

Progetto Ematologia Romagna

LA MULTICLONALITÀ DELLE MALATTIE ONCOEMATOLOGICHE E LA LORO EVOLUZIONE CLONALE: DA MGUS A MIELOMA MULTIPLO

Niccolò Bolli



Clonal evolution: not a new concept

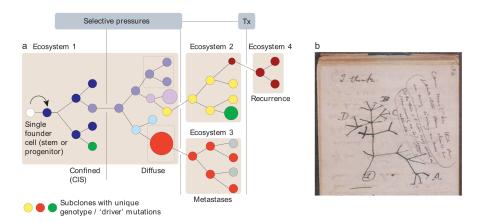
This Week's Citation Classic[®]

Nowell P C. The clonal evolution of tumor cell populations. Science 194:23-8, 1976. [School of Medicine, University of Pennsylvania, Philadelphia, PA]

REVIEW

doi:10.1038/nature10762

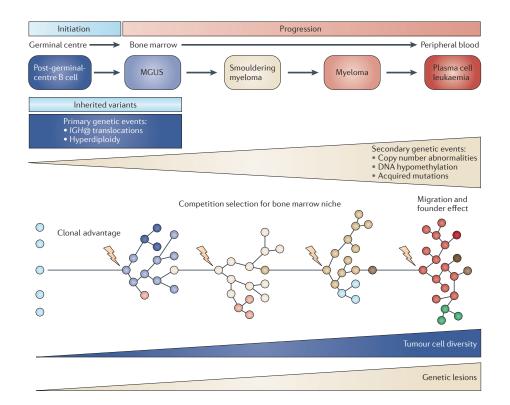
Clonal evolution in cancer



Greaves and Maley, Nature 2012



Myeloma evolves in discrete steps that are clinically (and biologically?) recognizable



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Recent acquisitions in myeloma "evolutionary biology" that support heterogeneity

Heterogeneity in SPACE and TIME of the disease:

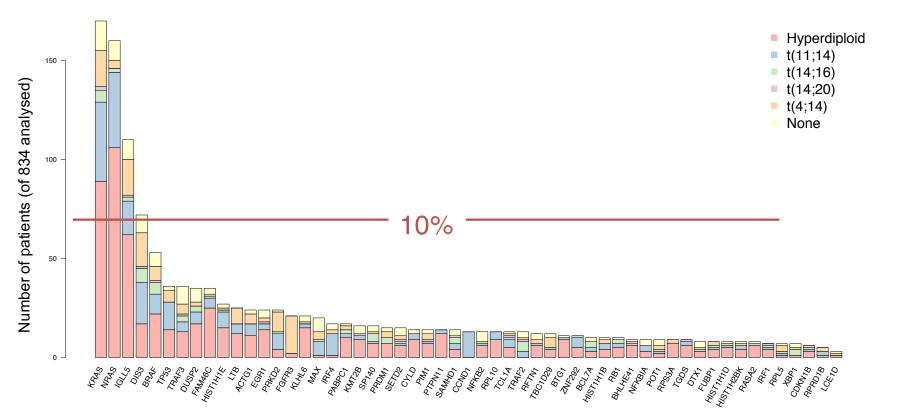
- Frequency of recurrence of driver mutations across patients
- Number of cells carrying a driver mutation
 - Mutations are often "late" events and present only in a fraction of cells
- Confounding effect of additional mutations carried by
 - The same cells
 - Different cells in the tumor
- Tumors evolve
 - Spontaneously (in situ or in different locations)
 - After treatment

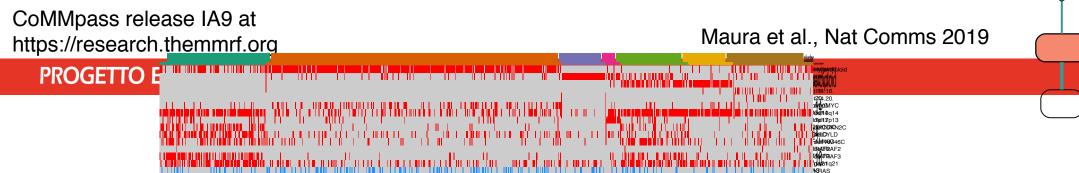
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Keats Blood 2012 Egan Blood 2012 Walker Blood 2012 Bolli Nat Comms 2014 Lohr Cancer Cell 2014 Melchor Leukemia 2014 Walker Leukemia 2014 Corre et al Blood 2015 Rasche Nat Comms 2017 Bolli Leukemia 2018 Bolli Nat Comms 2018 Ledergor Nat Med 2018 Rasche Int Journ Mol Sci 2019



