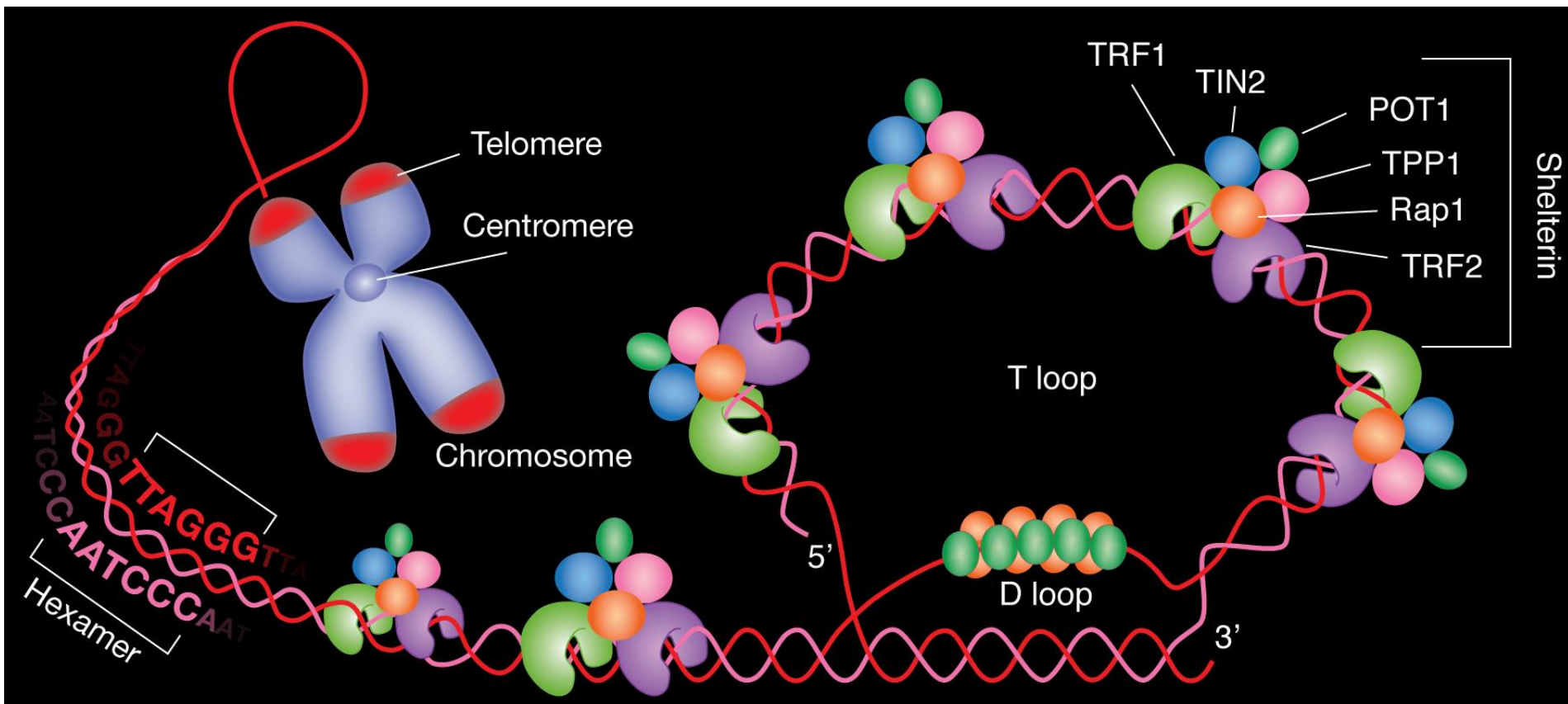
Typical clinical features



Idiopathic *versus* inherited aplastic anemia



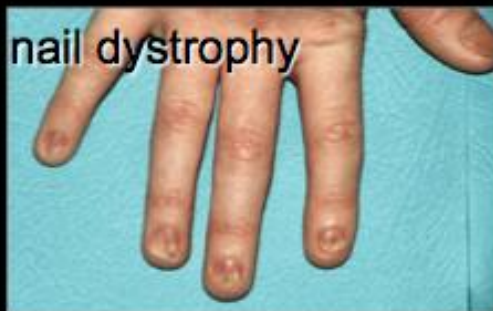
Inherited (20%) – Telomeropathy



Idiopathic *versus* inherited aplastic anemia



Inherited (20%) – Telomeropathy



X-linked DKC

DKC1 (encoding dyskerin, protein component of telomerase complex)



Autosomal Dominant DKC

TERC, RNA component of telomerase
TINF2 (shelterin protein)
RTEL1 (DNA helicase)



Autosomal Recessive DKC

TERT, *NOP10*, *NHP2*, *WRAP3*

Courtesy by R. Calado



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Inherited (20%) – Others (...)

RED CELLS, IRON, AND ERYTHROPOIESIS

CME Article

A landscape of germ line mutations in a cohort of inherited bone marrow failure patients

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OBJECTIVES: in a cohort of patients with an unresolved, likely-Inherited BMF:

To identify new IBMF/MDS causes; to draw a broad molecular portrait of this heterogeneous group of patients

N=179 patients from 173 unrelated families

(median age: 8.3 years)

Idiopathic *versus* inherited aplastic anemia



Inherited (20%) – Others (...)

gDNA from skin fibroblast cells (n=179 pts)



WES

- Sequenced on NextSeq500 or HiSeq1000 systems (illumina)
- Analysis: home made bioinformatics pipeline
- Flagging procedure for known IBMF genes
- Additional manual investigation for potential novel IBMF-causing genes



Pathogenic effect of the variants using ACMG classification



Integrated review for each patient in multidisciplinary roundtable sessions
biological and clinical expertise



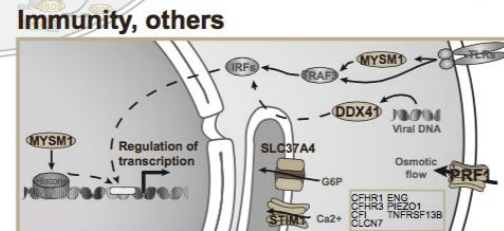
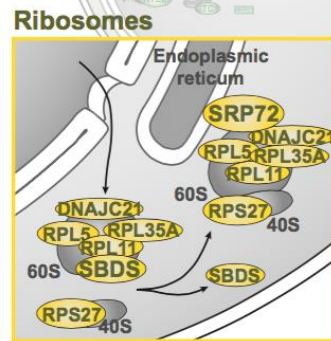
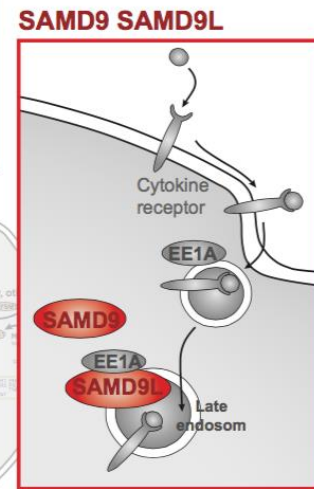
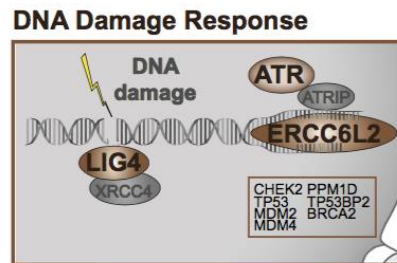
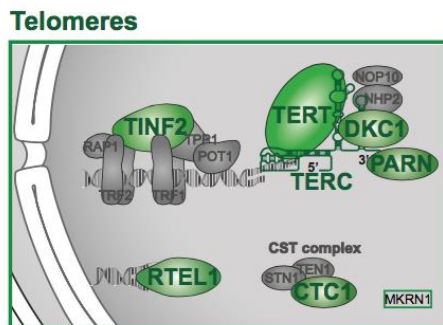
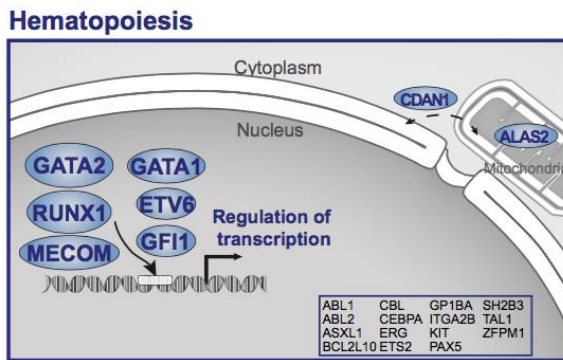
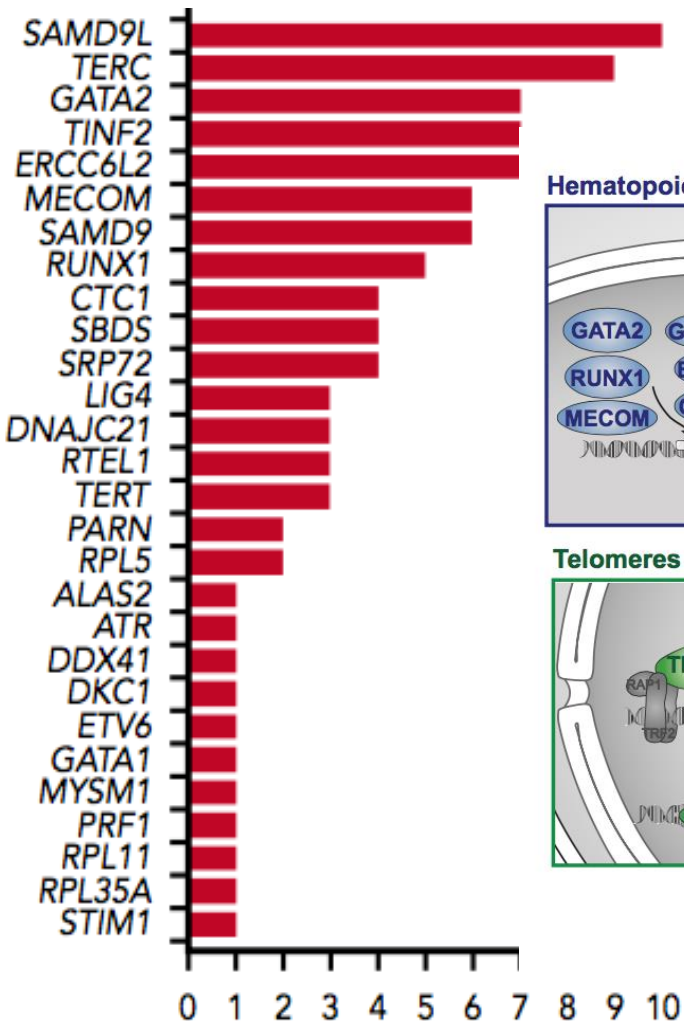
28 genes were assigned to be
causal or very likely causal gene variant (Sanger re-sequenced)

