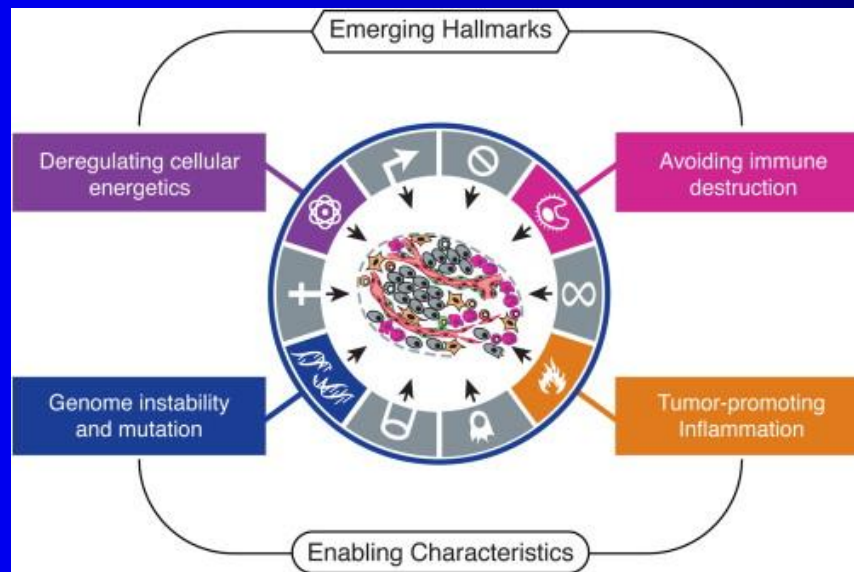
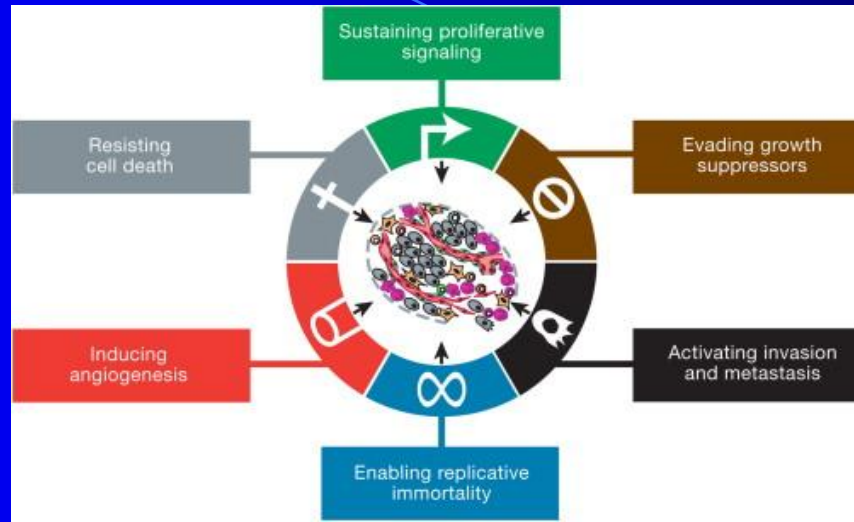


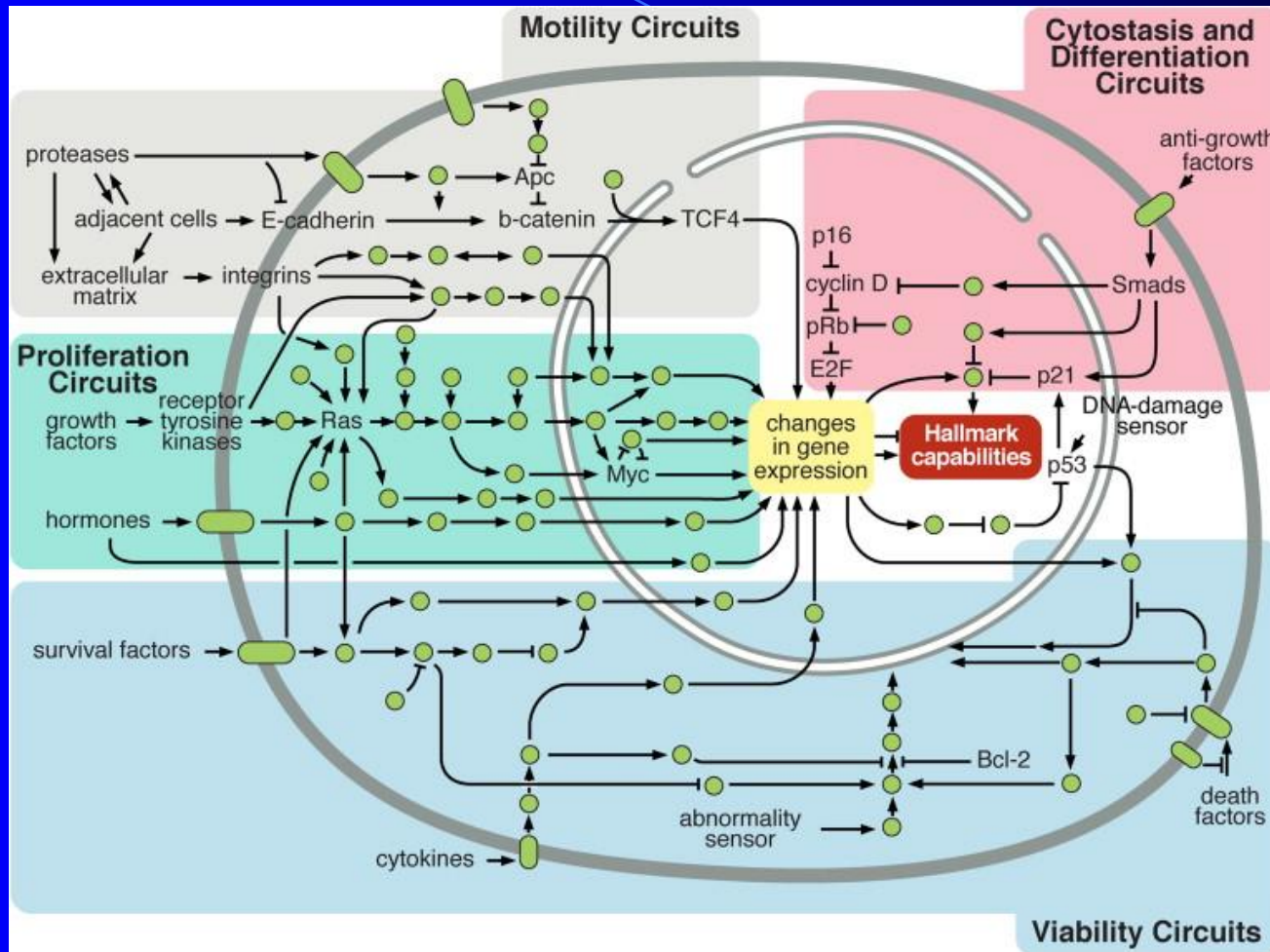
Constitutional syndromes predisposing to acute leukaemia

Tassos Karadimitris
Department of Haematology
Imperial College London
Hammersmith Hospital

Pathways of tumorigenesis



Pathways of tumorigenesis



Leukaemogenesis

- Proliferation
- Evasion of apoptosis
- Differentiation arrest
- Oncogenes
- Tumour suppressor genes
- DNA repair genes

