

Webinars

Constitutional thrombocytopenia

EuroBloodNet 

Thrombocytopenia due to transcription factor defects and leukemia predisposition

Paul Saultier, MD PhD

APHM – Pediatric Hematology, Immunology, and Oncology
Reference Center for Inherited Platelet Disorders (CRPP)

Aix Marseille University – Inserm 1263 – C2VN

ERN-EuroBloodNet
Marseille – France
February 21, 2024



Co-funded by
the Health Programme
of the European Union



European
Reference
Network
for rare or low prevalence
complex diseases
 Network
Hematological
Diseases (ERN EuroBloodNet)



- Investigator in studies sponsored by Biomarin, Celgene, Gilead, Sanofi, and Takeda
- Support for attending scientific meetings and educational events: Baxalta-Shire, Global Blood Therapeutics, Novo Nordisk, Pfizer, Octapharma, Roche, Servier, and Sobi
- Honoraria (consultant / advisory boards) from Octapharma, Novartis, Servier, Clinigen, Sobi, and Jazz.



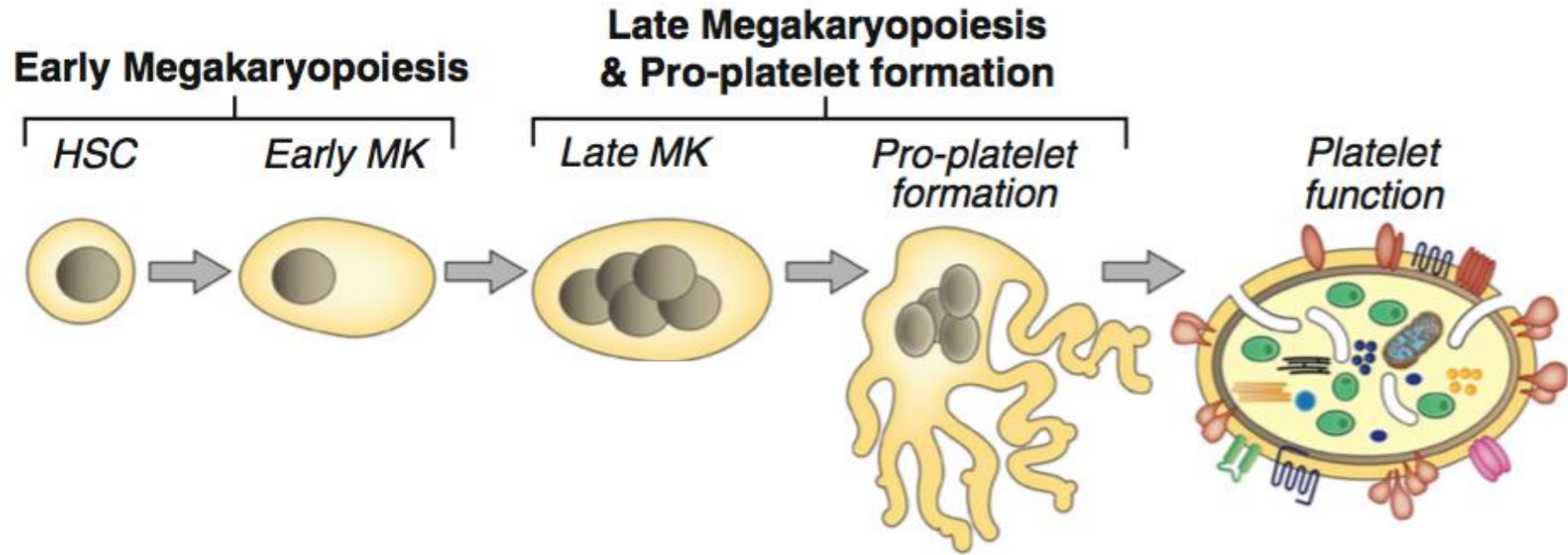
Constitutional thrombocytopenias associated with leukemia predisposition