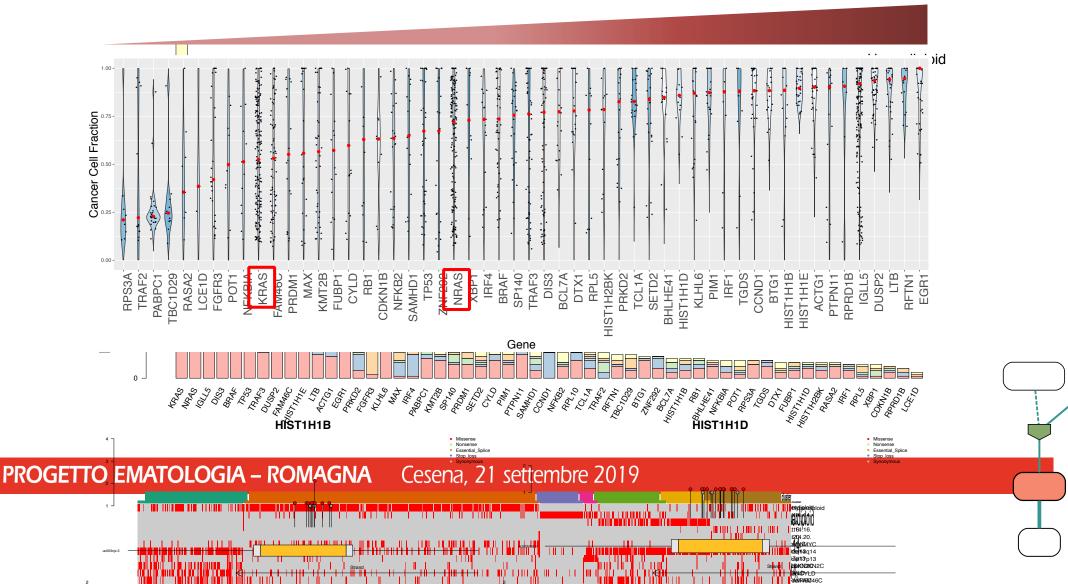
Driver mutations show low recurrence and low cancer cell fraction



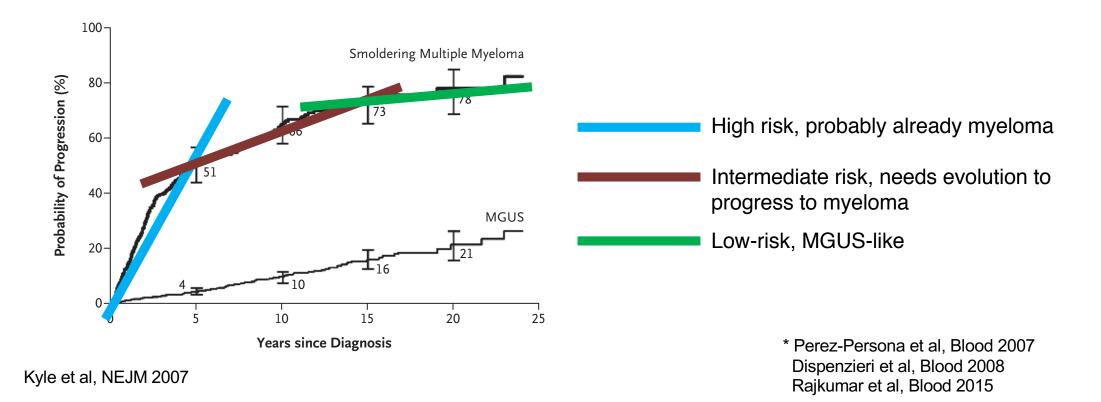




Driver mutations show low recurrence and low cancer cell fraction



Clinical question: can genomics help predict the outcome of SMM at diagnosis?