Genetic defects predisposing to leukaemia

Tumour suppressor genes

- Li-Fraumeni-*P53*
- Neurofibromatosis-*NF1*

DNA repair genes

- *Fanconi Anaemia*
- Ataxia –Teleangiectasia -*ATM*

Ribosomopathies

- *Blackfan-Diamond anaemia*
- *Shwachmann-Diamond s*
- *Dyskeratosis Congenita*

In utero mutations

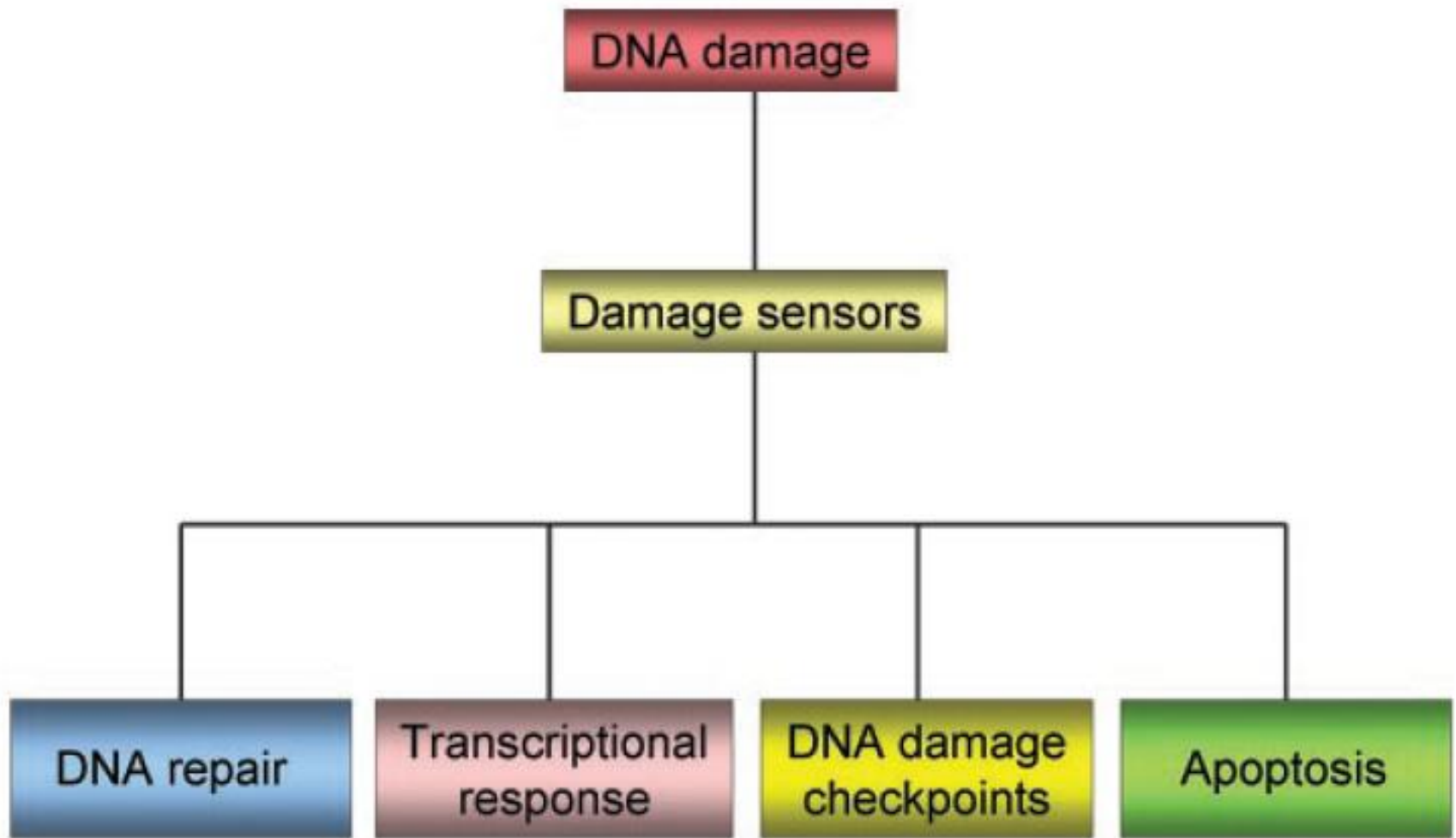
TEL-AML1

Aneuploidy

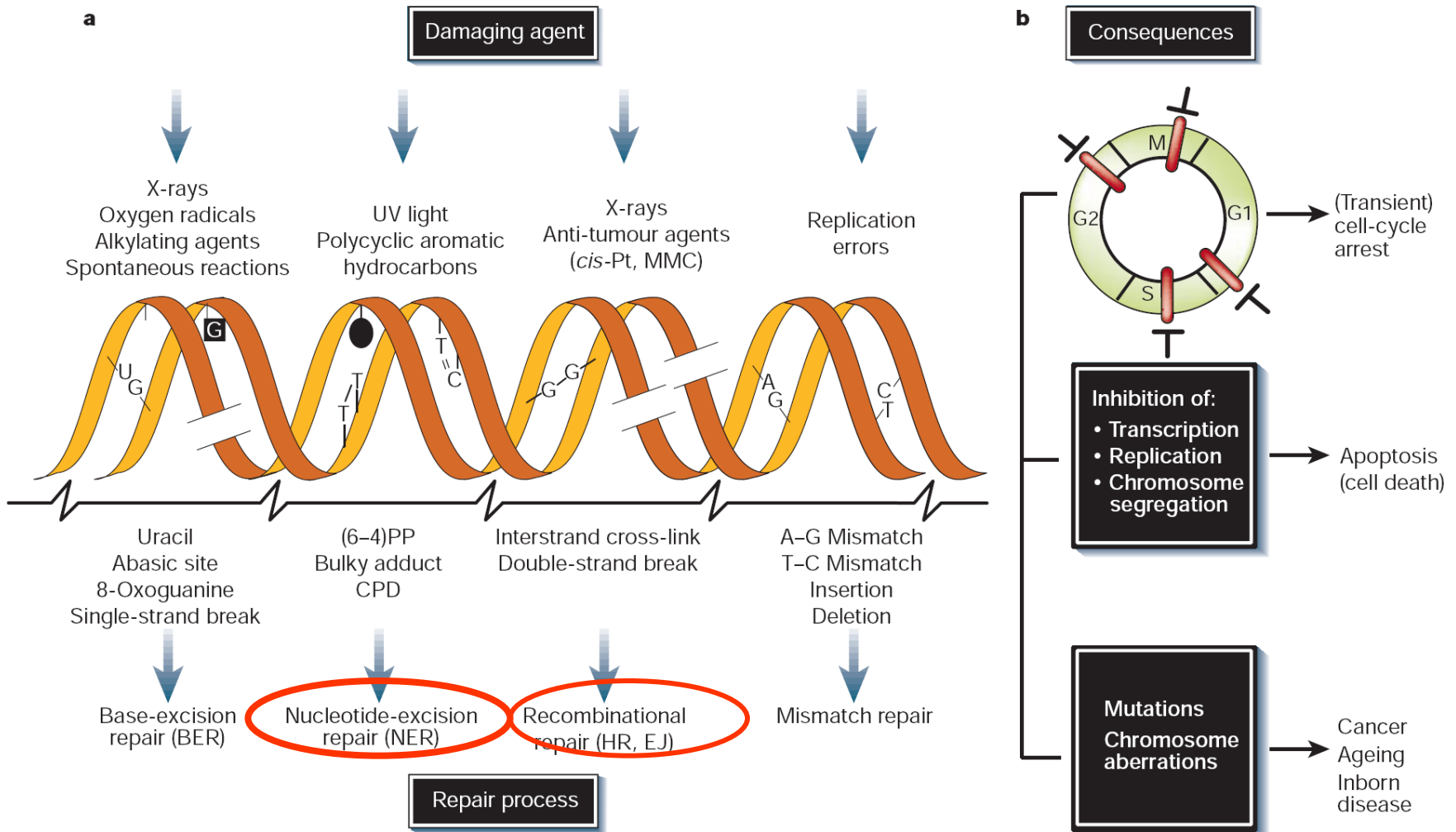
- Down syndrome

DNA repair genes and leukaemia

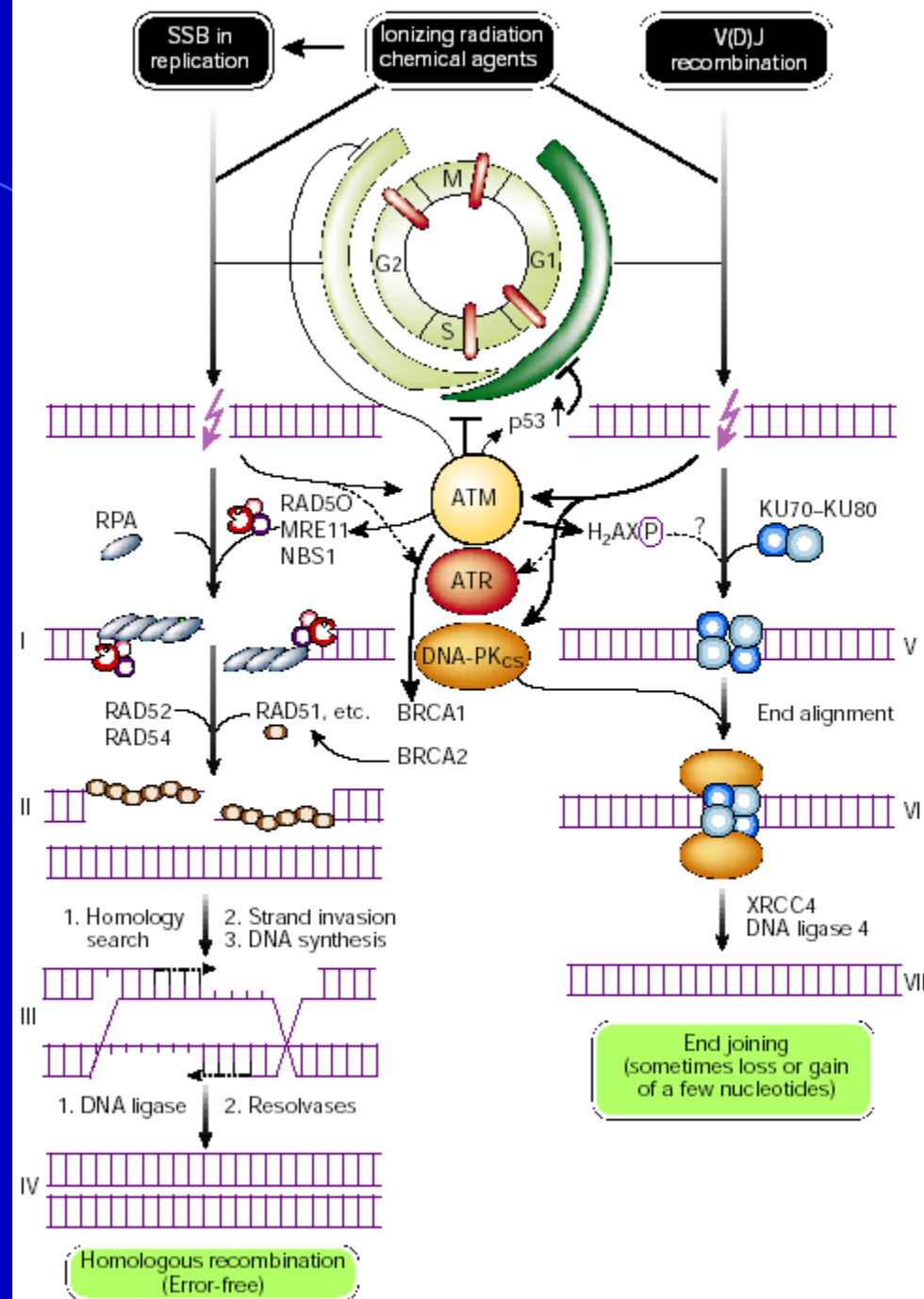
- Fanconi anaemia
- Others
 - Ataxia telangiectasia
 - Bloom syndrome
 - Nijmegen breakage syndrome
 - Ataxia-Telangiectasia