Idiopathic *versus* inherited aplastic anemia



Molecular diagnosis: N=86 patients (almost 50%)

Biological pathways



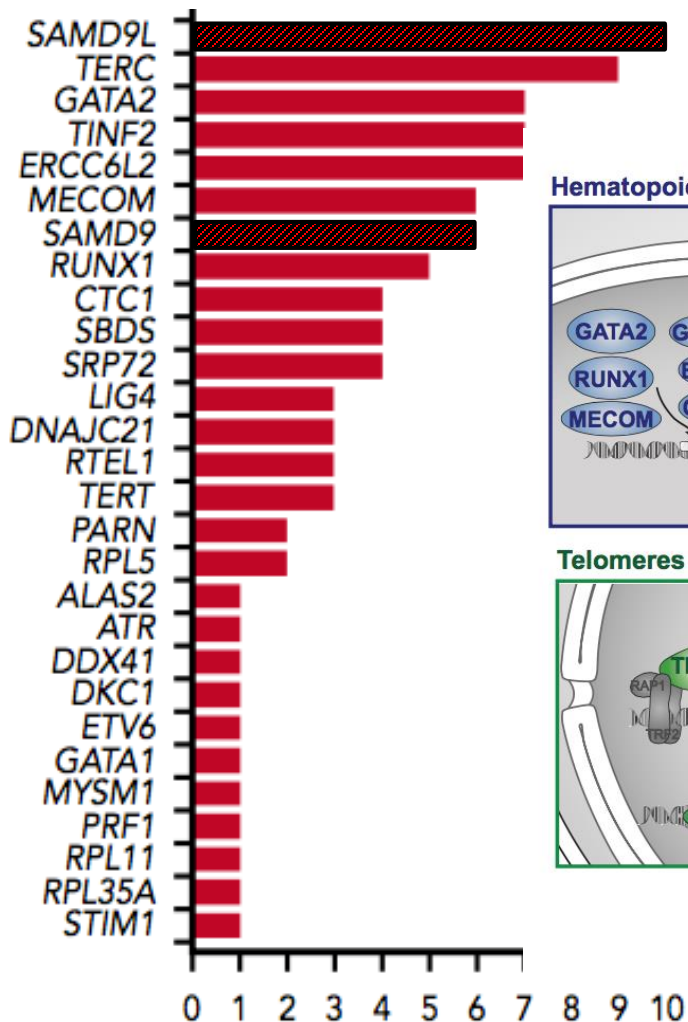
Number of patients with variants

Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia



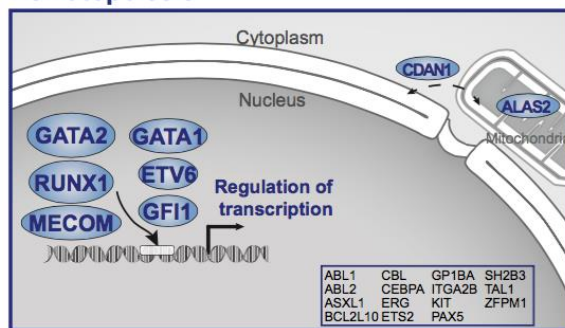
SAMD9L/SAMD9: N=16 patients (19%)