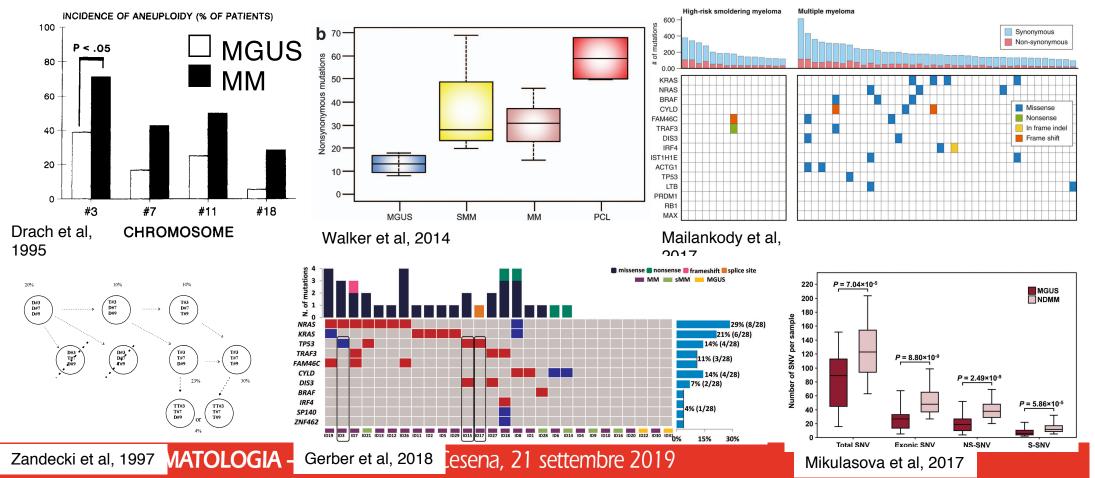


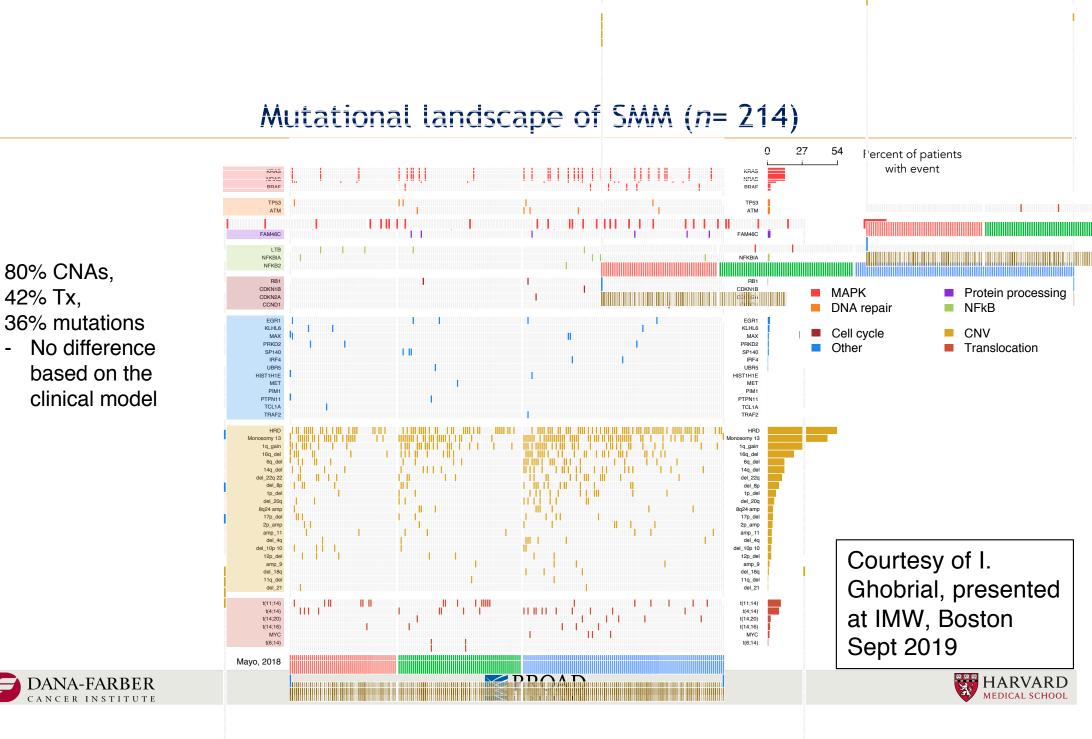
Asymptomatic stages show a lower genomic complexity

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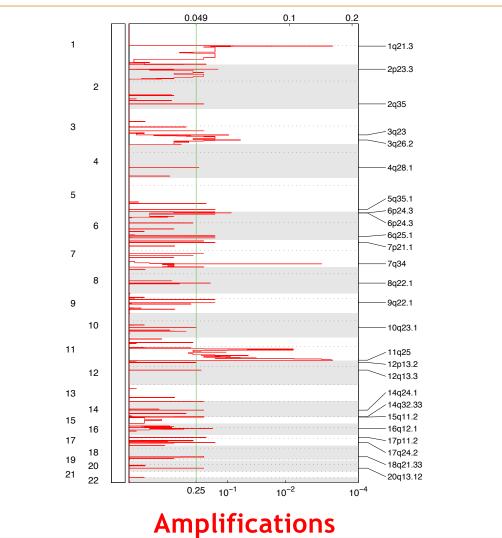
2019