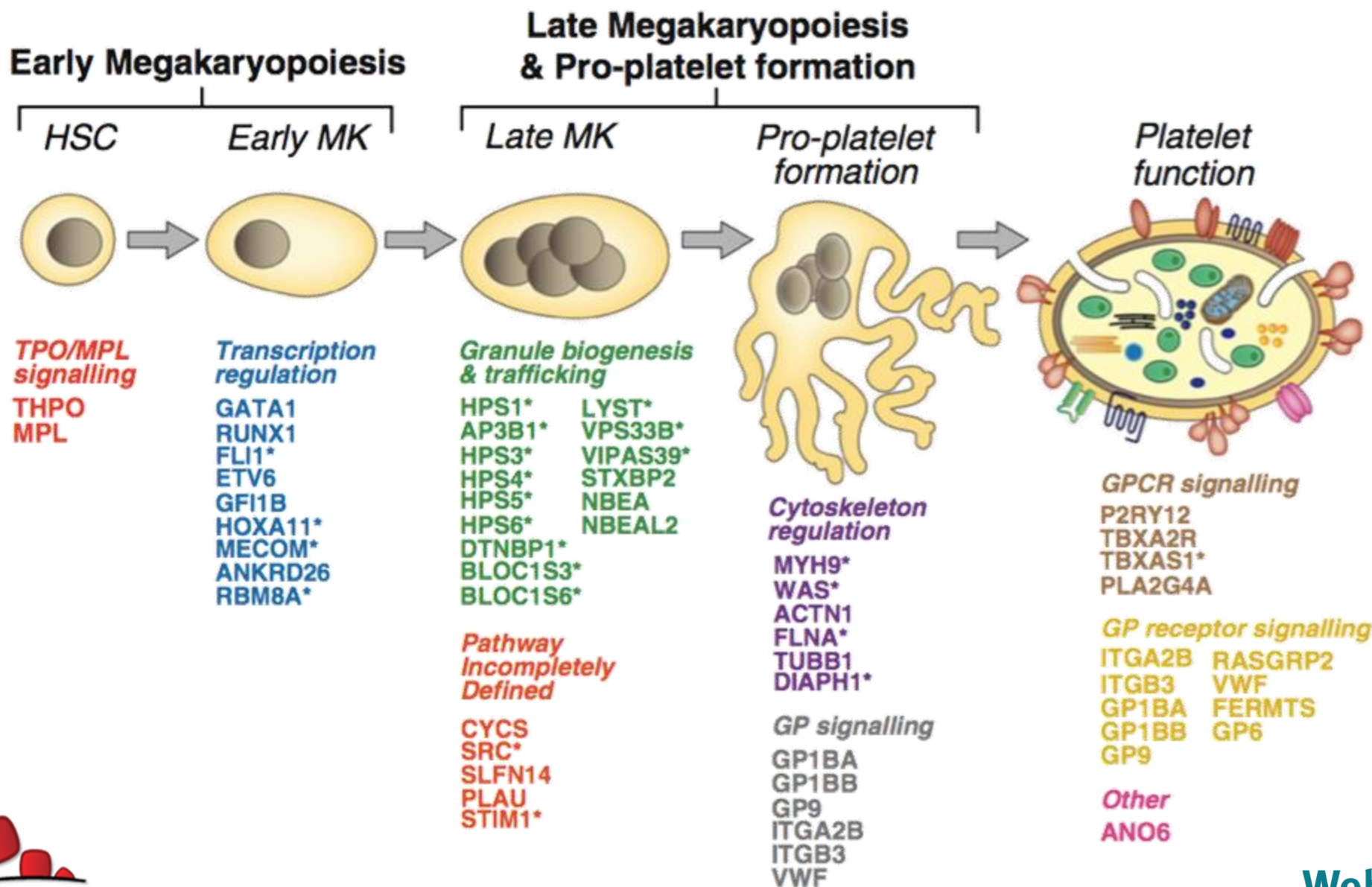
1. Epidemiology and principal characteristics
2. How to diagnose these conditions?