DNA damage and DNA repair



Repair of dDNA strand breaks

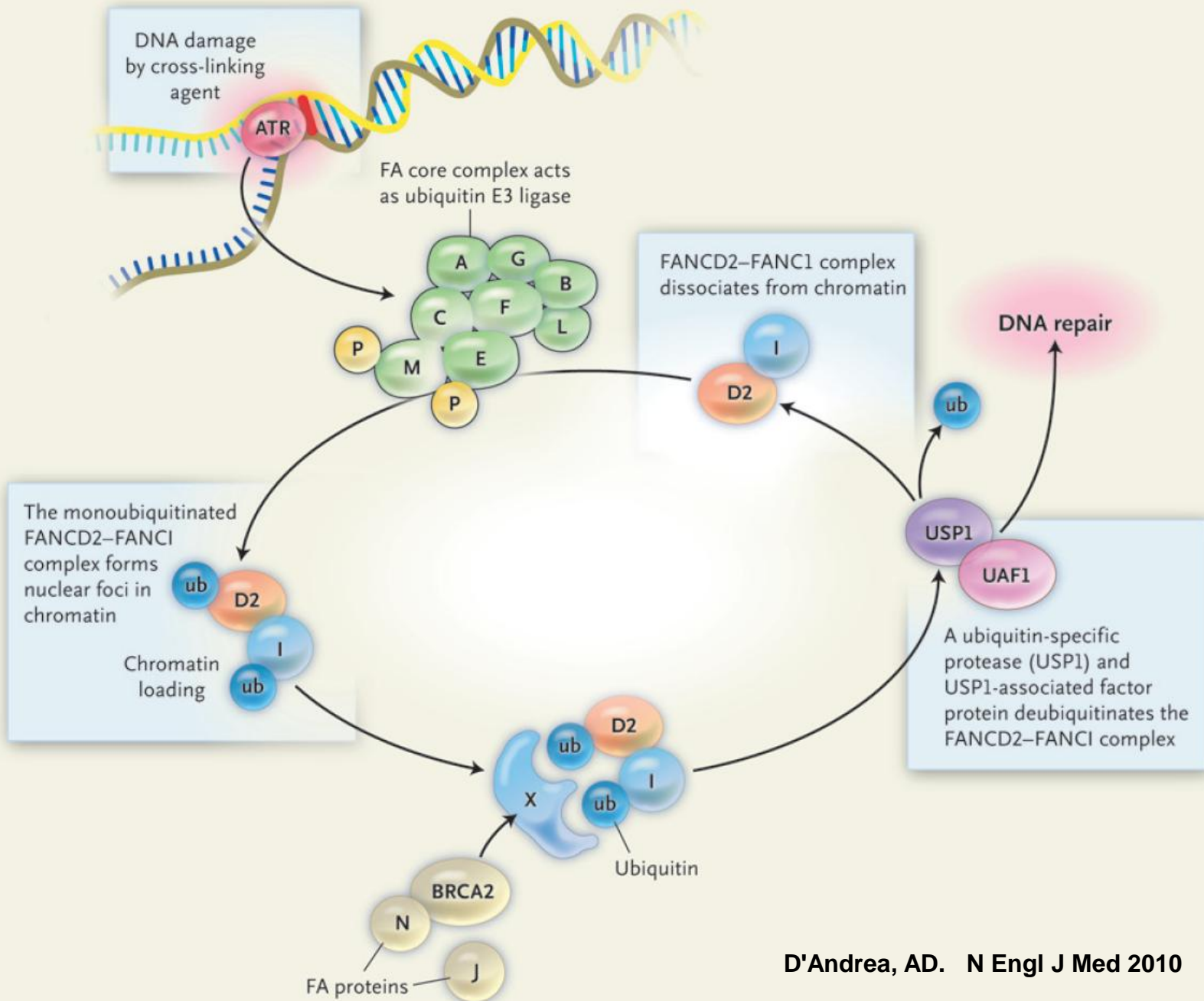


Fanconi anaemia

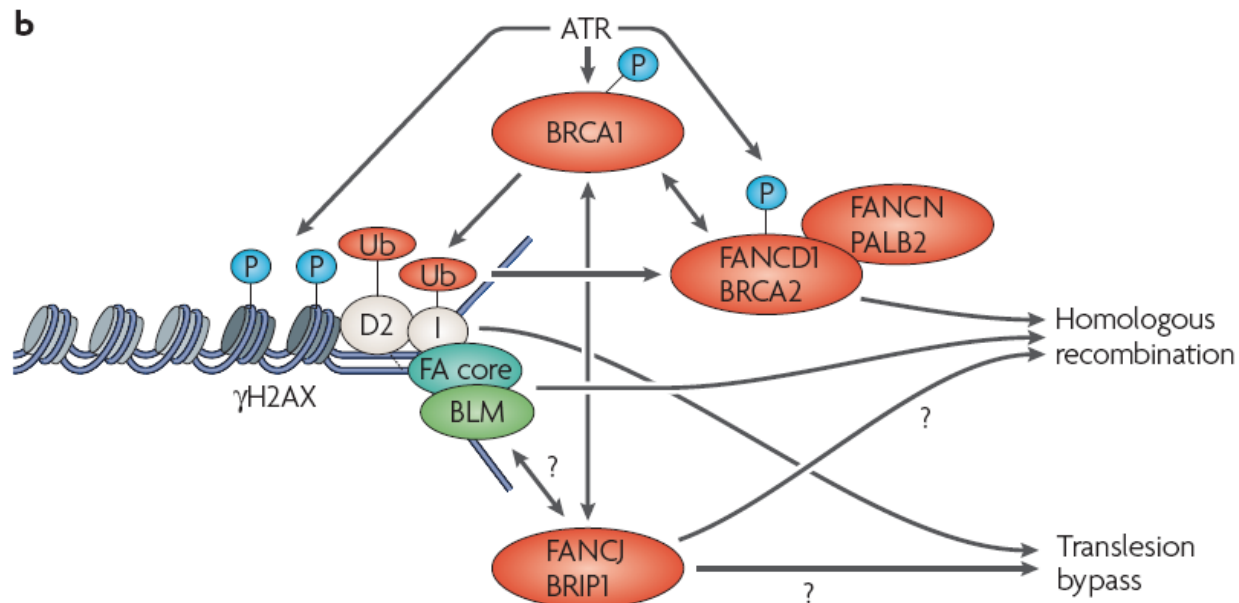
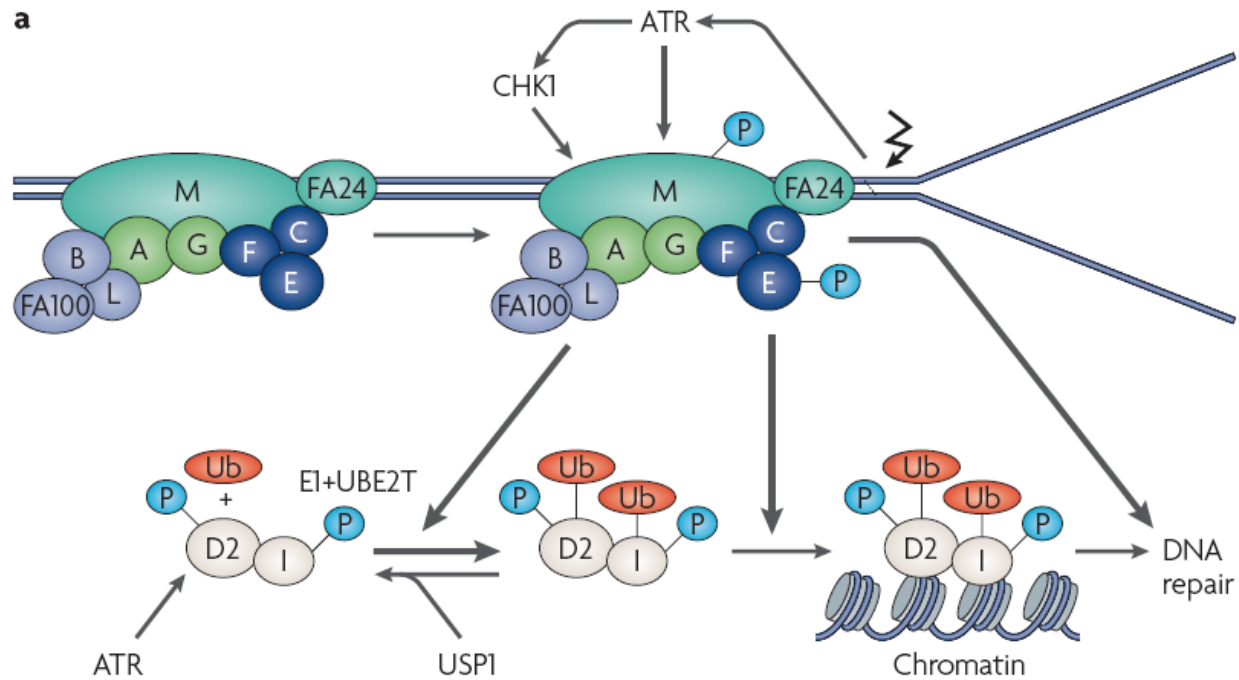
- autosomal recessive
- congenital malformations
- progressive bone marrow failure
- increased malignancy, including leukaemia and MDS

Table 1. Characteristics of the 13 Genes in Fanconi's Anemia.*

Gene	Prevalence	Position on Chromosome	Size of Protein Product (kD)	Activity
<i>FANCA</i>	66%	16q24.3	163	Core complex member; required for FANCD2–FANCI ubiquitination
<i>FANCB</i>	2%	Xp22.31	95	Core complex member; required for FANCD2–FANCI ubiquitination
<i>FANCC</i>	10%	9q22.3	63	Core complex member; required for FANCD2–FANCI ubiquitination
<i>FANCD1</i>	2%	13q12–13	380	HR mediator; FANCN interactor; functions downstream of ubiquitination
<i>FANCD2</i>	2%	3q25.3	155	Ubiquitinated after DNA damage
<i>FANCE</i>	2%	6p21–22	60	Core complex member; required for FANCD2–FANCI ubiquitination; binds directly to FANCD2
<i>FANCF</i>	2%	11p15	42	Core complex member; required for FANCD2–FANCI ubiquitination
<i>FANCG</i>	9%	9p13	68	Core complex member; required for FANCD2–FANCI ubiquitination
<i>FANCI</i>	<2%	15q25–26	140	Ubiquitinated after DNA damage
<i>FANCI</i>	<2%	17q22–24	140	Helicase; BRCA1 interactor; functions downstream of ubiquitination
<i>FANCL</i>	0.2%	2p16.1	43	Core complex member; required for FANCD2–FANCI ubiquitination; ubiquitin-ligase activity
<i>FANCM</i>	0.2%	14q21.3	250	Helicase; localizes the core complex to DNA; required for FANCD2–FANCI ubiquitination
<i>FANCN</i>	<2%	16p12.1	140	FANCD1 and BRCA1 interactor; functions downstream of ubiquitination

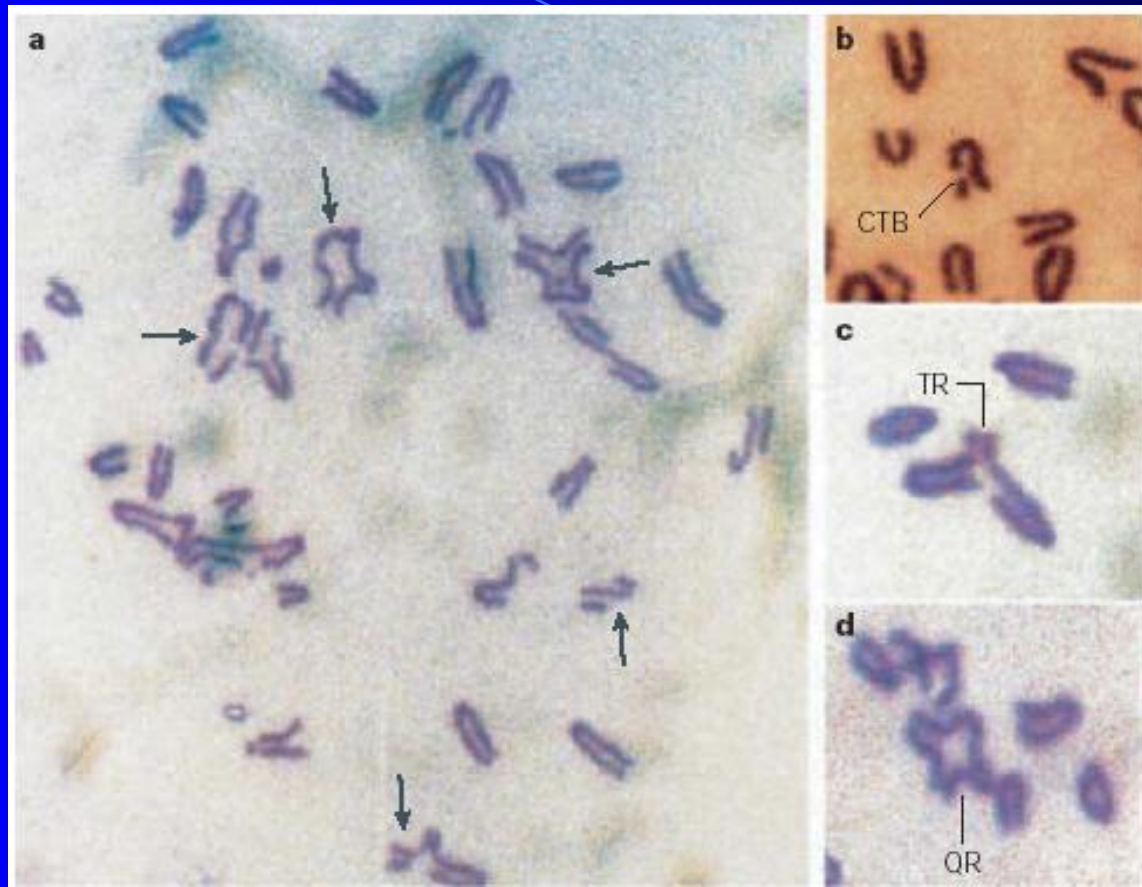


FA genes and DNA repair



Wang W, Nat Rev Genet.
2007 (10):735-48

Fanconi anaemia



increased sensitivity to DNA damage by cross-linking agents eg diepoxybutane, MMC

Fanconi anaemia

- Haematological abnormalities

- IFAR study 1994, 388 pts
- Presentation abnormalities
- 85% haem abnormalities, median age 7 yrs

Thrombocytopenia	38%
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Pancytopenia	53%
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MDS/AML	5%
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Anaemia/neutropenia	2%
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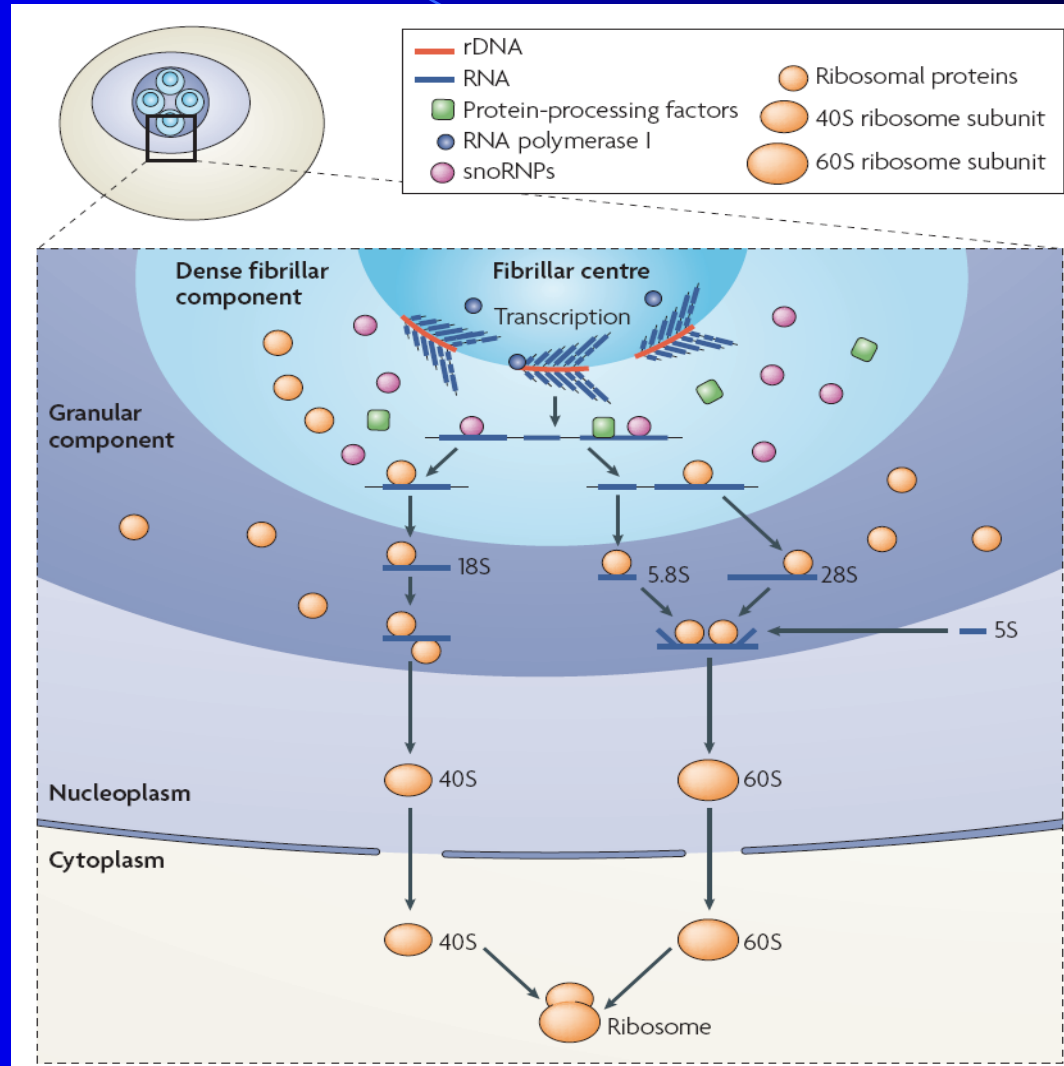
- **Actuarial risk of MDS/AML by 40yrs: 52%**