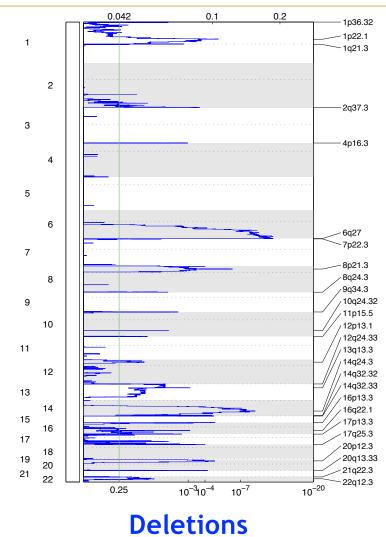
NGS (whole exome, targeted)





Significant arm level and focal CNAs



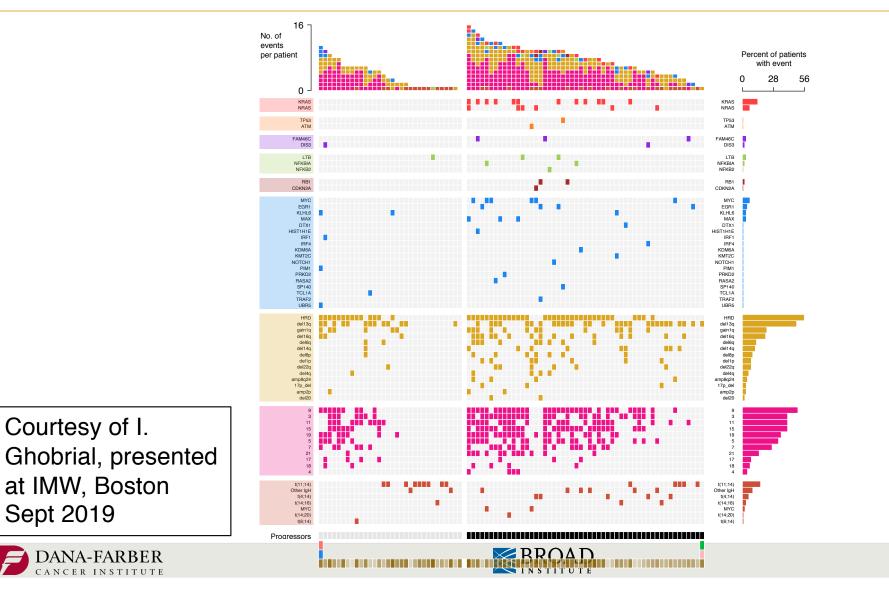




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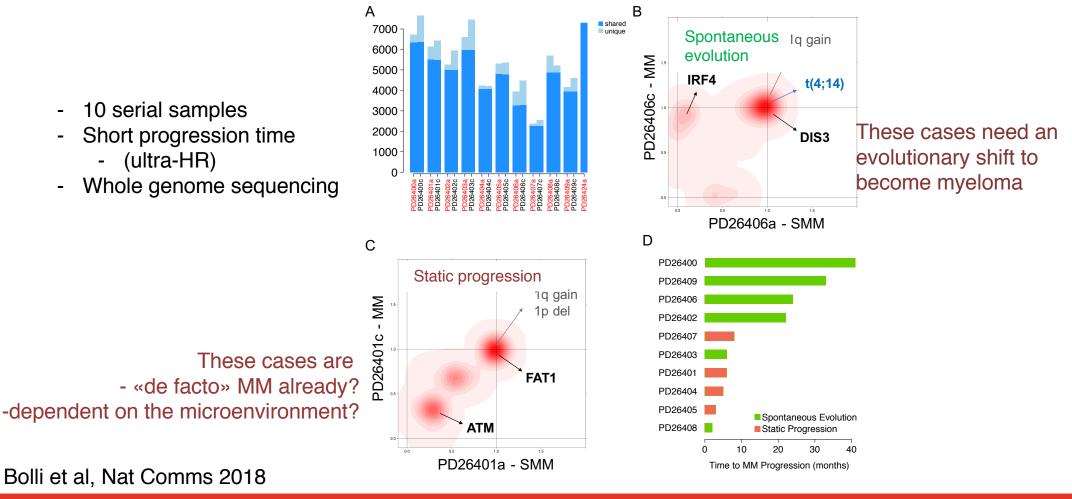


Genomic landscape of progressors vs non-progressors (n = 85)