The pediatrician / hospitalist / hemostasis specialist perspective

The Hem/Onc perspective

3. How to manage the bleeding risk?
4. Which hematological follow-up?





European
Reference
Network

for rare or low prevalence
complex diseases

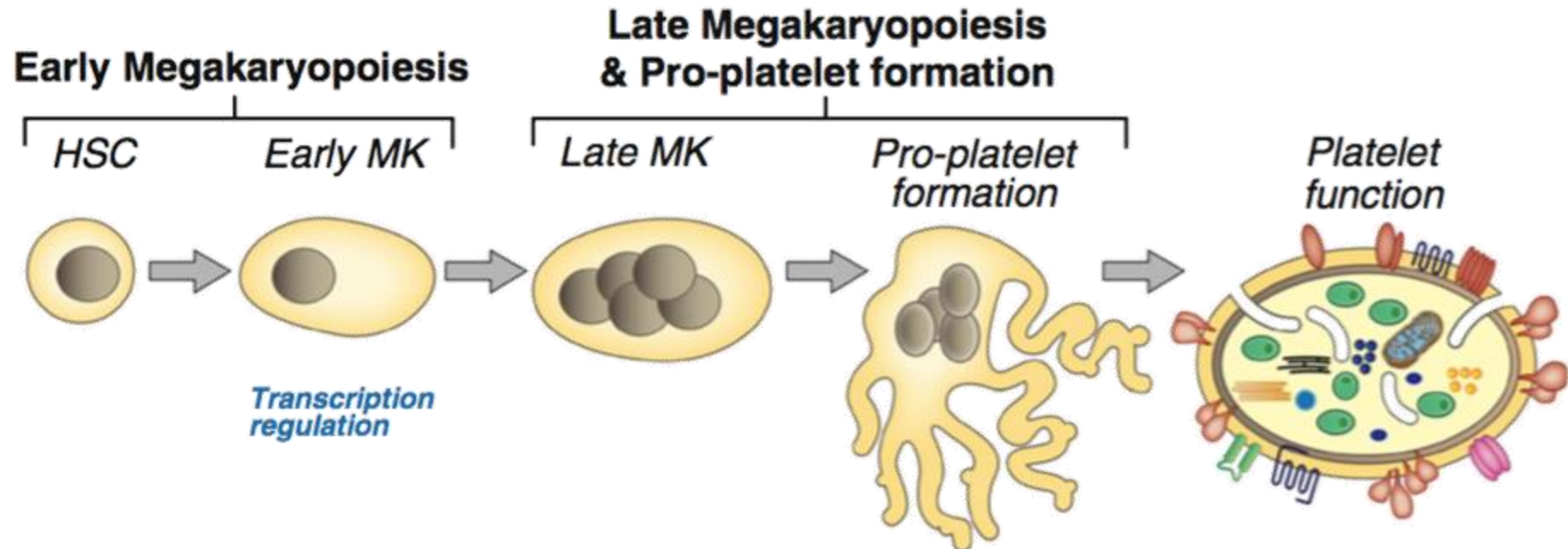
Network
Hematological
Diseases (ERN EuroBloodNet)



Lentaigne et al. Blood. 2016;127(23):2814–23.