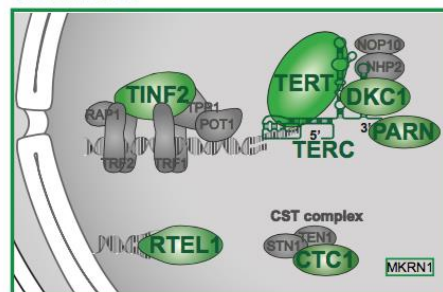
Number of patients with variants

Biological pathways

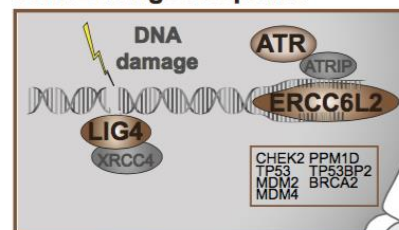
Hematopoiesis



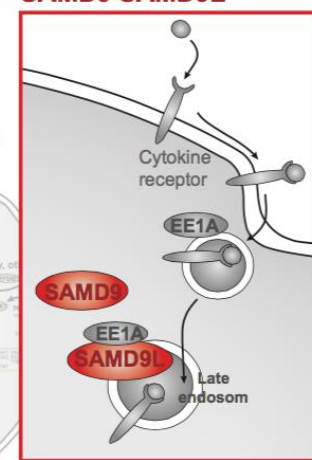
Telomeres



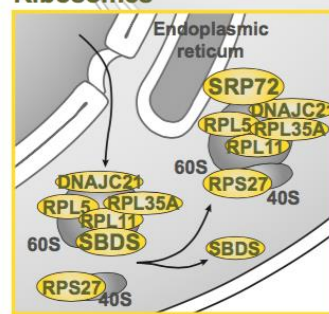
DNA Damage Response



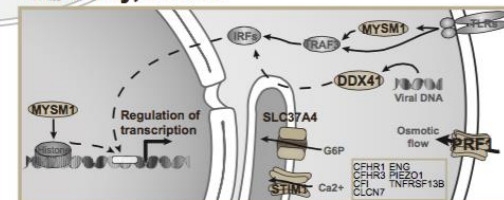
SAMD9 SAMD9L



Ribosomes



Immunity, others

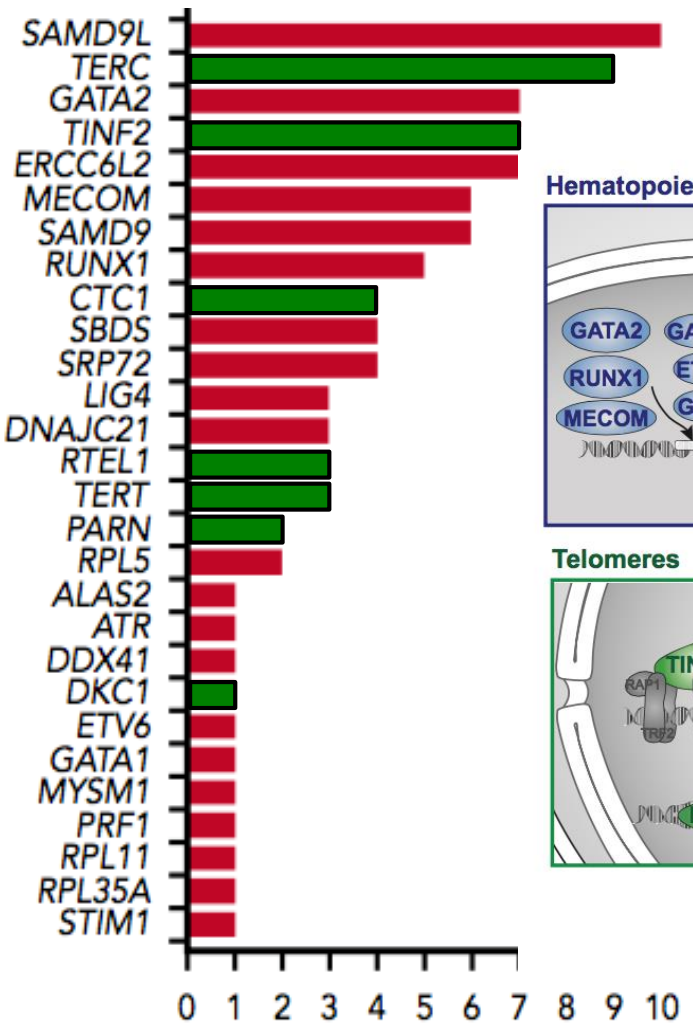


Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia



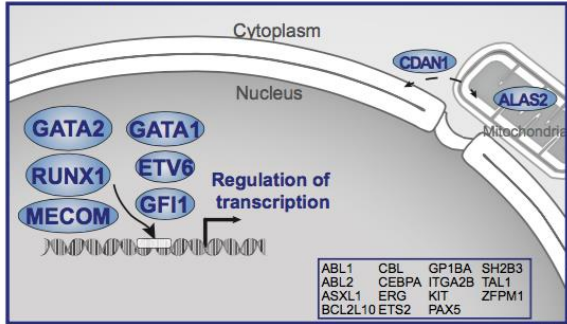
Telomeres genes: N=29 patients (34%)