- Epigenetic silencing of FA genes in sporadic cancers and leukaemias

Ribosome biogenesis and ribosomopathies

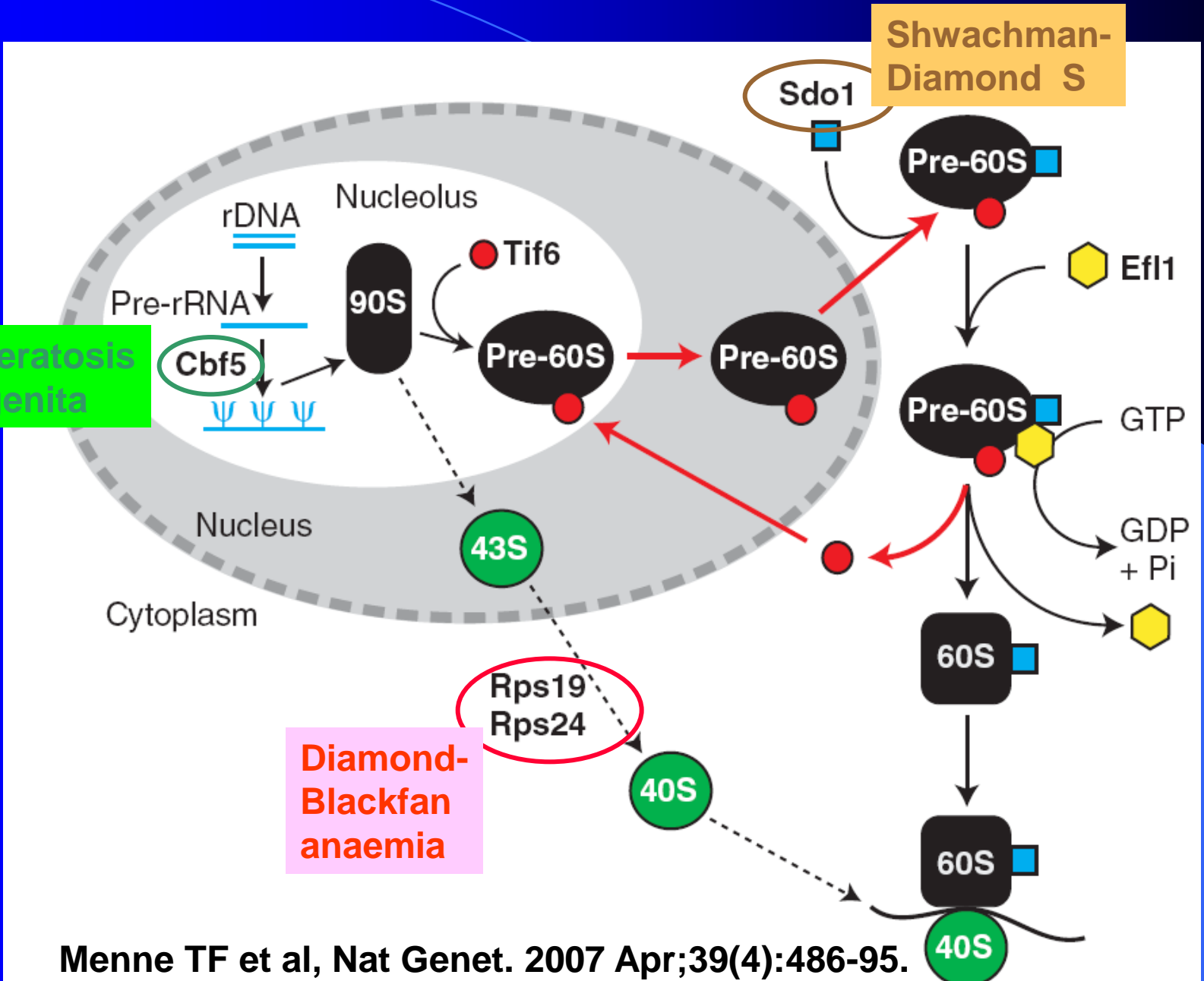
- **Ribosomes:** ribonucleoproteins
 - rRNA: splice products of same precursor RNA
 - Ribosomal proteins (80 genes)
 - Small and large subunits
- **Nucleolus:** the ribosome biogenesis factory