Webinars

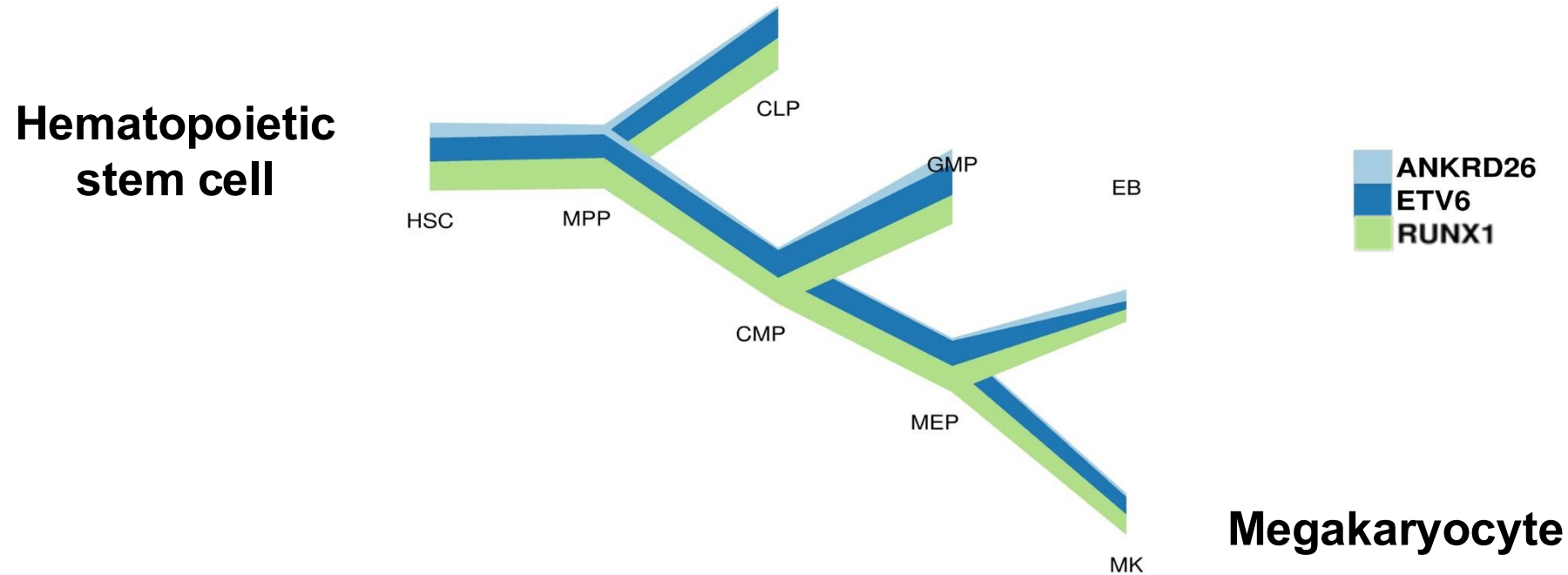
EuroBloodNet



RUNX1
ETV6
ANKRD26



Expression in the hematopoietic lineage



RUNX1, ANKRD26, and ETV6 are crucial regulators of different stages of hematopoiesis



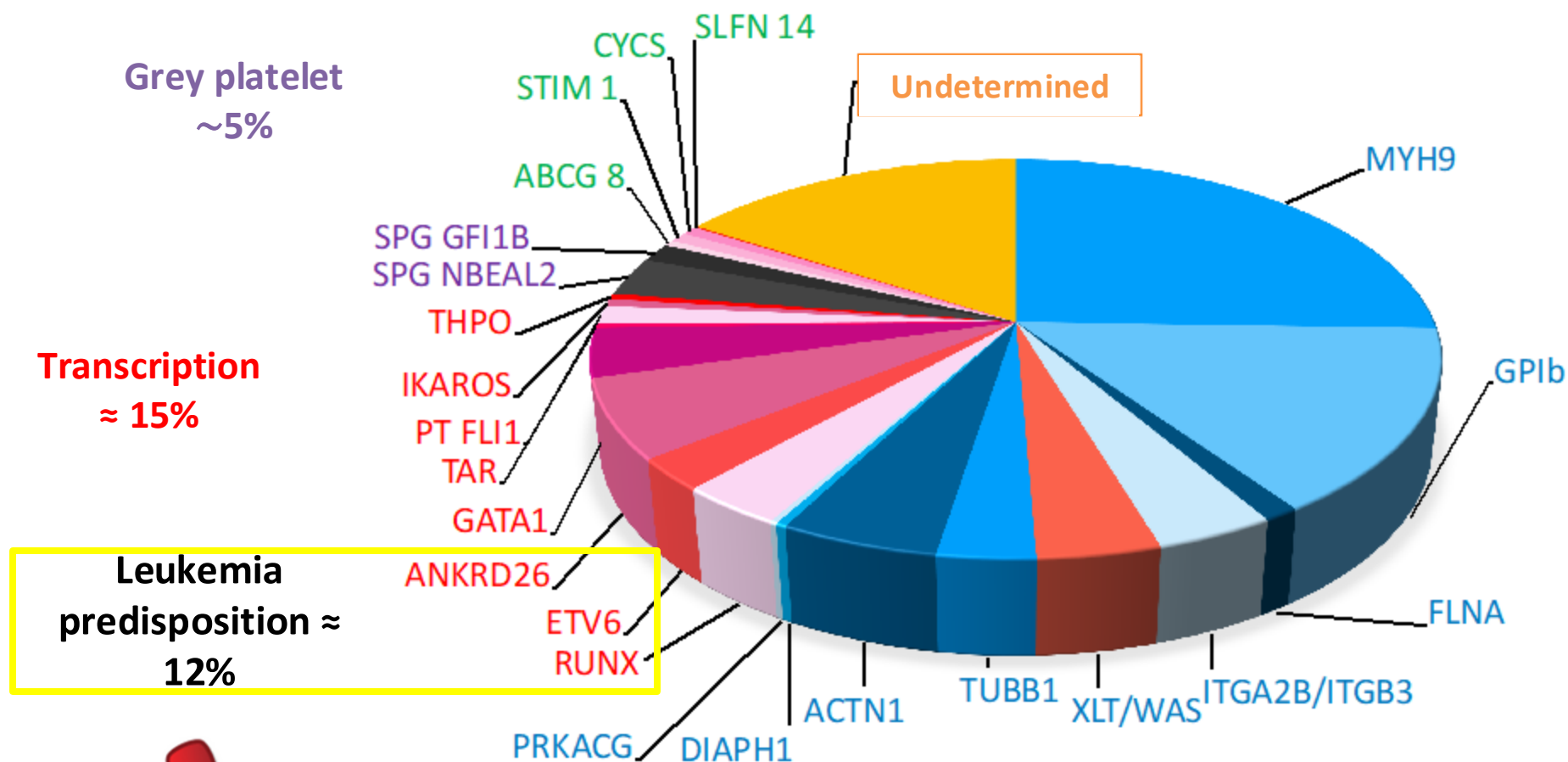
Constitutional thrombocytopenias associated with leukemia predisposition