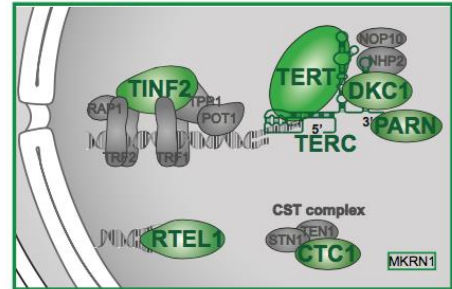
Number of patients with variants

Biological pathways

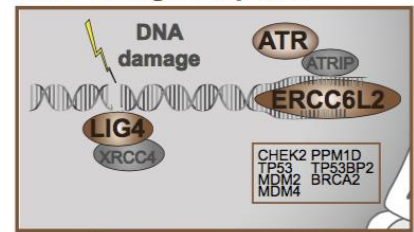
Hematopoiesis



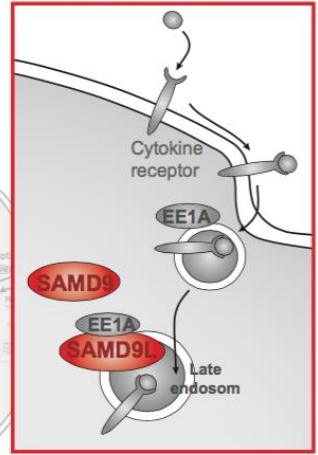
Telomeres



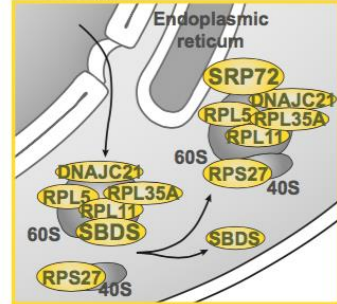
DNA Damage Response



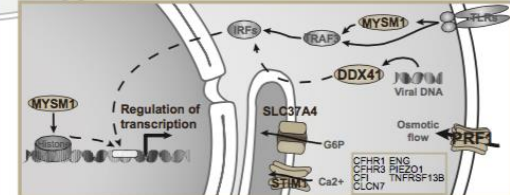
SAMD9 SAMD9L



Ribosomes



Immunity, others

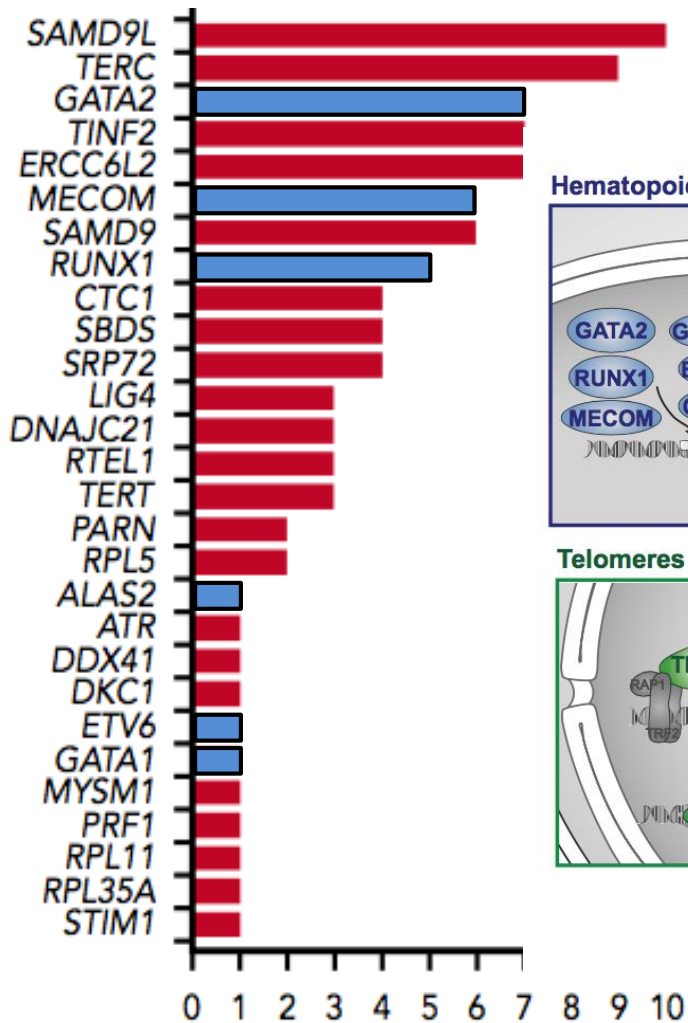


Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia

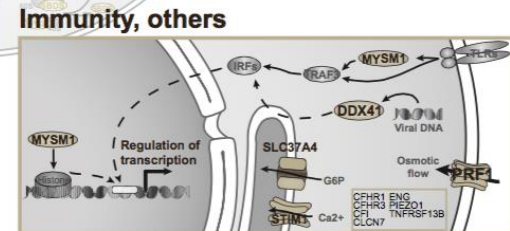
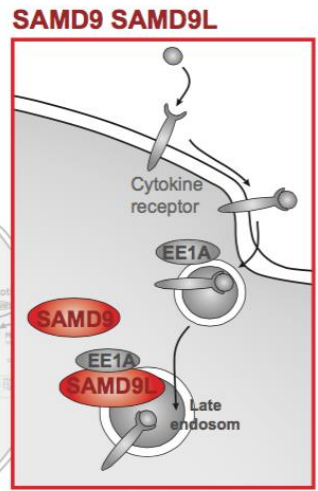
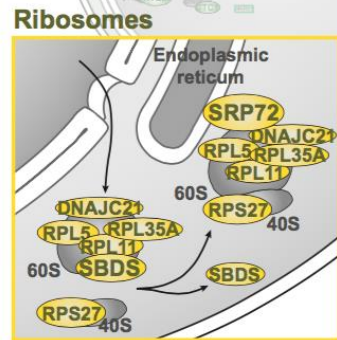
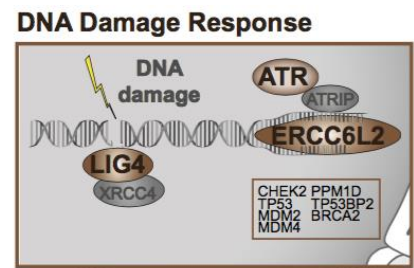
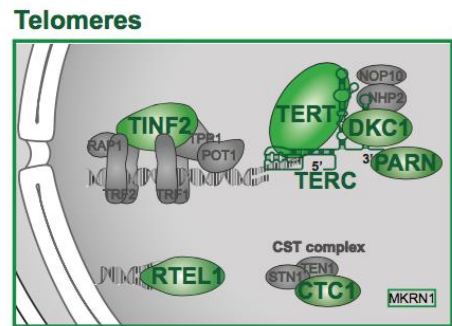
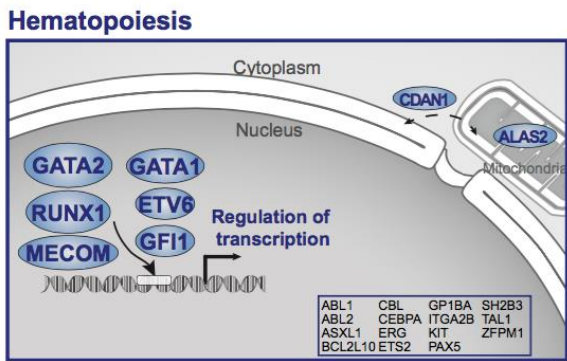


Hematopoietic genes: N=21 patients (24%)



Number of patients with variants

Biological pathways

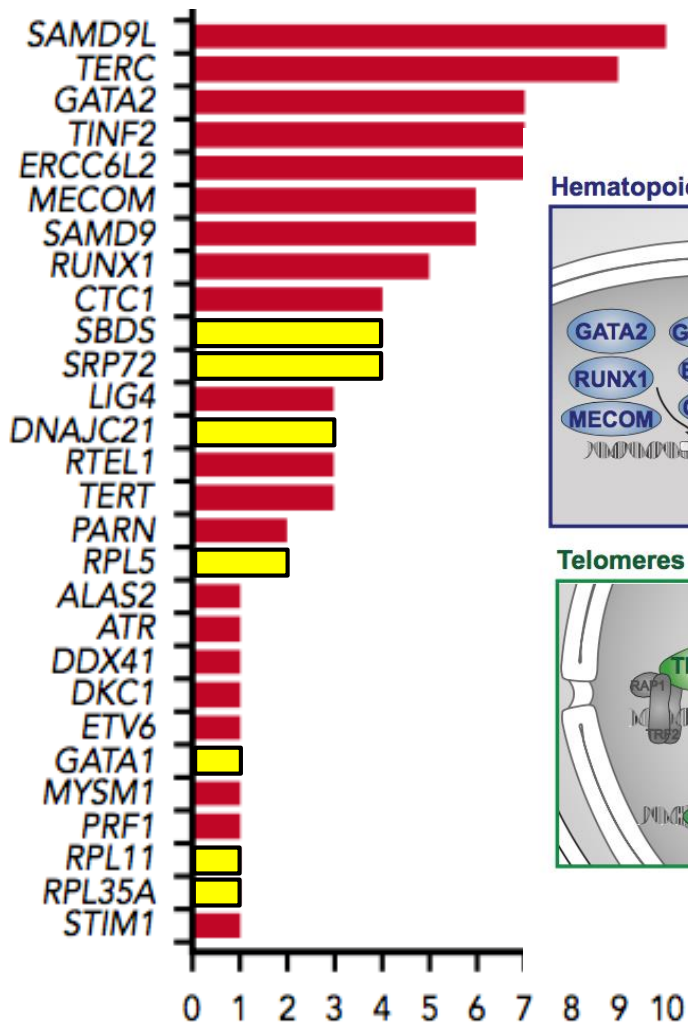


Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia



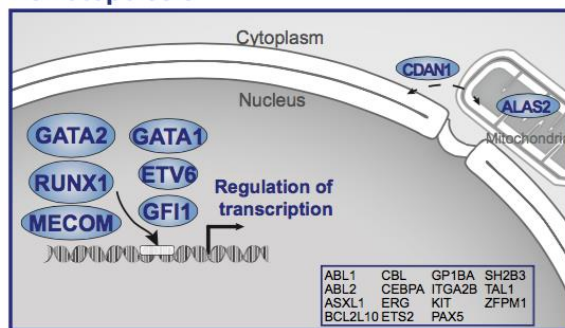
Ribosome biogenesis: N=12 patients (14%)