Ribosome biogenesis and ribosomopathies



Ribosome biogenesis in the yeast

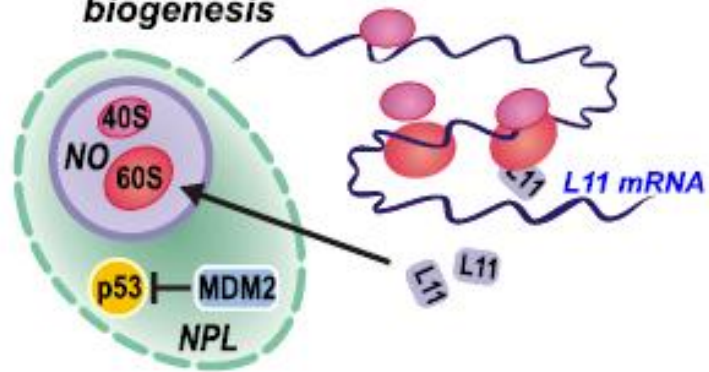
Dyskeratosis
Congenita



Ribosomal proteins, MDM2-p53 and Nucleolar Stress

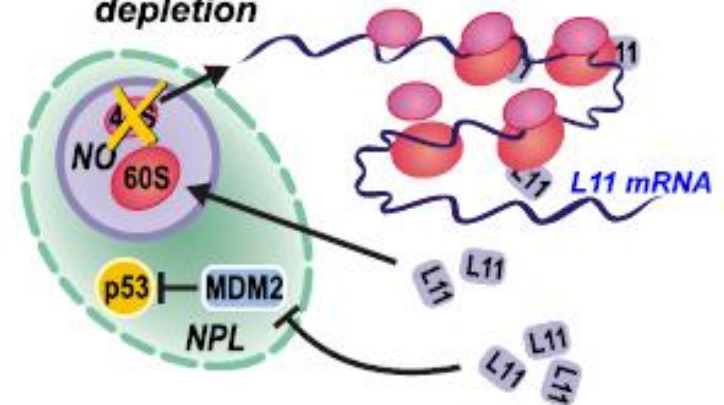
A

Unperturbed ribosome biogenesis



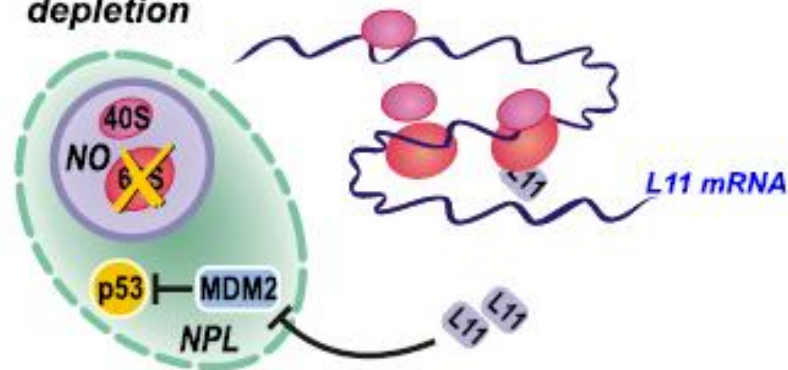
B

Small subunit protein depletion

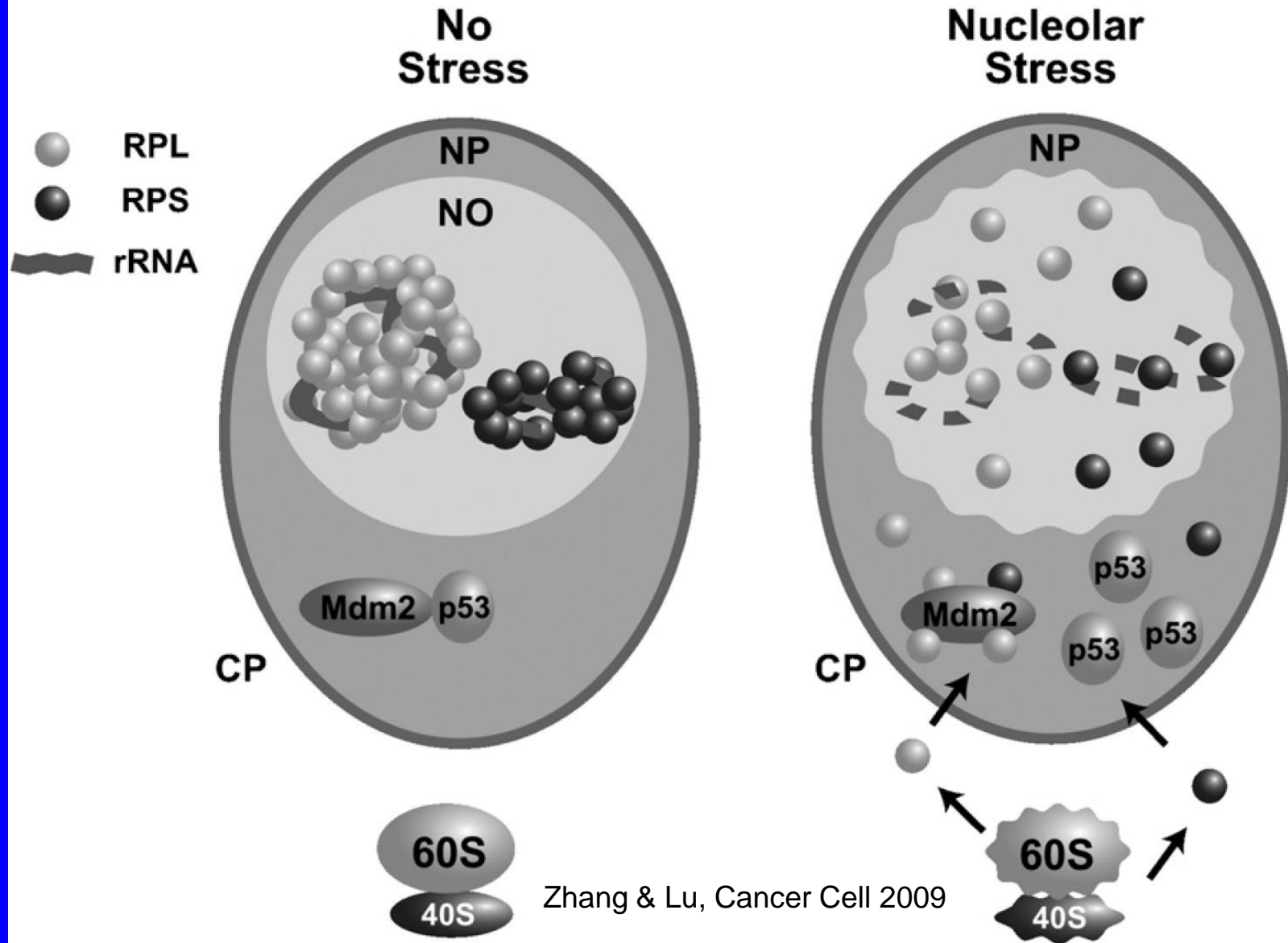


C

Large subunit protein depletion



Ribosomal proteins, MDM2-p53 and Nucleolar Stress



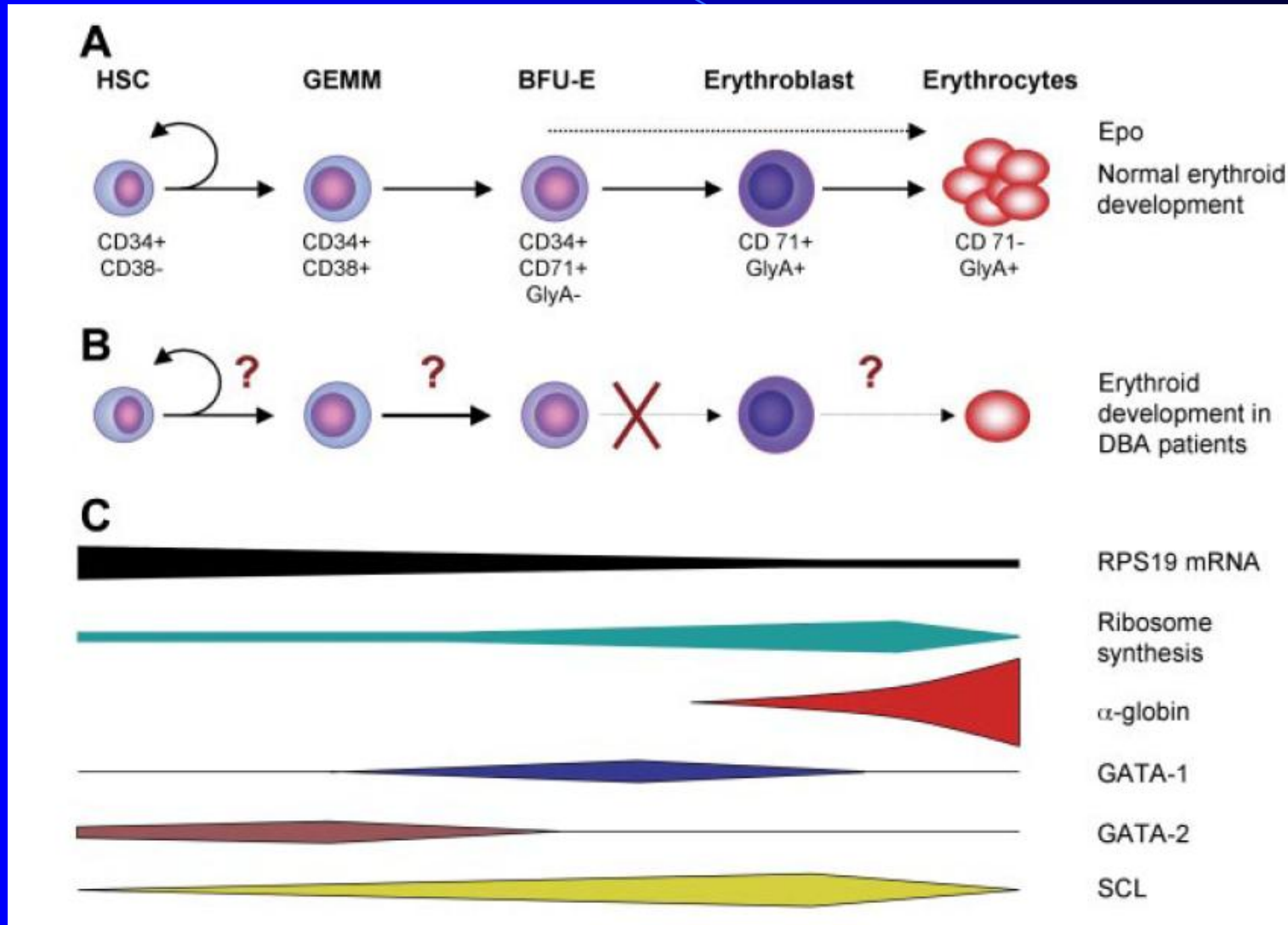
Diamond-Blackfan anaemia

- Early infancy
- Anaemia, macrocytosis, low retics
- Red cell aplasia with a paucity of erythroid precursors
- Red cell adenosine deaminase (ADA) activity elevated
- Associated congenital anomalies
- Hb may improve upon treatment with corticosteroids
- Spontaneous remission in a subset of patients
- Increased risk of AML and osteosarcomas
- Aplastic anemia in some patients

Molecular genetics of DBA

- Heterozygous mutations: AD
 - RPS19 (25%)
 - RPS24 (2%)
 - RPL35A
 - RPS17 (<2%)
 - RPL5 & 11
- Haploinsufficiency
- Many cases arise spontaneously
- Yeast RPS19 is required for maturation of the 18S rRNA
- Defective ribosome biogenesis is toxic to cells

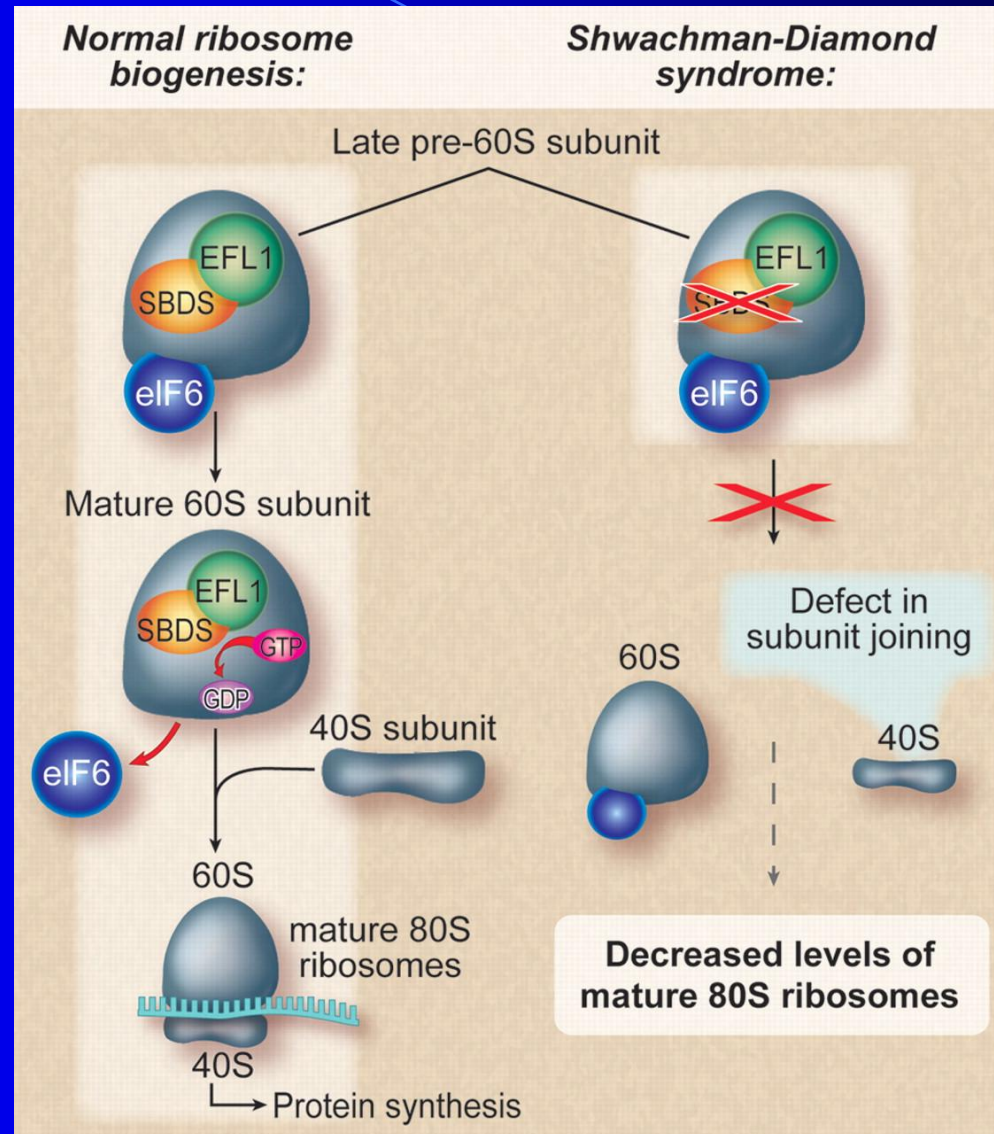
Erythropoiesis and Cellular defect in DBA



Shwachman-Diamond syndrome

- **Mutations in SBDS gene; autosomal dominant**
- **Bone marrow failure**
 - Neutropenia most common
 - Cytopenias may be intermittent
- **Exocrine Pancreatic insufficiency**
 - Early infancy
 - Steatorrhea and failure to thrive
 - Function may improve with age
- metaphyseal dysostosis
- **Increased risk of developing aplastic anaemia and MDS/AML**

Proposed mechanism for the cellular consequences of mutations in Shwachman-Bodian-Diamond syndrome