Epidemiology and principal characteristics



Epidemiology

n=859



European
Reference
Network

for rare or low prevalence
complex diseases

Network
Hematological
Diseases (ERN EuroBloodNet)



C. Falaise – APHM, Marseille, France– Unpublished data – 2023

Webinars

EuroBloodNet



ETV6 thrombocytopenia (THC5)

- **Autosomal dominant**

Most variants affect the ETS DNA-binding domain

- **Thrombocytopenia**

Mild to moderate, normal platelet volume

Absent to moderate hemorrhagic syndrome

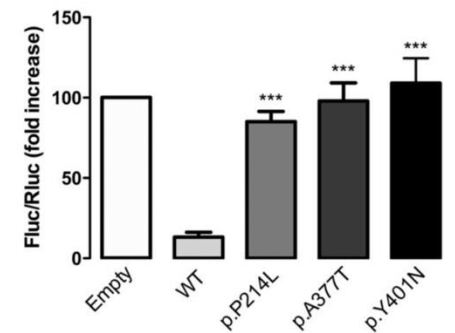
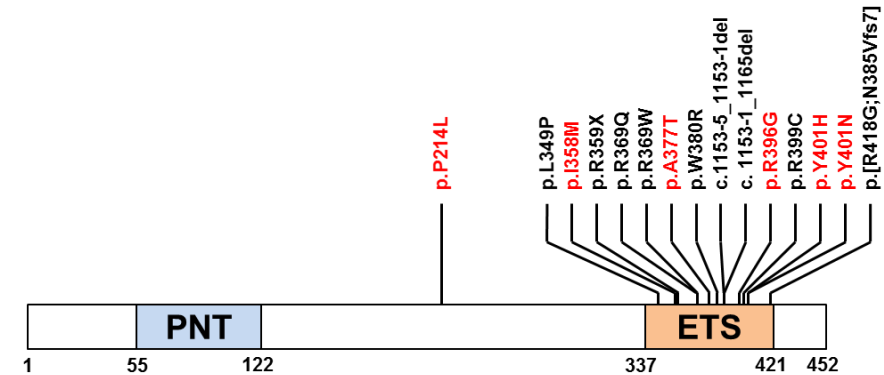
Variable platelet function defect