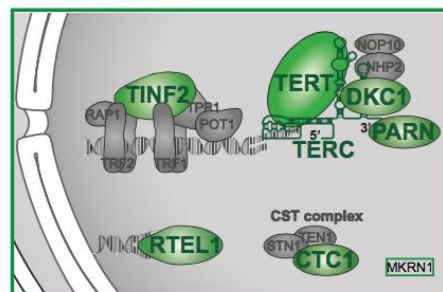
Number of patients with variants

Biological pathways

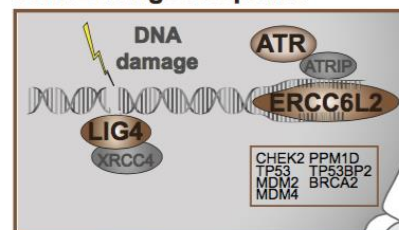
Hematopoiesis



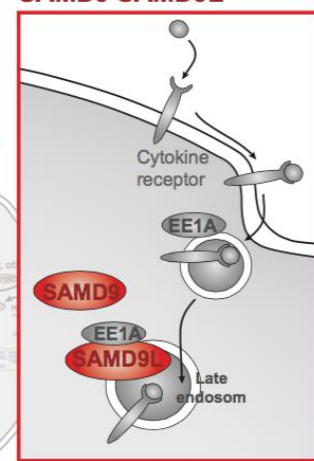
Telomeres



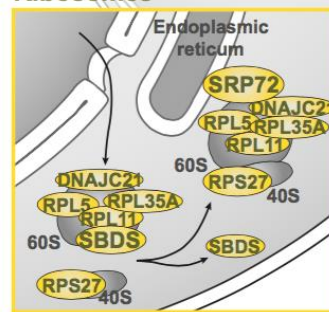
DNA Damage Response



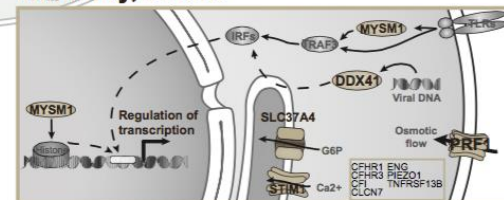
SAMD9 SAMD9L



Ribosomes



Immunity, others

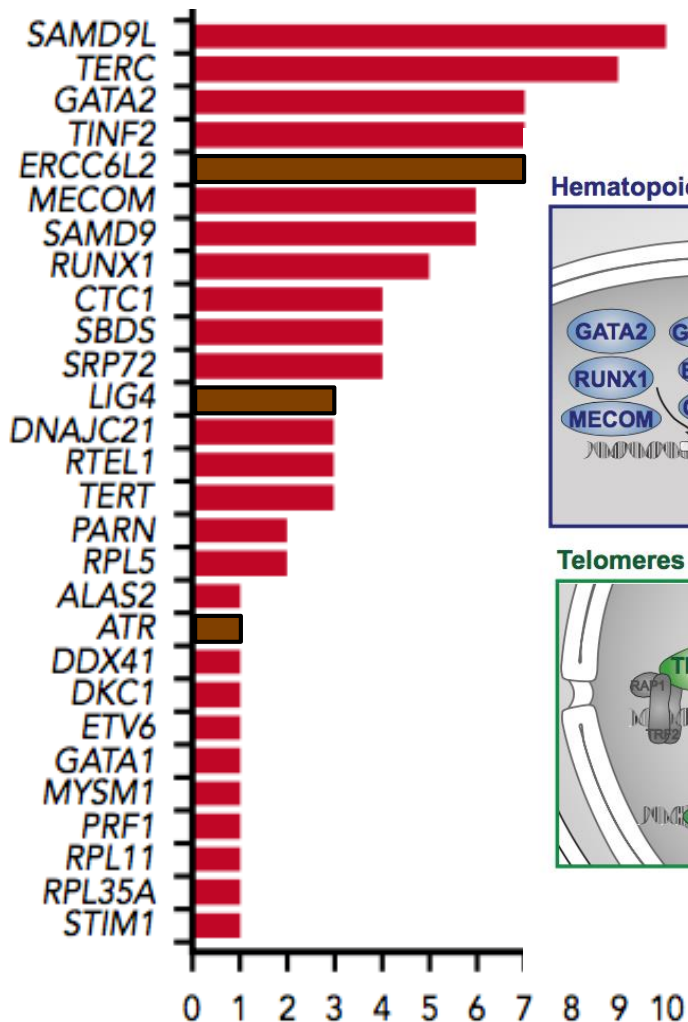


Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia



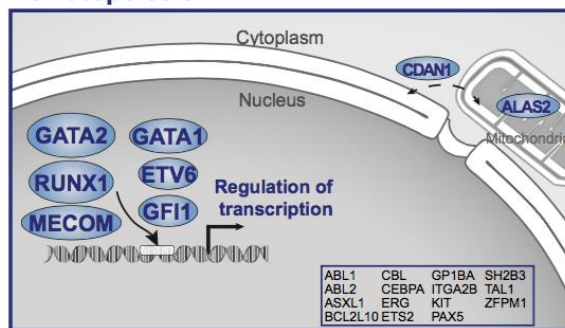
DNA damage: N=11 patients (13%)



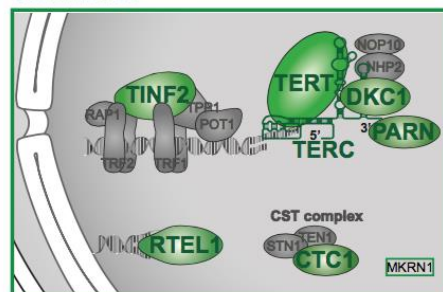
Number of patients with variants

Biological pathways

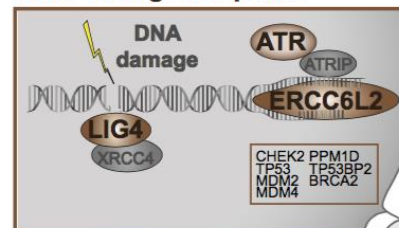
Hematopoiesis



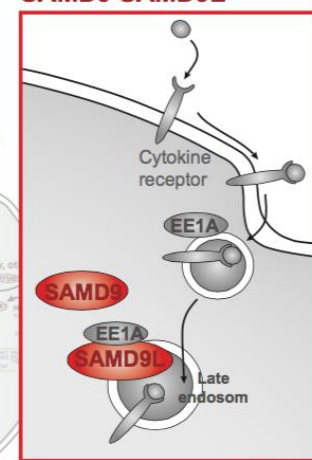
Telomeres



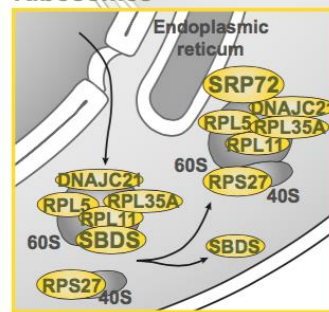
DNA Damage Response



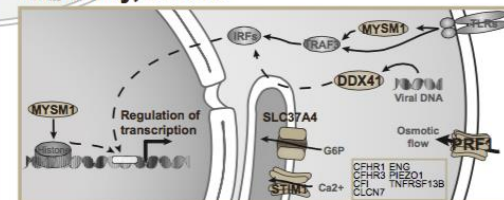
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Ribosomes



Immunity, others

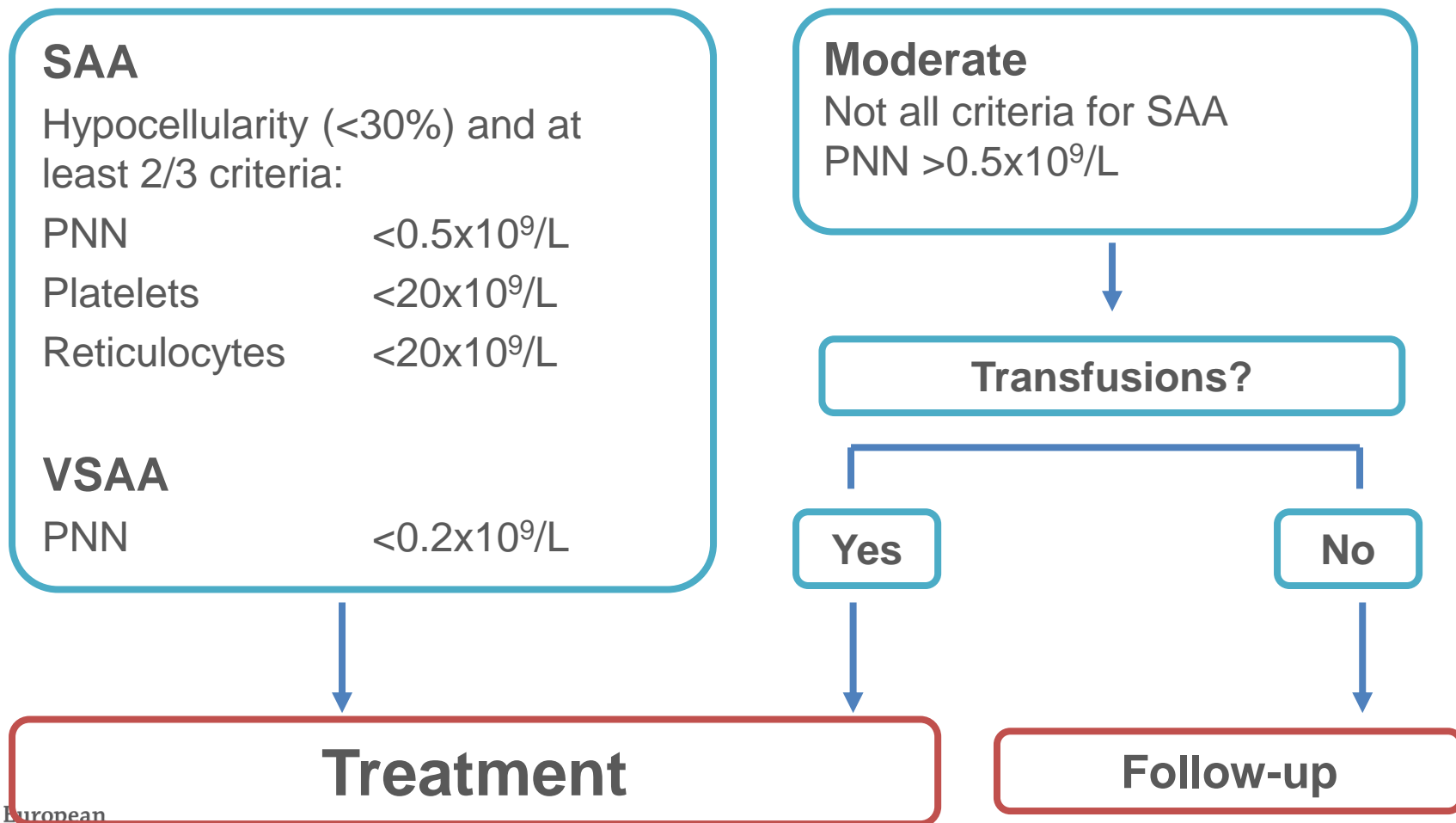


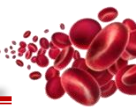
Bluteau et al, Blood Nov. 2017

Idiopathic *versus* inherited aplastic anemia



Management





Management

- **Treatment**

- Idiopathic aplastic anemia: immunosuppressive treatment or transplantation
- Inherited aplastic anemia: androgens or transplantation



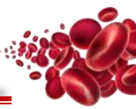
Management

- **Treatment**

- Idiopathic aplastic anemia: immunosuppressive treatment or transplantation
- Inherited aplastic anemia: androgens or transplantation

- **Long-term follow-up**

- Clonal evolution for both causes (MDS, AML)
- Solid cancer for inherited disorders