blood

JOURNAL OF
THE AMERICAN
SOCIETY OF
HEMATOLOGY

Dyskeratosis congenita



d



e



f



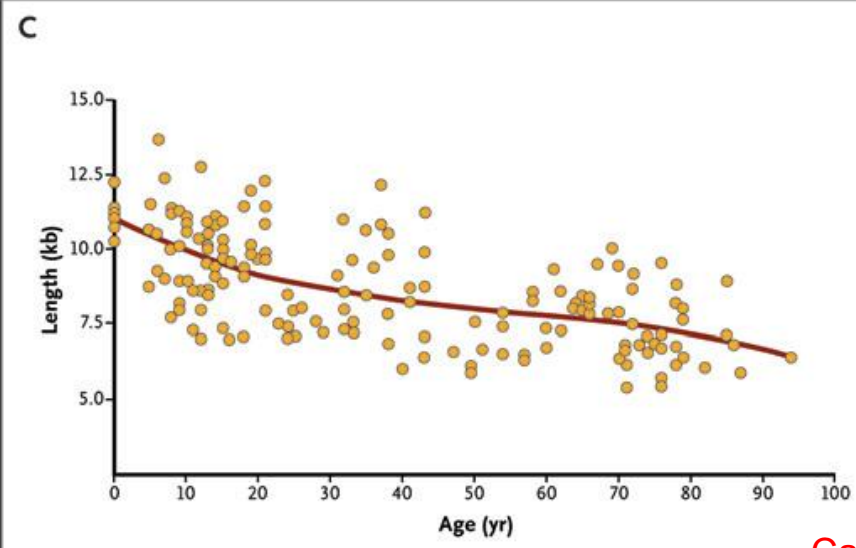
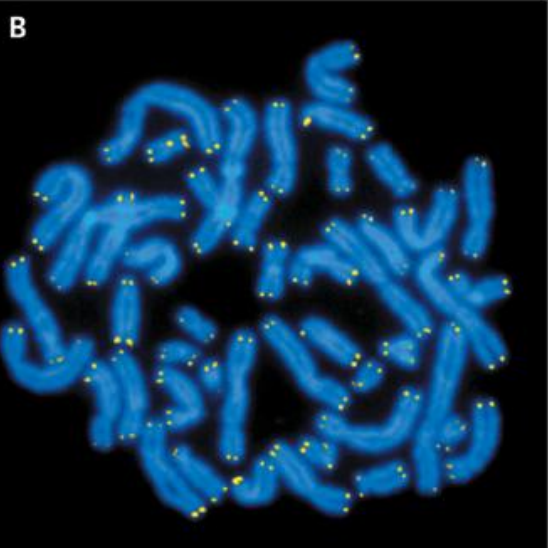
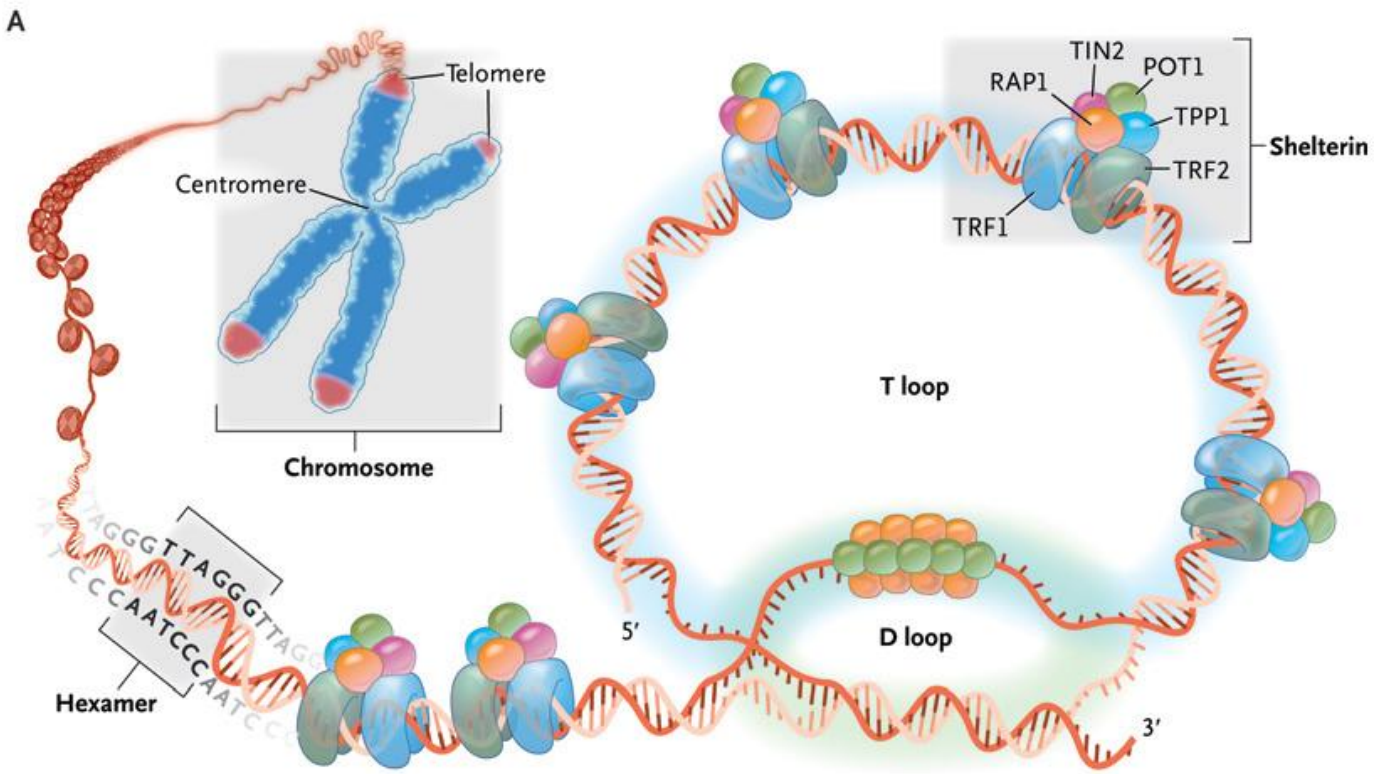
Table 1. Summary of clinical features associated with dyskeratosis congenita

Key clinical features	Percentage of patients affected
Main mucocutaneous triad	
Skin pigmentation	89%
Nail dystrophy	88%
Mucosal leukoplakia	78%
Additional clinical features^a	
Bone marrow failure	85.5%
Pulmonary disease	20.3%
Premature loss of teeth	16.9%
Premature hair loss/greying	16.1%
Cancer	9.8%

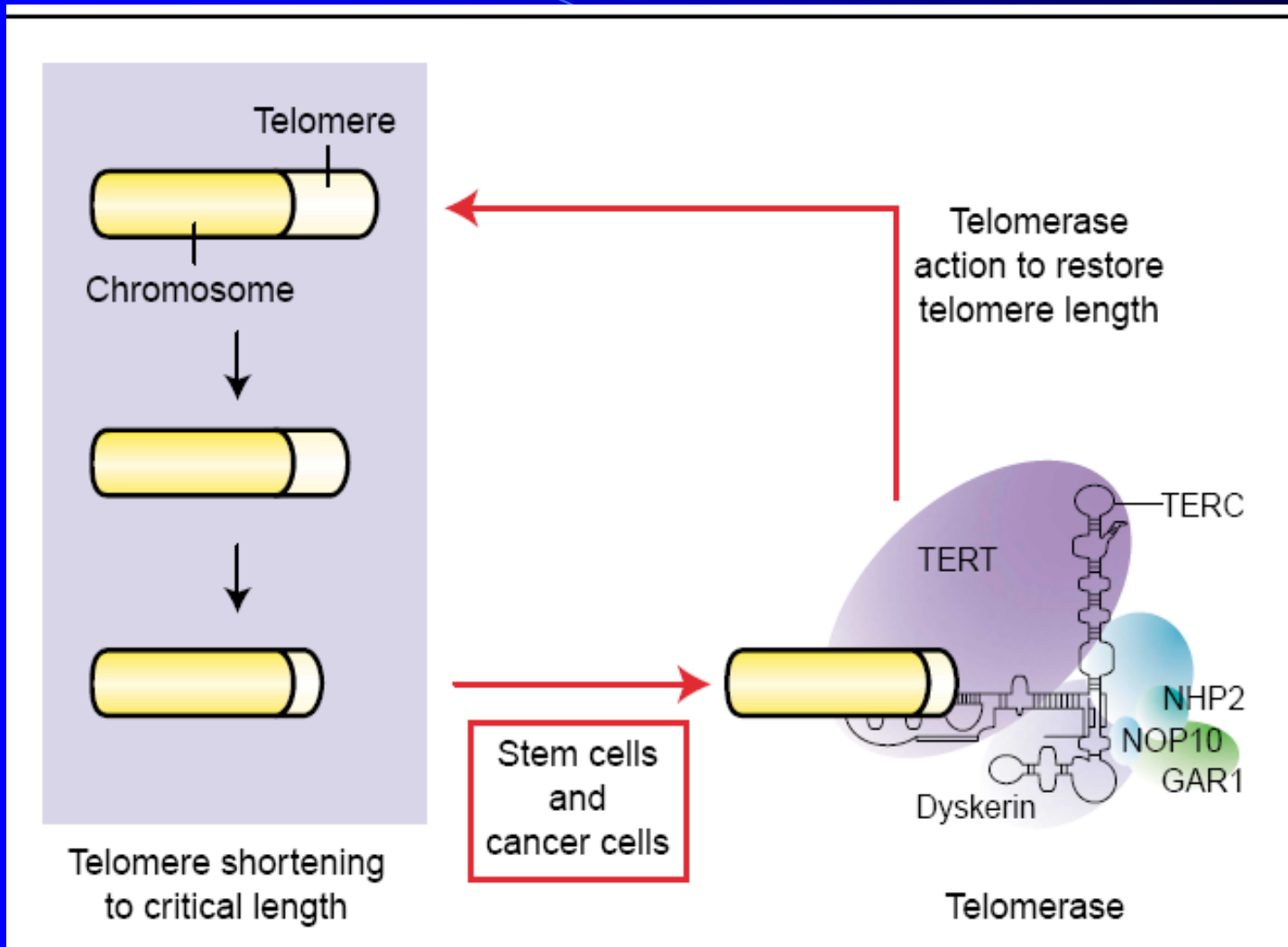
^a There are also many other somatic abnormalities in any given patient.

Telomeres

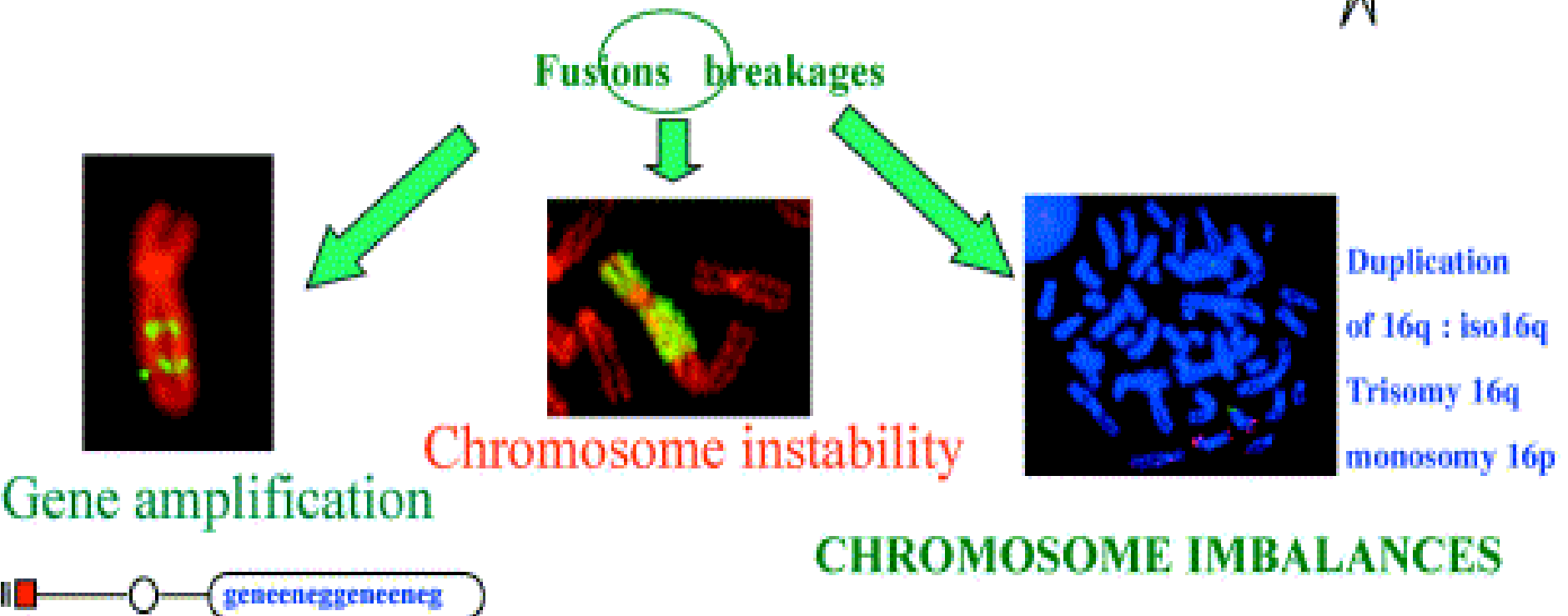
- Stabilize the chromosome ends to prevent their shortening during replication,
- protect chromosome ends from DNA damage-induced breaks
- Inhibit end-to-end fusions
- 6-basepair repeated sequences (TTAGGG)
- Shorten with each cell division; maintained by the telomerase enzyme