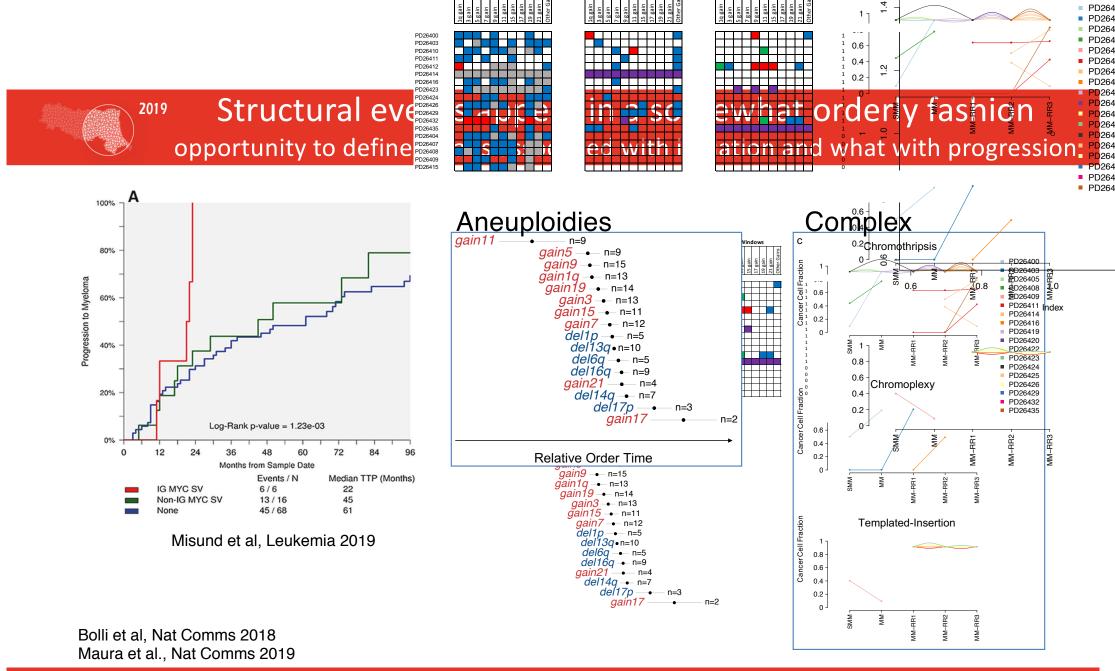
Two genomic routes of evolution from SMM to MM



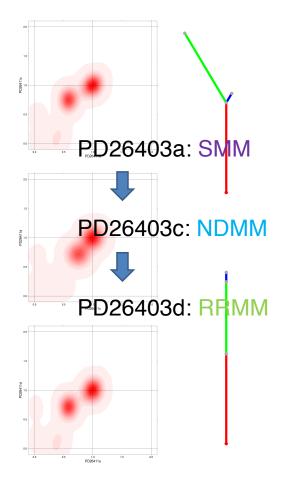
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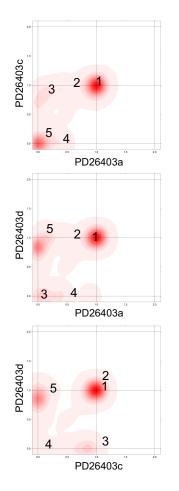
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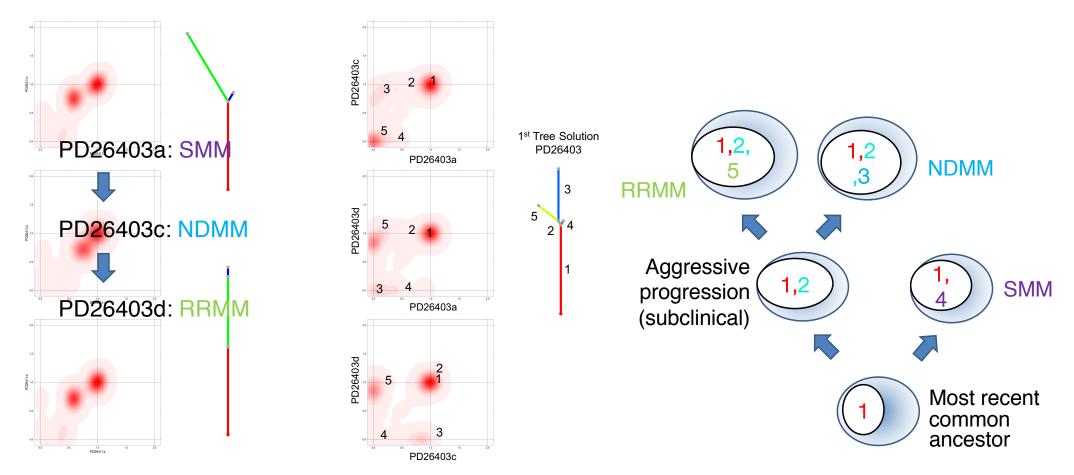