Increased ETV6 expression in platelets

- **Hematological malignancies :**

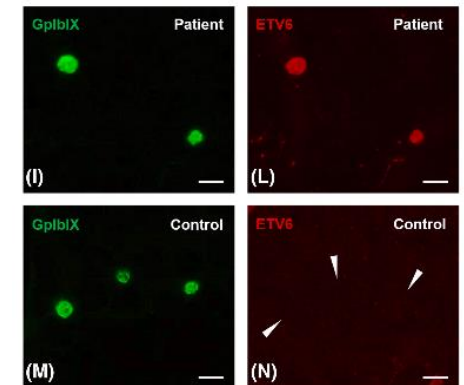
Childhood ALL +++, MDS, AML, MM, CMML

15/18 families, penetrance ≈15-25%



Transcriptional activity

ETV6 patient



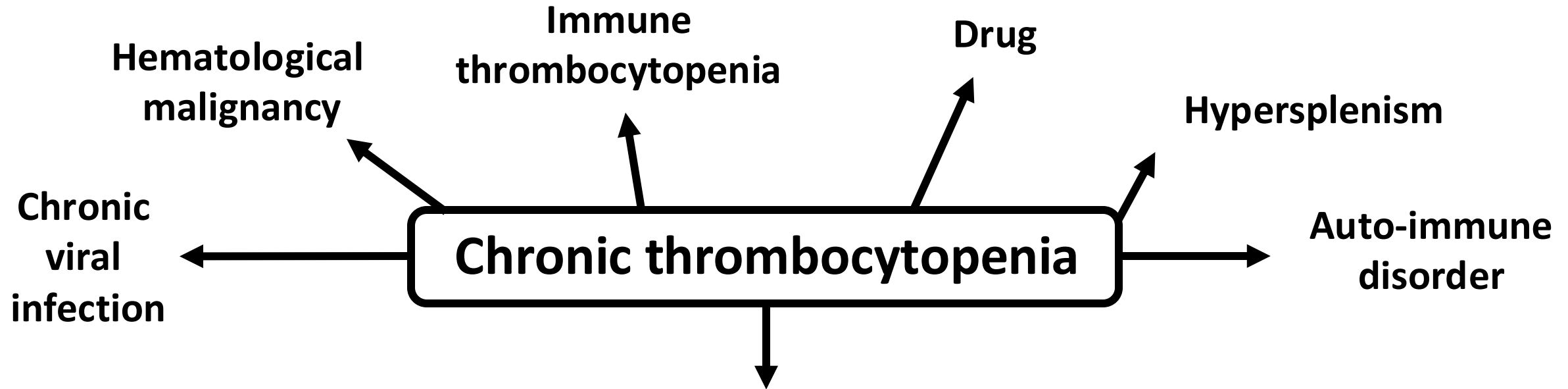
Control

Zhang et al. Nat Genet. 2015;47(2):180–185.
Noetzli et al. Nat Genet. 2015;47(5):535–538.
Poggi et al. Haematologica. 2017;102(2):282–294.
Zaninetti C et al. Br J Haematol. 2024;204(2):710-714.



How to diagnose constitutional thrombocytopenias associated with leukemia predisposition?

The pediatrician / hospitalist / hemostasis specialist perspective



Constitutional thrombocytopenia...

Family history of thrombocytopenia / abnormal bleeding

Early onset of thrombocytopenia

Too symptomatic (abnormal platelet function)

Mild to moderate thrombocytopenia

Poor response to IVIG/corticoids

...with leukemia predisposition?

Personal or family history of hematological malignancy

Associated abnormality: other cell line abnormality

Eczema, asthma



Variant classification and resolution of VUS

Data sharing initiatives and consortia

Myeloid Malignancy Variant Curation Expert Panel: specific classification rules for assessing RUNX1 variants pathogenicity



Functional assays:

- Established luciferase-based transactivation assays with known RUNX1 target gene (included in ACMG guidelines)
- Luciferase assays also established for assessment of ETV6 and ANKRD26 variants

Homan CC et al. Blood. 2023;141(13):1533-1543.
Luo X et al. Blood Adv. 2019 22;3(20):2962-2979.
Poggi et al. Haematologica. 2017;102(2):282-294.
Bluteau D et al. J Clin Invest. 2014;124(2):580-91.

Webinars

EuroBloodNet



How to manage the bleeding risk?



Managing bleeding risk in FPD-MM, THC2, and THC5

- **Patients often present with mild-to-moderate platelet counts and mild-to-moderate bleeding risk**
- **Main risk: surgeries or childbirth**
- **Antifibrinolytics and platelet transfusions as clinically indicated**
- **Short course of TPO receptor agonists (ie, eltrombopag and romiplostim) before surgery may have clinical utility (off-label)**

Phase II clinical data included patients with ANRKD26 thrombocytopenia (n=9), lower response than MYH9/mBSS

Further long-term clinical data needed, especially with long-term administration

Usually, platelet response is observed within 3 weeks



How to diagnose constitutional thrombocytopenias associated with leukemia predisposition?