Telomere maintenance



Telomere maintenance failure



Summary of dyskeratosis congenita subtypes

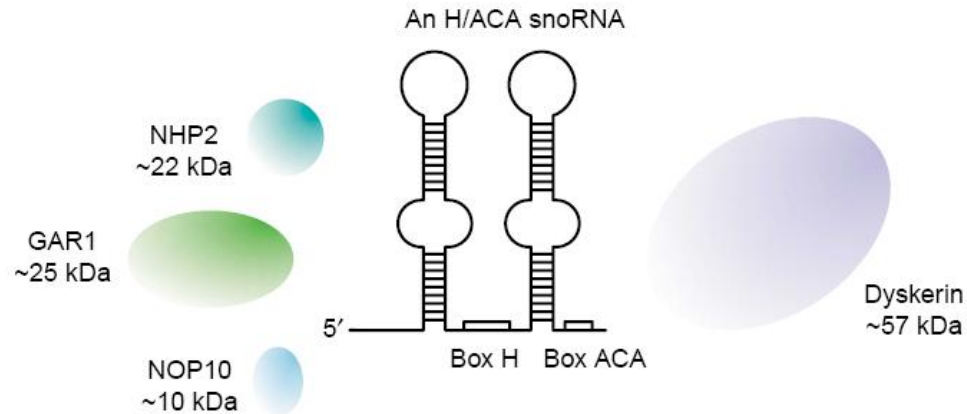
DC subtype	frequency	phenotype	Chromos location	RNA/protein product
X-linked DC	35%	DC, HH	Xq28	Dyskerin
AD-DC	5%	DC, AA, MDS	3q26	TERC
AR-DC	<5%	DC, HH	5p15	TERT
Uncharacterised	60%	DC, HH	Unknown	Unknown

AA, aplastic anaemia; AD, autosomal dominant; AR, autosomal recessive; DC, dyskeratosis congenita;

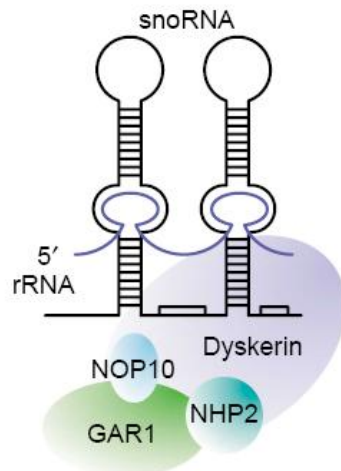
HH, **Hoyeraal–Hreidarsson syndrome**; MDS, myelodysplastic syndrome; TERC, RNA component of telomerase.

DC: telomere maintenance and ribosome biogenesis

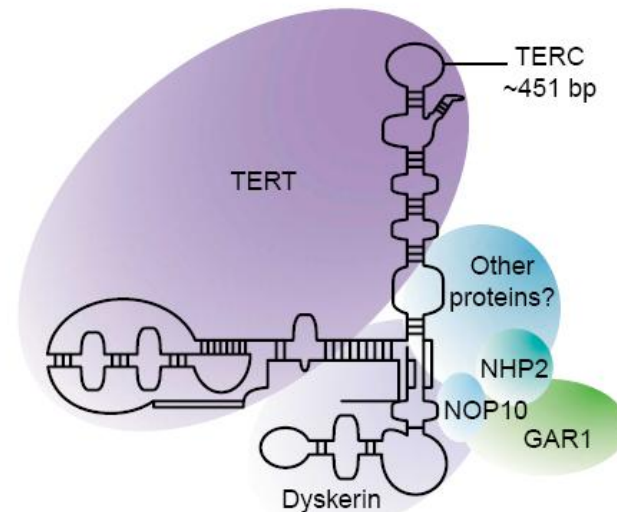
a The core snoRNA and protein components

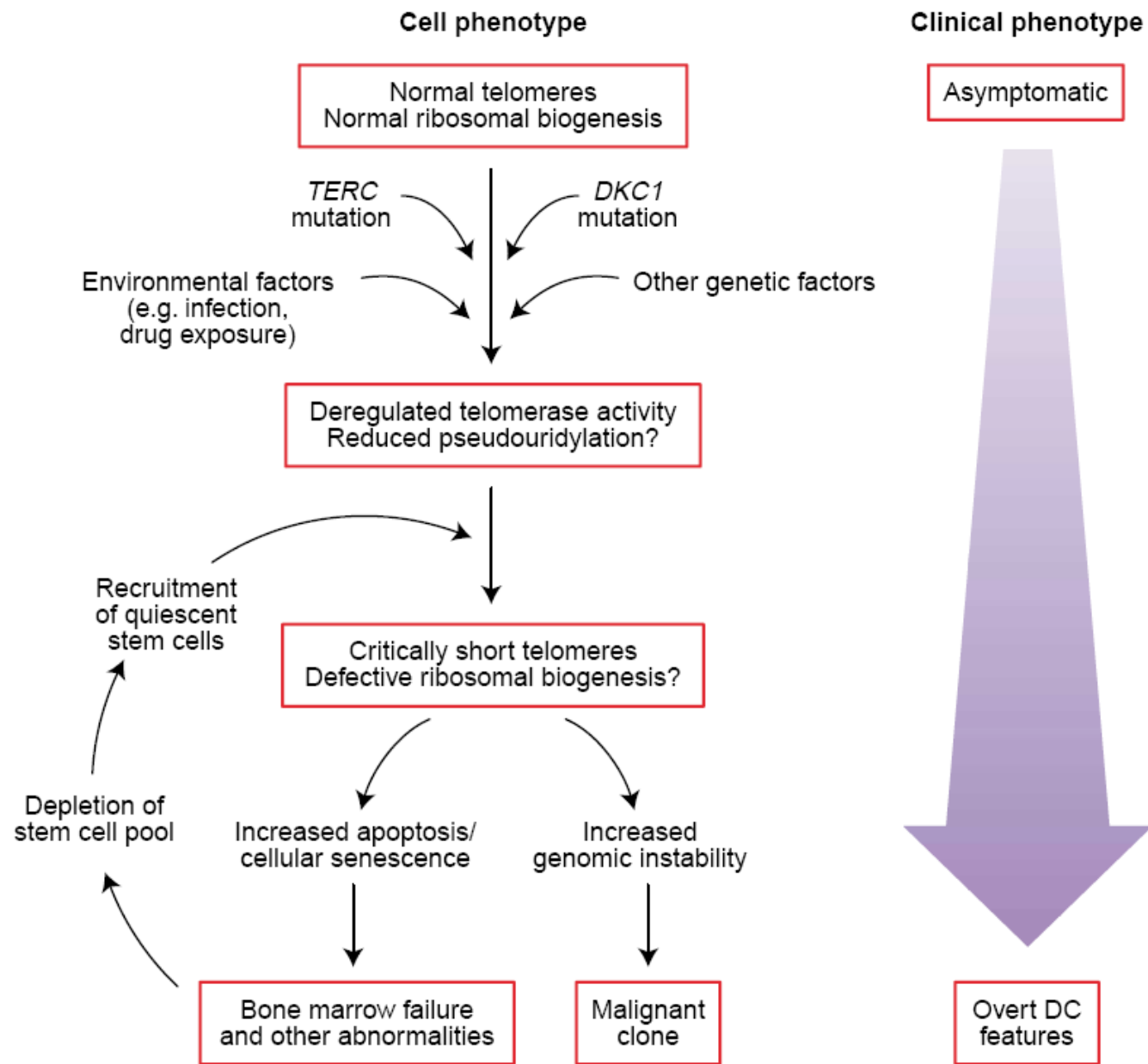


b The 'pseudouridylation' complex



c The telomerase complex



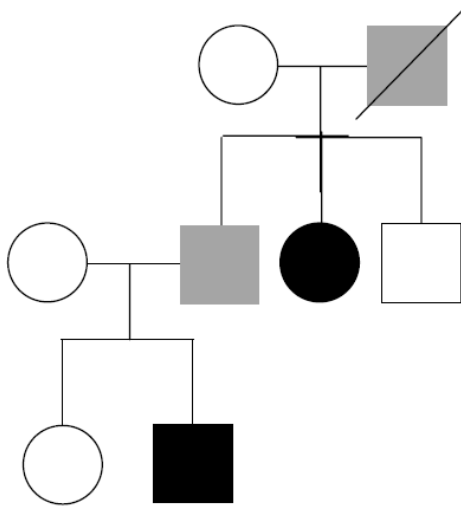


Proposed pathogenesis model for dyskeratosis congenita

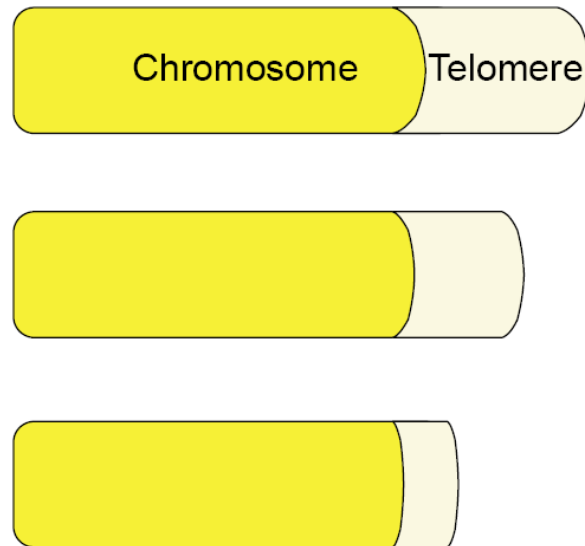
Expert Reviews in Molecular Medicine ©2004 Cambridge University Press