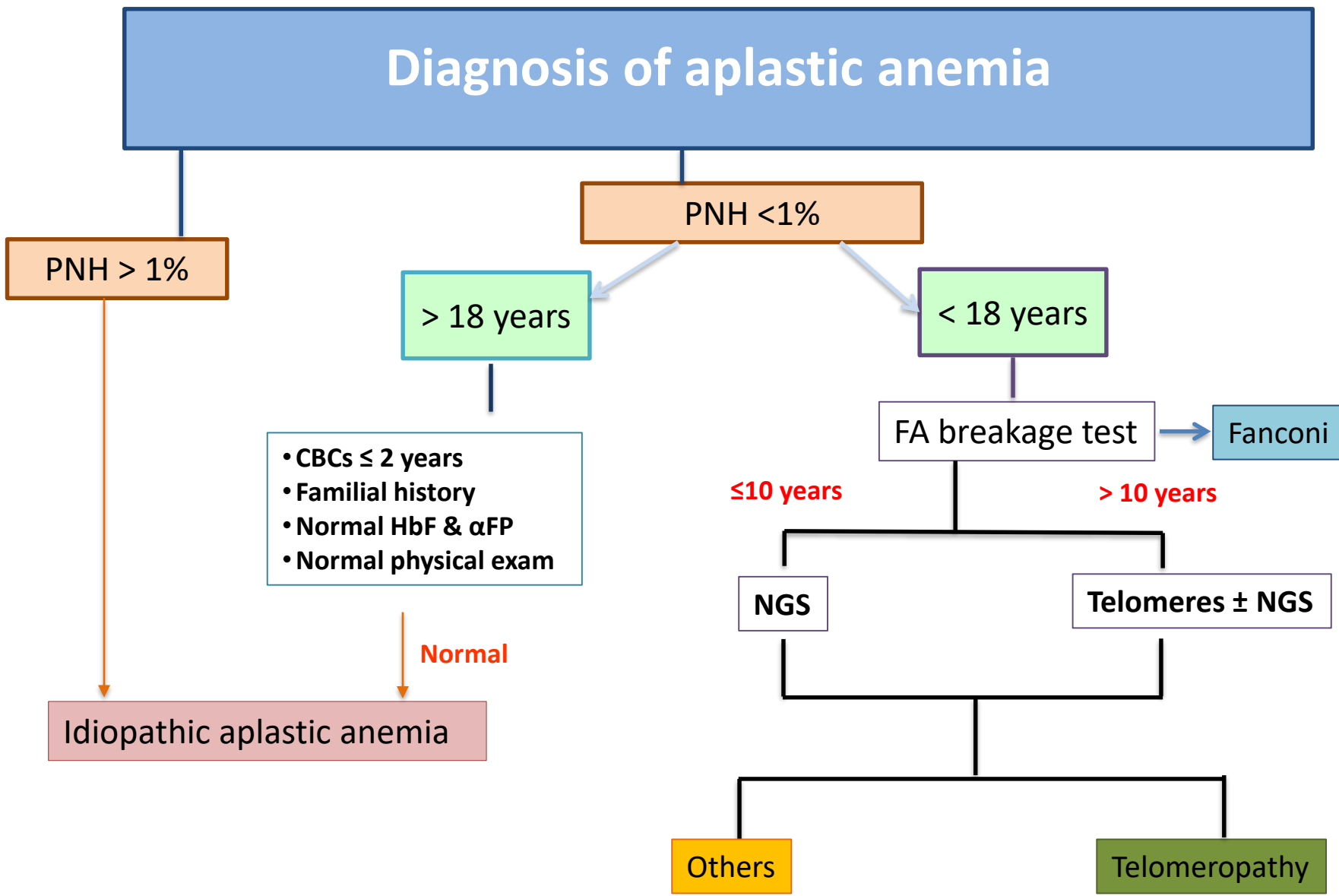
Any difference?

- **Disease installation**
 - Progressive versus acute (CBCs history)
- **Personal history**
 - Early development
 - Physical exam
- **Familial history**
 - Hematological disorders
 - Extra hematological disorder (Lung and cirrhosis)
- **Biology**
 - PNH clone
 - Immune deficiency
 - Hemoglobin F & α FP

Idiopathic *versus* inherited aplastic anemia



Who should be screened upfront for germline mutations?



Idiopathic *versus* inherited aplastic anemia



Who should be screened upfront for germline mutations?

Diagnosis of aplastic anemia

PNH > 1%

PNH < 1%

> 18 years

< 18 years

- CBCs \leq 2 years
- Familial history
- Normal HbF & α FP
- Normal physical exam