The Hem/Onc perspective



WHO 2022 classification of myeloid neoplasms

→ Toward a genetic basis for defining diseases

Myeloid neoplasms with germline predisposition without a pre-existing platelet disorder or organ dysfunction

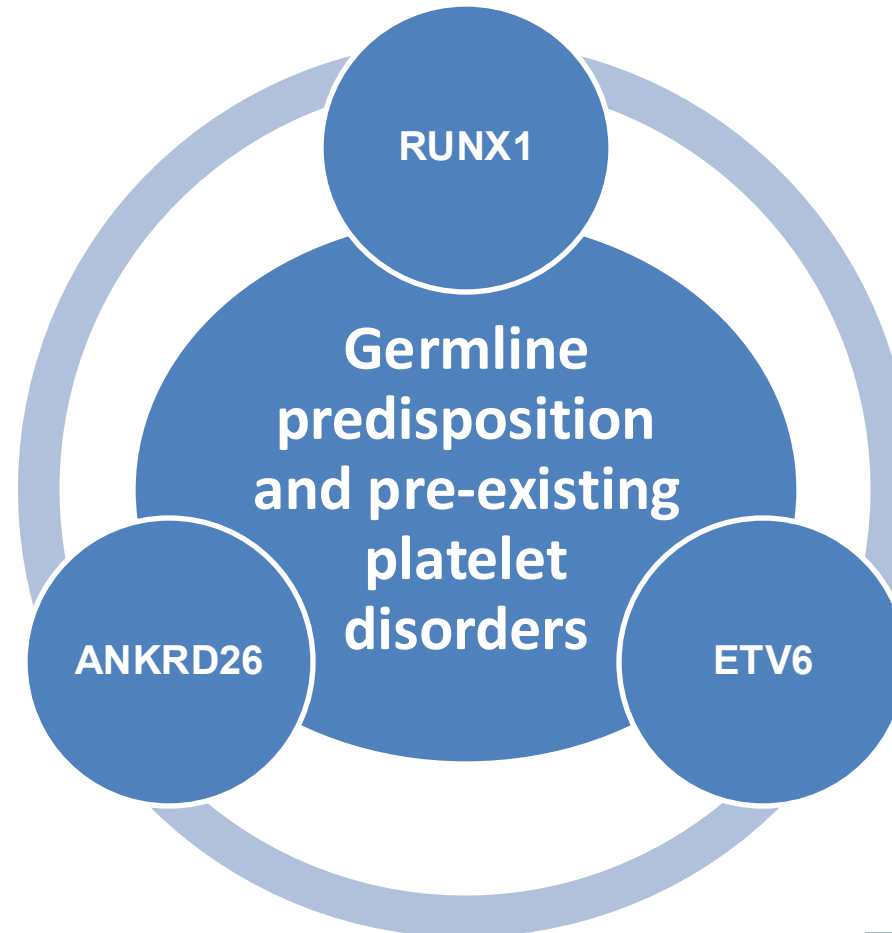
- Germline *CEBPA* P/LP variant (CEBPA-associated familial AML)
- Germline *DDX41* P/LP variant^a
- Germline *TP53* P/LP variant^a (Li-Fraumeni syndrome)

Myeloid neoplasms with germline predisposition and pre-existing platelet disorder

- Germline *RUNX1* P/LP variant^a (familial platelet disorder with associated myeloid malignancy, FPD-MM)
- Germline *ANKRD26* P/LP variant^a (Thrombocytopenia 2)
- Germline *ETV6* P/LP variant^a (Thrombocytopenia 5)

Myeloid neoplasms with germline predisposition and potential organ dysfunction

- Germline *GATA2* P/LP variant (GATA2-deficiency)
- Bone marrow failure syndromes
 - Severe congenital neutropenia (SCN)
 - Shwachman-Diamond syndrome (SDS)
 - Fanconi anaemia (FA)
- Telomere biology disorders
- RASopathies (Neurofibromatosis type 1, CBL syndrome, Noonan syndrome or Noonan syndrome-like disorders^{a,b})
- Down syndrome^{a,b}
- Germline *SAMD9* P/LP variant (MIRAGE Syndrome)
- Germline *SAMD9L* P/LP variant (SAMD9L-related Ataxia Pancytopenia Syndrome)^c
- Biallelic germline *BLM* P/LP variant (Bloom syndrome)