DC and Telomere maintenance: Anticipation

(a) Example of a typical AD-DC family tree



(b) Expected telomere length in affected individuals



(c) Expected clinical phenotype

Asymptomatic in their 50's

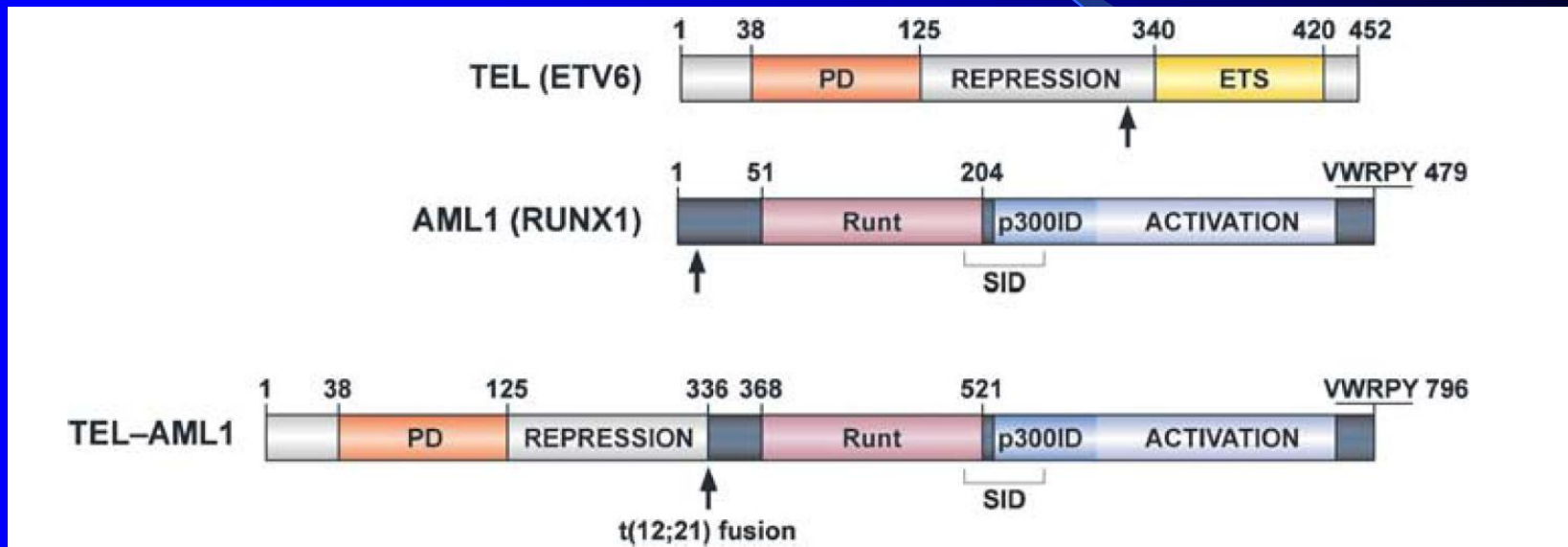
Asymptomatic until their 40's

Asymptomatic until their teens

Fetal origin of childhood leukaemia

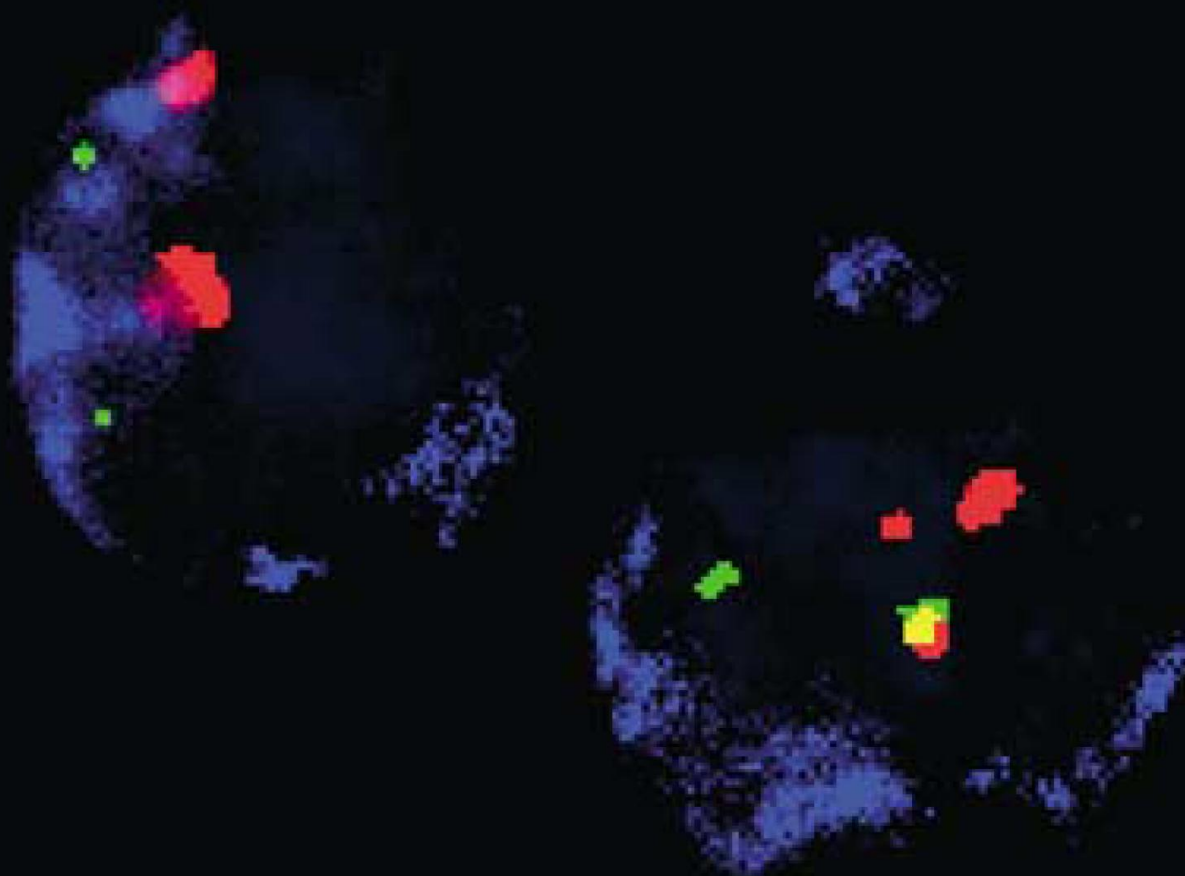
- chromosome translocations and covert leukaemic clones generated during normal fetal development
- subsequent events may be required to generate leukaemia
- t(12;21) childhood B ALL; TEL-AML (RUNX1) fusion
 - arises in utero in 1% of infants
 - only 1% develop leukaemia

Genetics of TEL-AML1

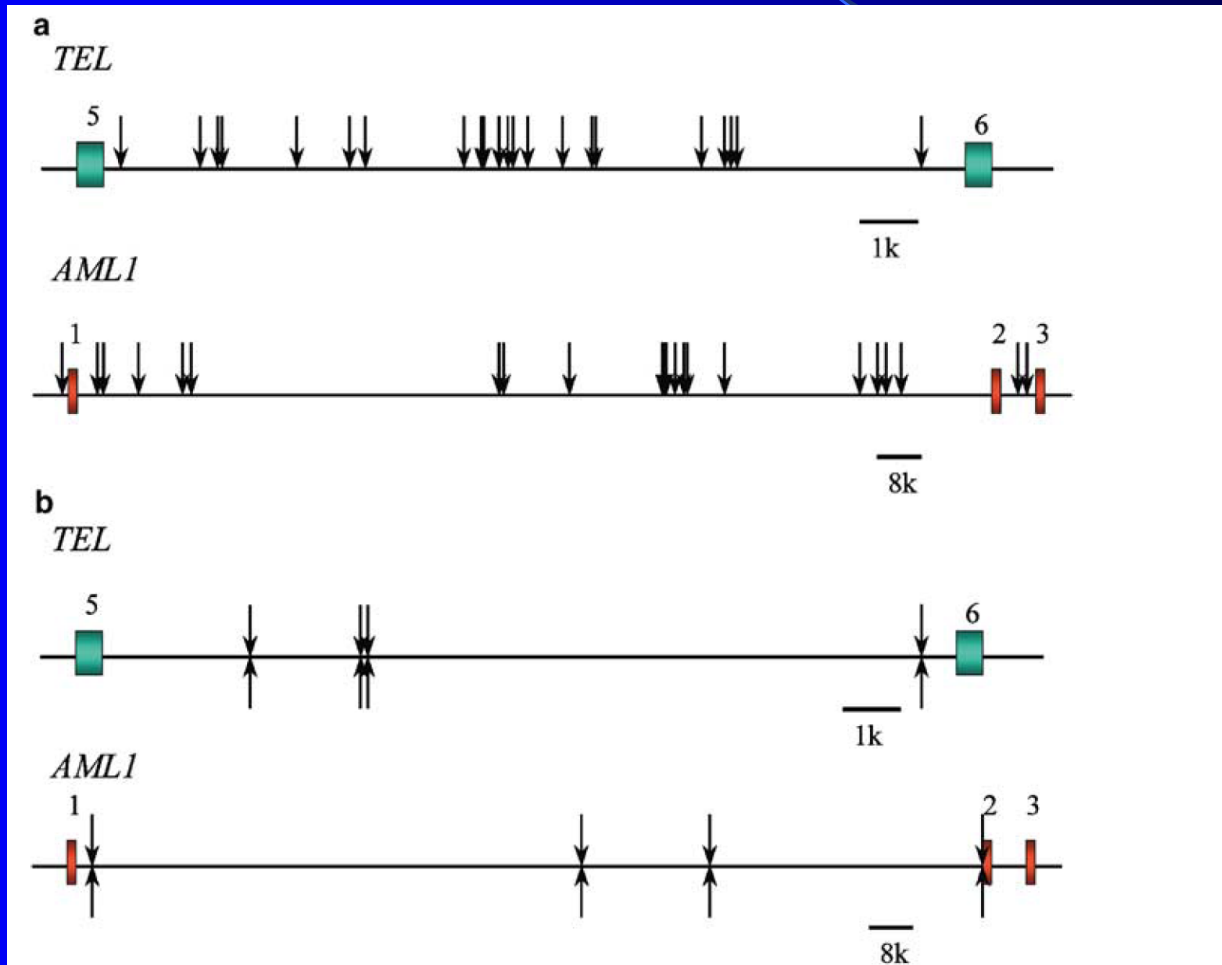


TEL-AML1 fusion detected by FISH

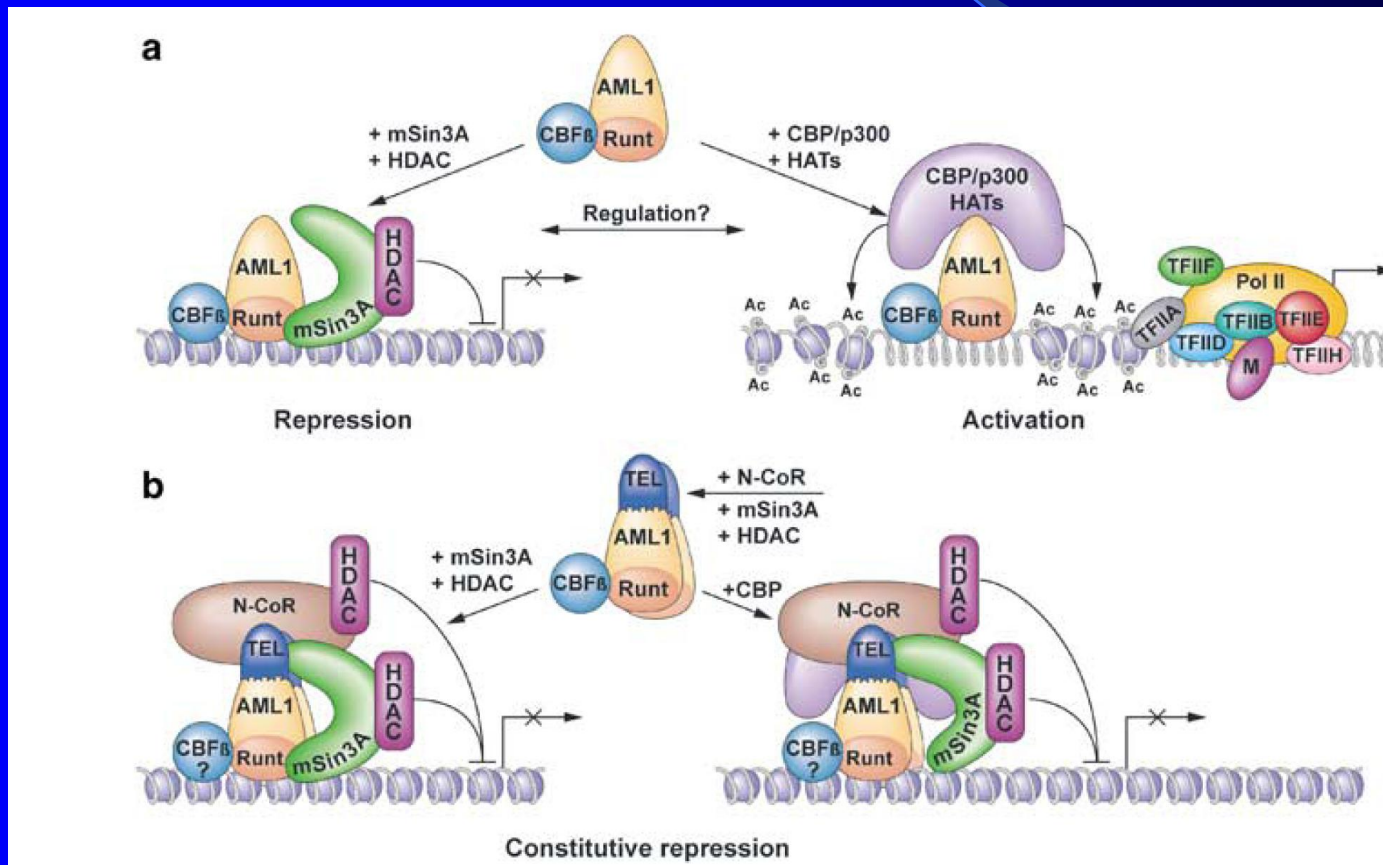
Zelent, Greaves and Enver, *Oncogene* (2004) 23, 4275–4283



Fetal origin of childhood ALL: Same breakpoints in monozygotic twin siblings



Molecular pathogenesis of TEL-AML1 leukaemia



In utero TEL-AML1 only the first step to leukaemia