Normal

Idiopathic aplastic anemia

FA breakage test

Fanconi

≤ 10 years

> 10 years

NGS

Telomeres \pm NGS

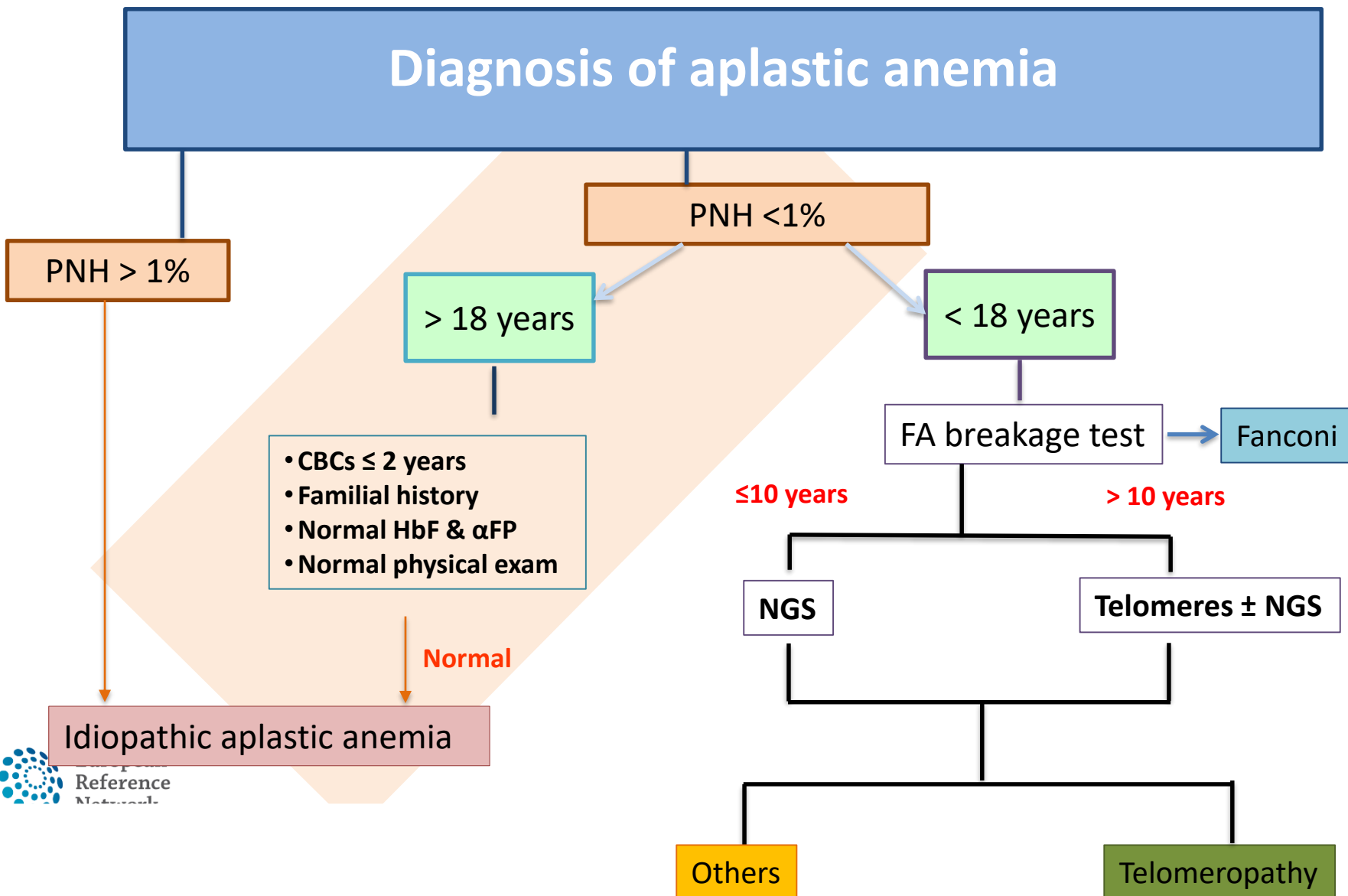
Others

Telomeropathy

Idiopathic *versus* inherited aplastic anemia



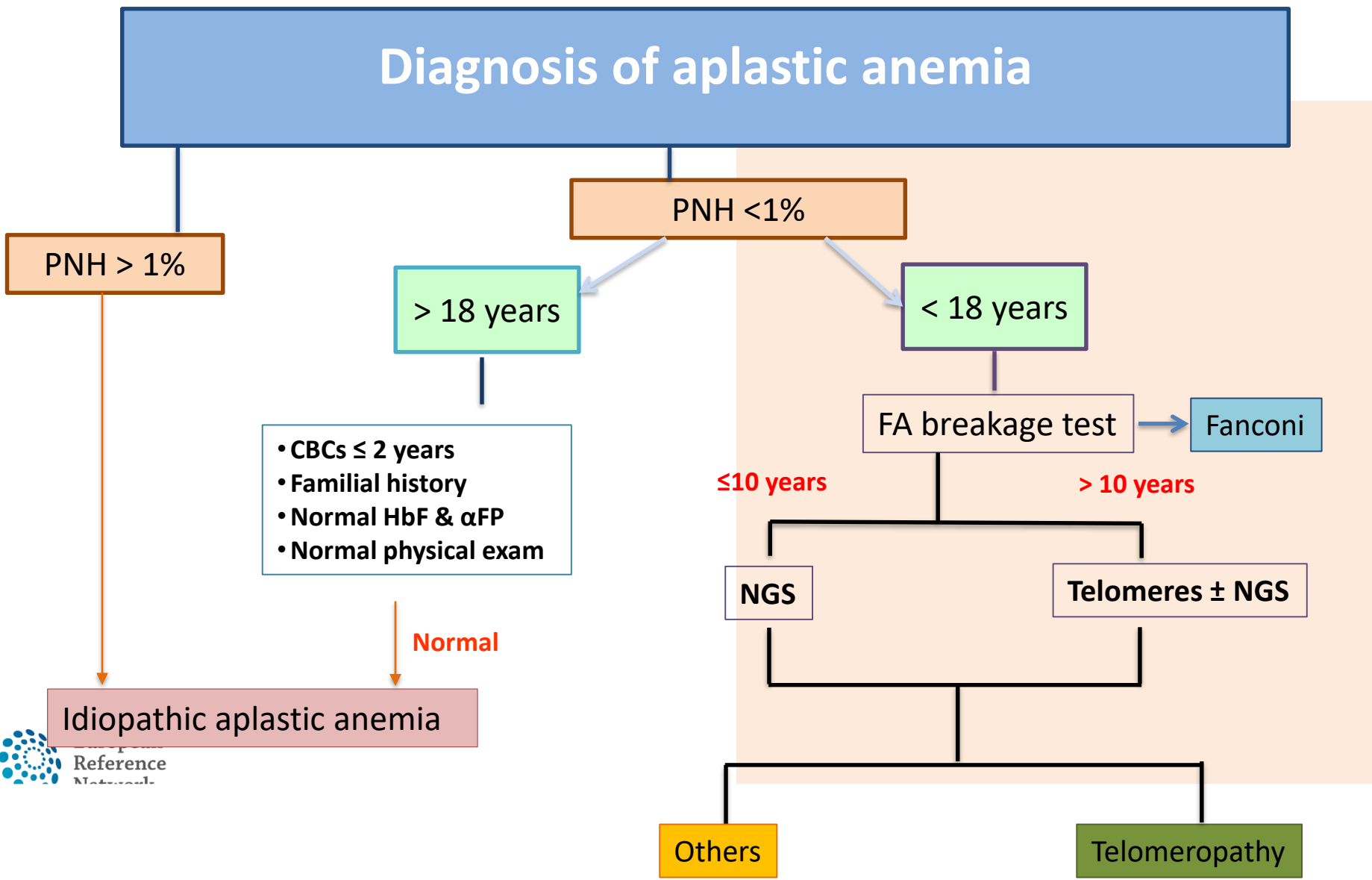
Who should be screened upfront for germline mutations?



Idiopathic *versus* inherited aplastic anemia



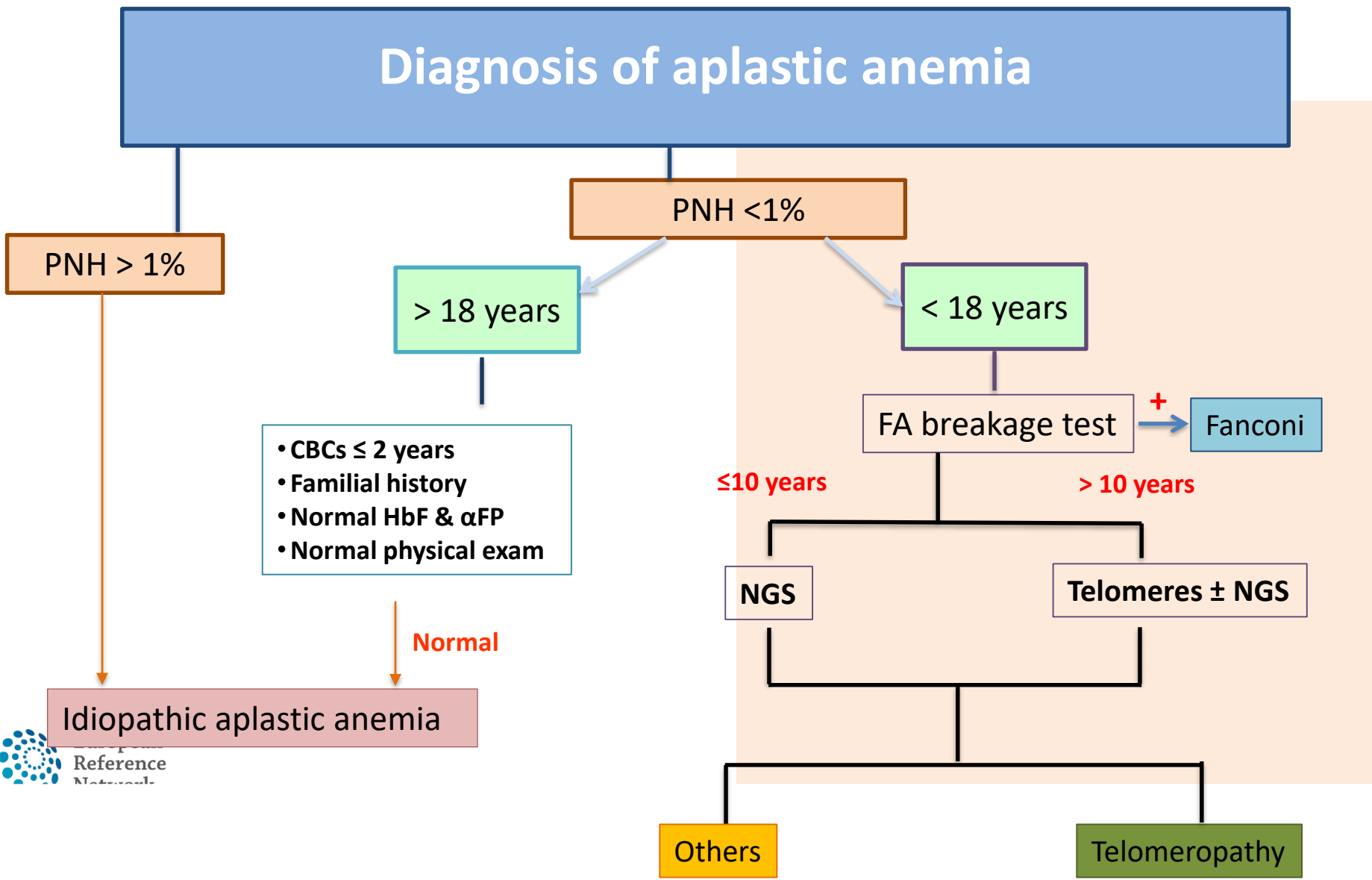
Who should be screened upfront for germline mutations?