Genomic analysis allows reconstruction of the life history of each case

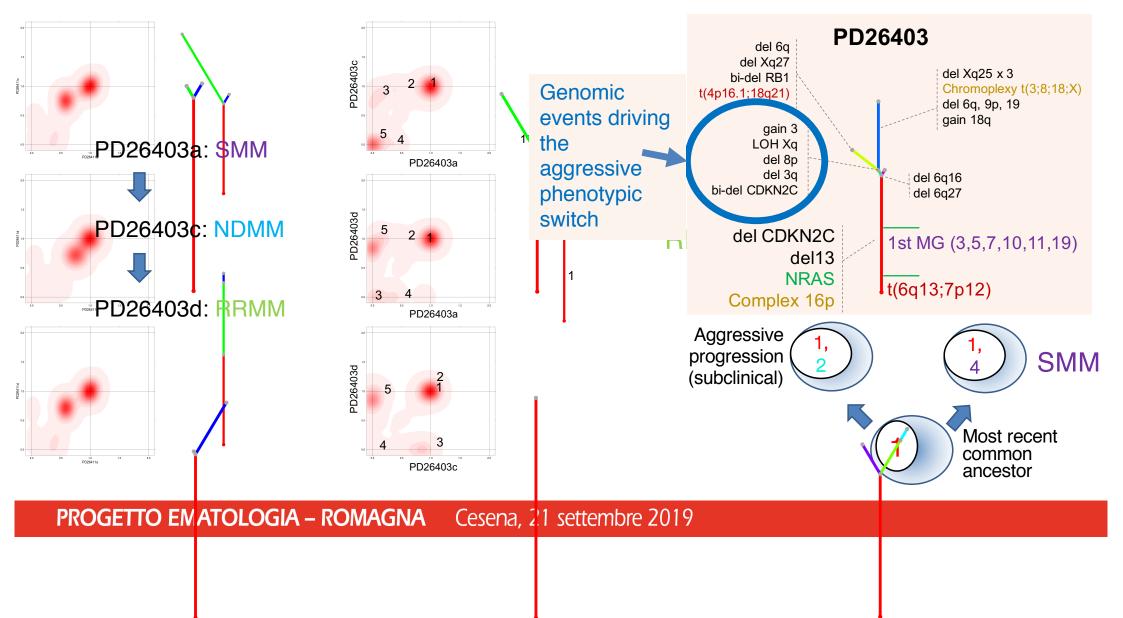




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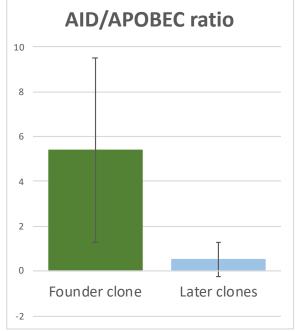


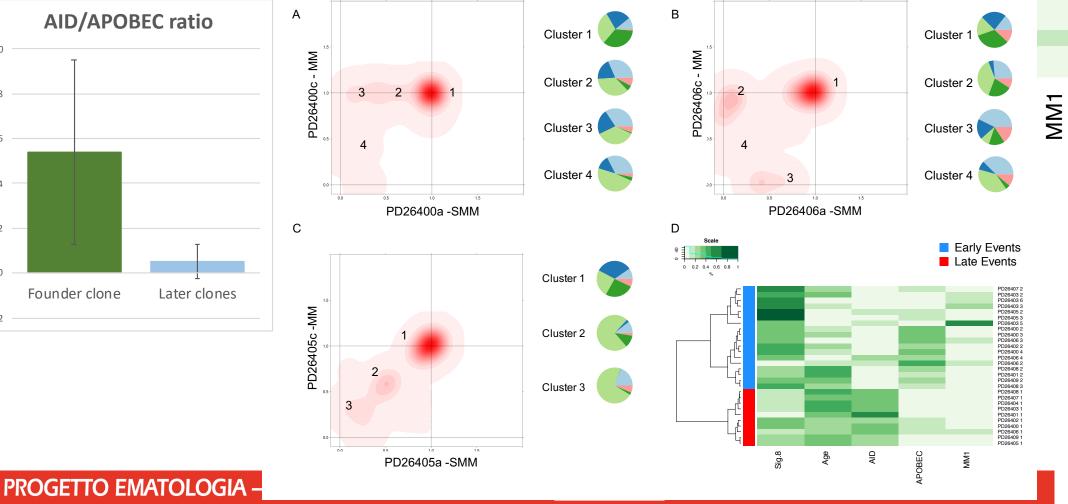
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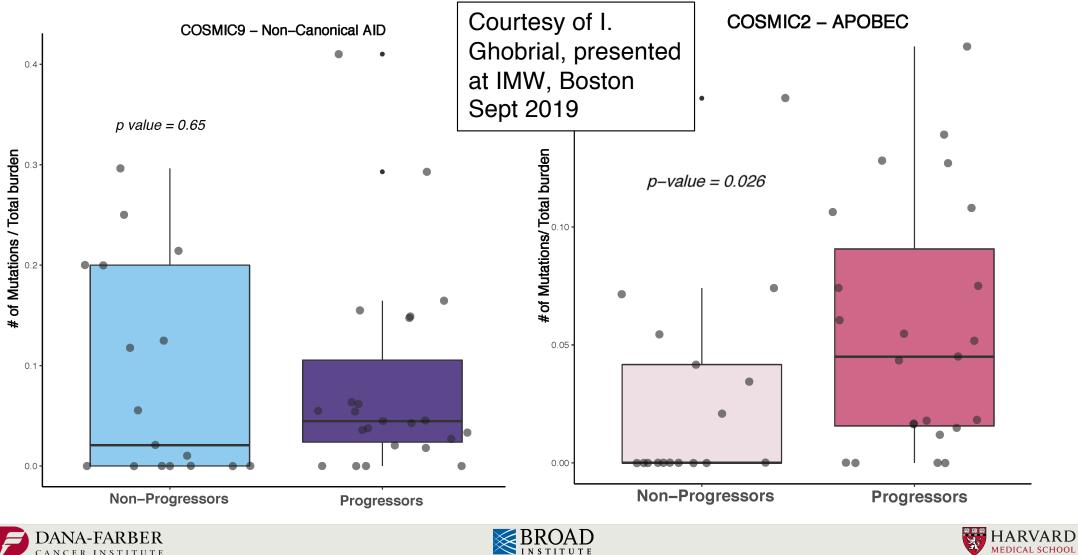
2019 Differential activity of mutational signatures

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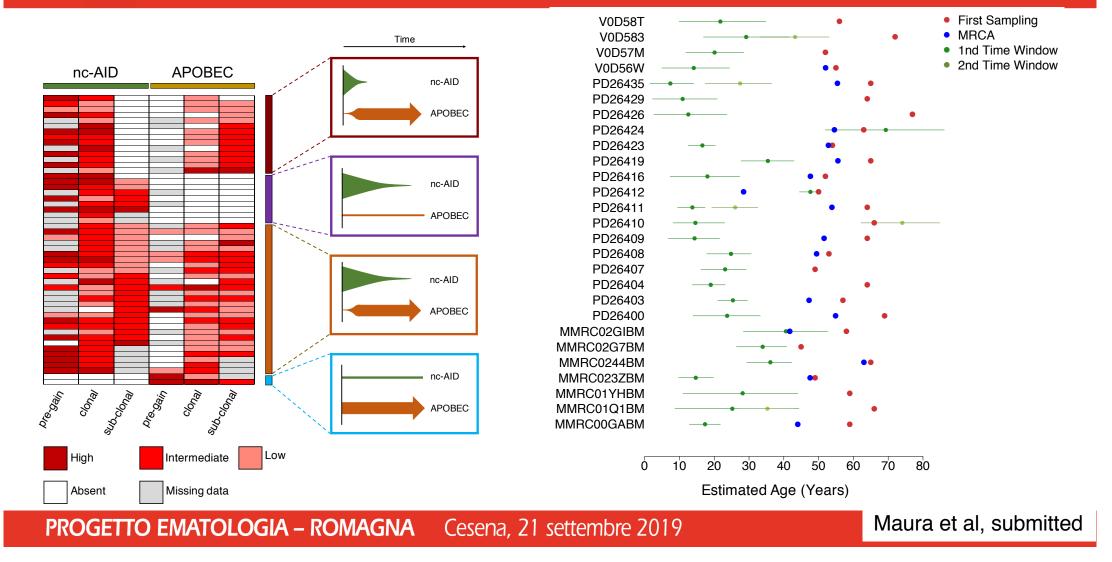