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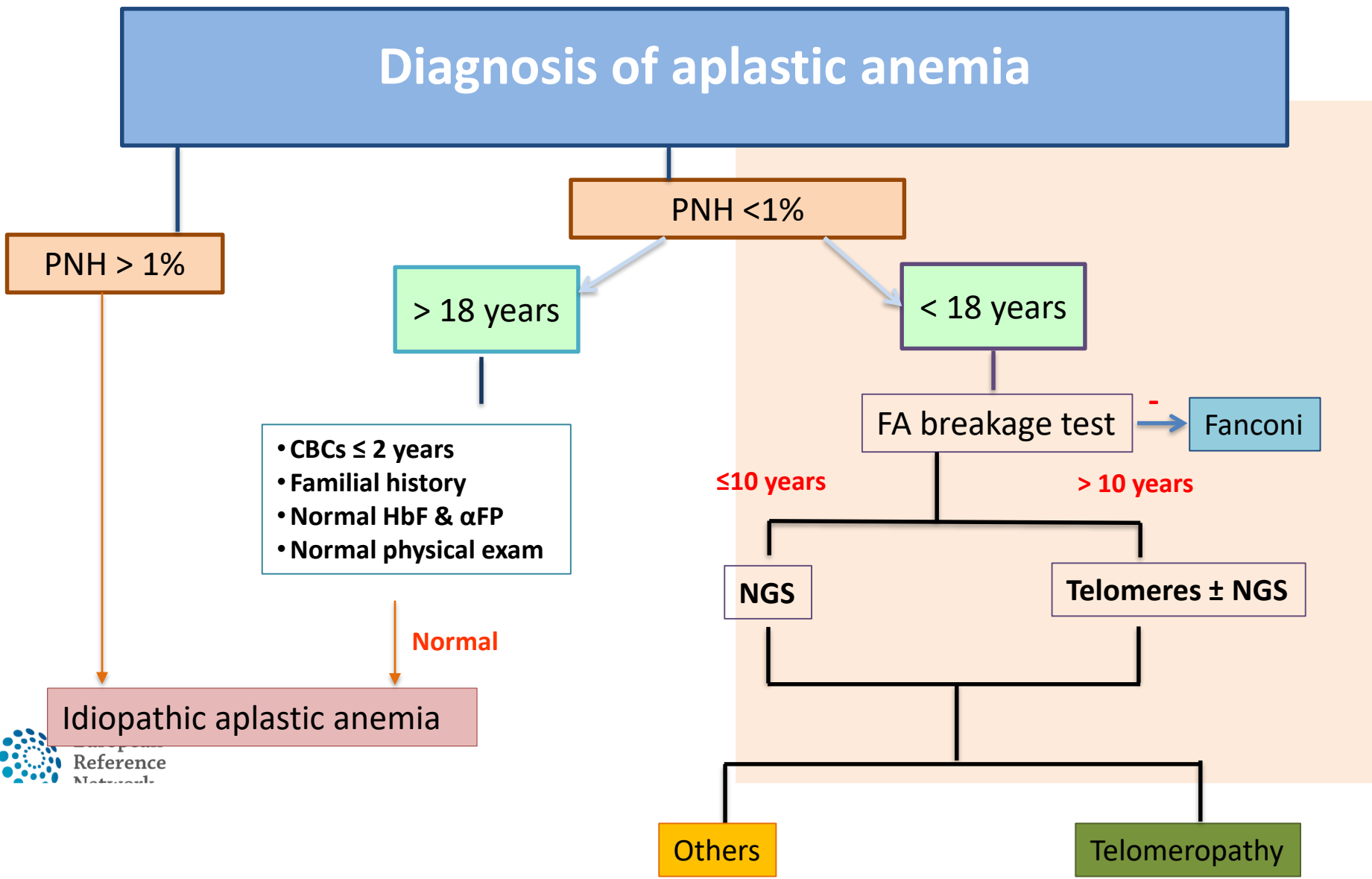
Who should be screened upfront for germline mutations?



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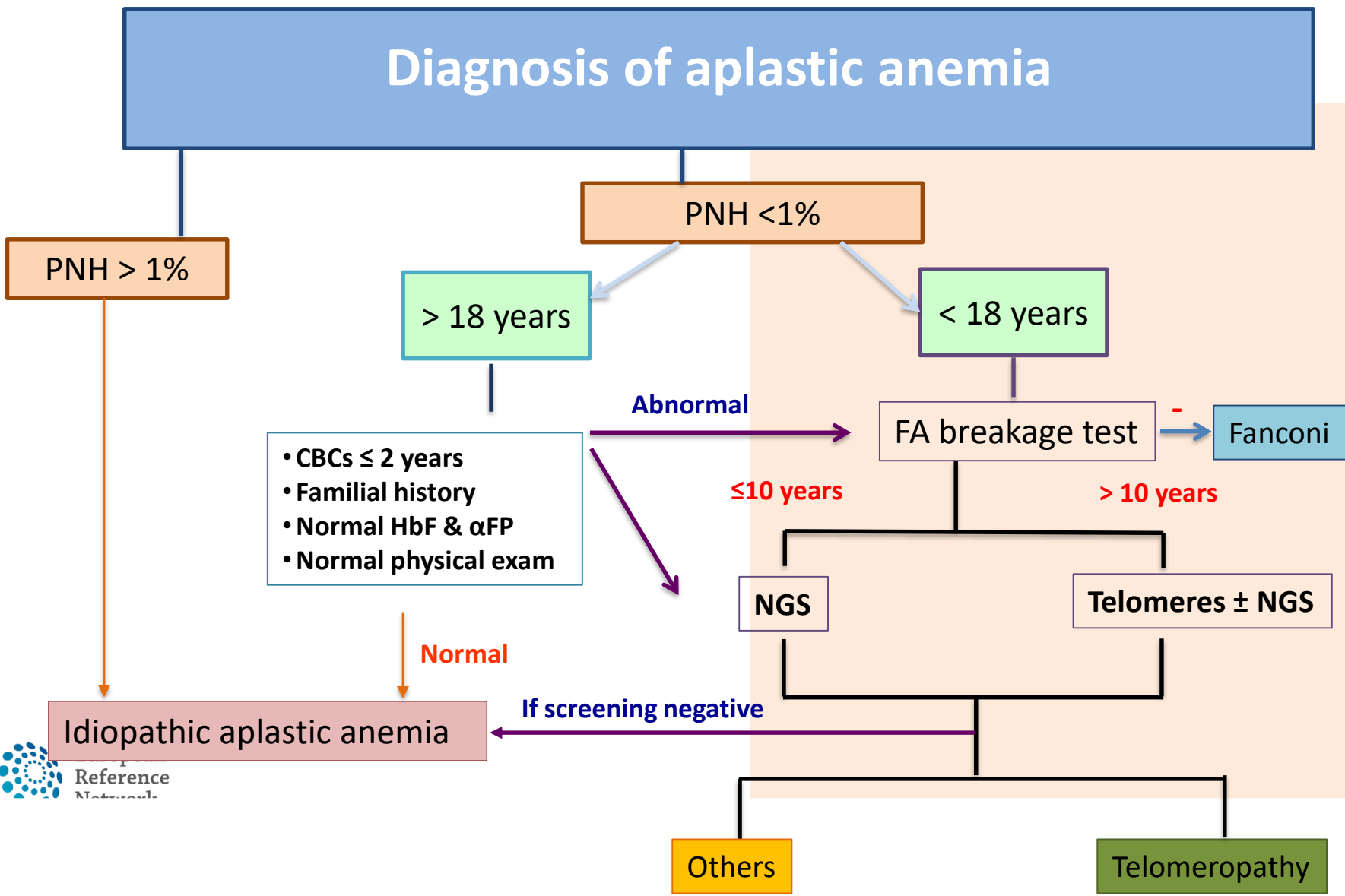
Who should be screened upfront for germline mutations?

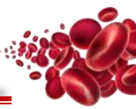


Idiopathic *versus* inherited aplastic anemia



Who should be screened upfront for germline mutations?





- **Who should be screened at diagnosis of aplastic anemia for germline mutations?**
 - All patients aged 10 or less
 - All patients aged 18 or less without PNH, FA or telomeropathy
 - All adult patients without PNH, FA or telomeropathy **but with suspected features of inherited disorders**

Thank you!

The French Reference Center for aplastic anemia and PNH in Paris



Saint-Louis Hospital



Robert Debré Hospital



Institute of Hematology, IUH St-Louis

F Sicre, T Leblanc, A Baruchel, G Socié (clinic)

N Vasquez, W. Cuccuini, M Sebert, J Soulier (Fanconi Team),

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