Mutational signatures association with progression





Insights into timing and modality of MM initiation



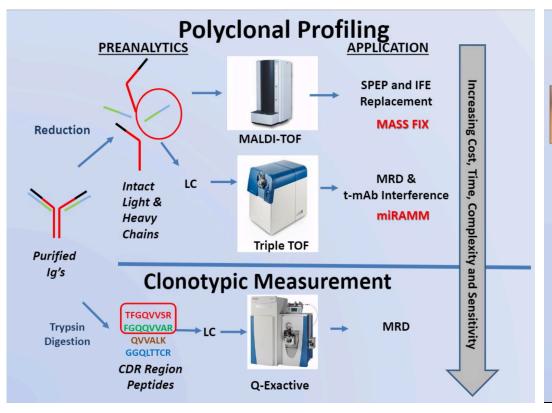
pre-LOH

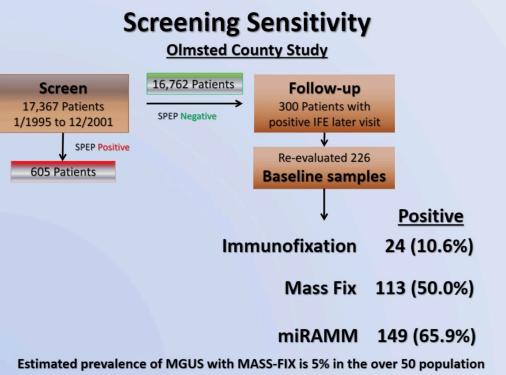
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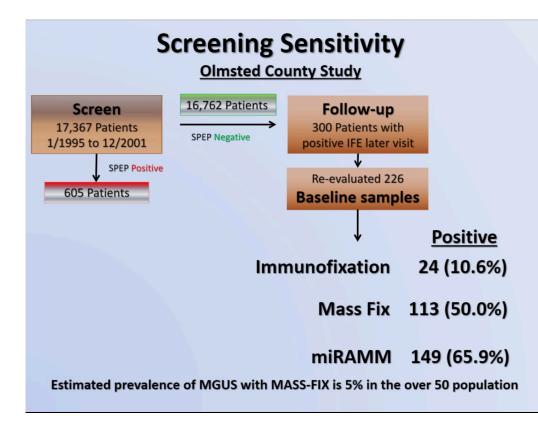
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²⁰¹⁹ Mass spectrometry redefines the prevalence of MGUS

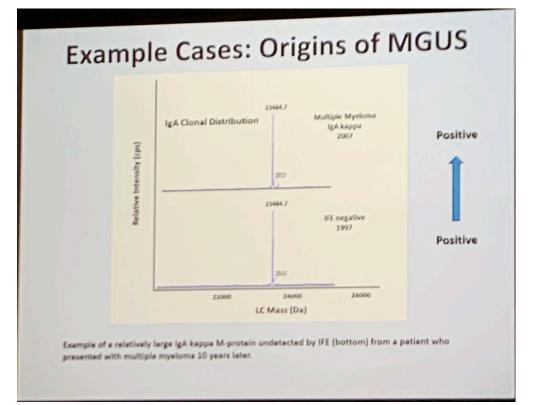




Mass spectrometry redefines the prevalence of MGUS

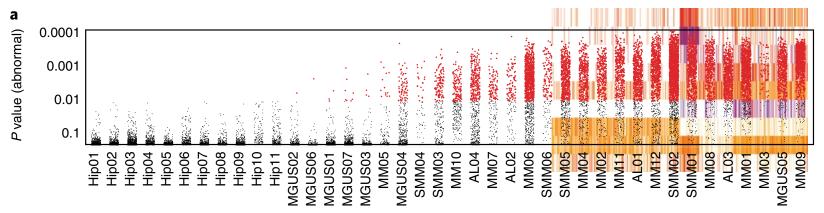


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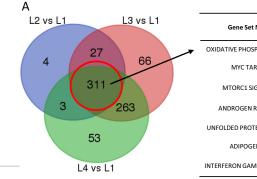


²⁰¹⁹Single cell RNAseq can identify aggressive PCs within an indolent clone

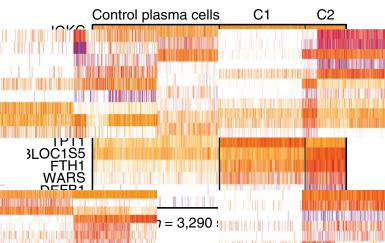
dan barra taran b



SMM02



Gene Set Name [*]	No. of Genes in Overlap	p-value
OXIDATIVE PHOSPHORYLATION	42	1.42 e ⁻⁵⁰
MYC TARGETS	27	2.61 e ⁻²⁷
MTORC1 SIGNALING	17	3.15 e ⁻¹⁴
ANDROGEN RESPONSE	9	2.5 e ⁻⁸
UNFOLDED PROTEIN RESPONSE	9	6.66 e ⁻⁸
ADIPOGENESIS	11	1.06 e ⁻⁷
INTERFERON GAMMA RESPONSE	10	9.69 e ⁻⁷
* Hallmark gene set database		



Ledergor et al, Nat Med 2018 Jang et al, BCJ 2019



Conclusions

- Intra-tumor and inter-tumor heterogeneity is higher than anticipated
 - Need for larger-scale studies and novel (single-cell) technologies to dissect heterogeneity
- Structural events more than gene mutations seem to drive evolution; however, genomic analyses still explain little of the transcriptional variability
 - > Need to integrate genomic studies with epigenetics, immune microenvironment etc
- Discrete steps of *clinical* evolution do not necessarily correlate with stages of *genomic* evolution
 - Opportunities to re-define risk of progression
- Is it time for clinical translation of these findings?
 - Probably not yet, but results encourage further research
 - Probability of SMM evolution
 - Risk of NDMM
 - $\circ~$ Genomic correlates of drug response



Acknowledgements