Webinars

EuroBloodNet

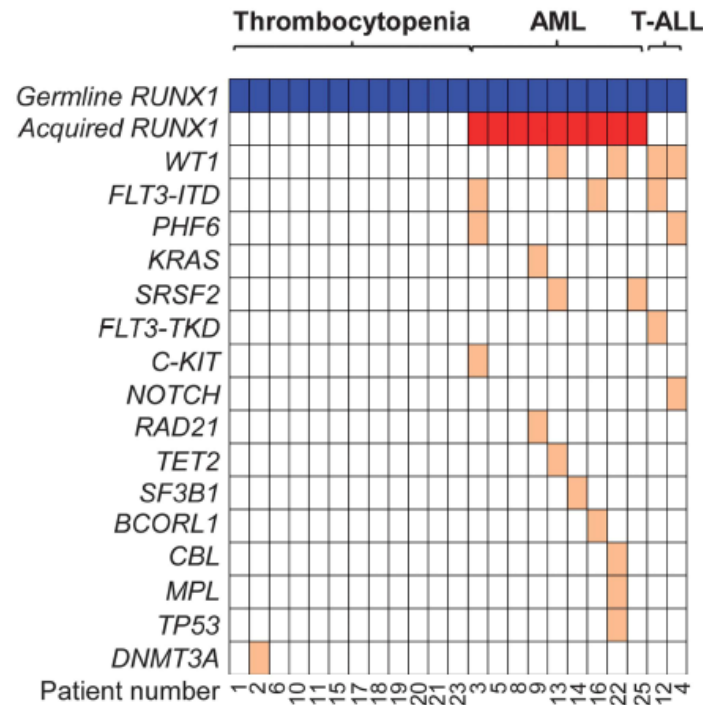


Screening at leukemia diagnosis

- **Family or personal history of chronic thrombocytopenia**
- **Routine use somatic cancer gene panels at leukemia diagnosis**
 - **Scrutiny for ETV6, RUNX1, ANKRD26 variants with high VAF (>30%)**
 - **Variant suspicious of being germline:**
 - germline confirmation
 - genetics referral for patient and family



RUNX1 variants induce genomic instability



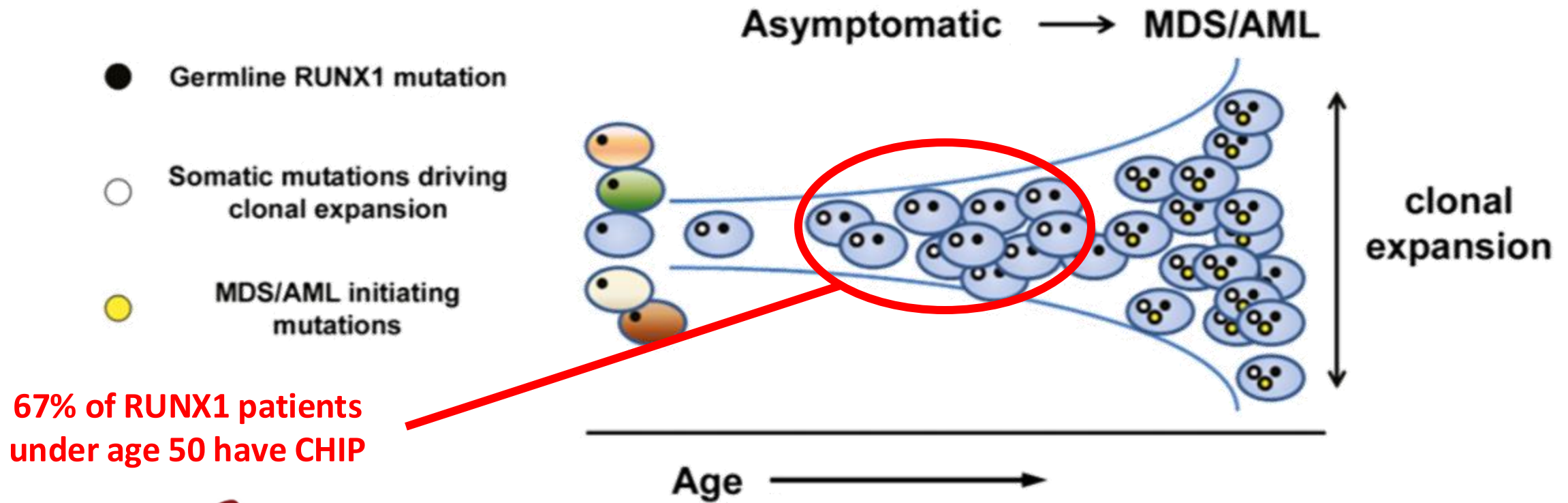
Genomic instability

Additional somatic variants in myeloid MDS/AML :

- RUNX1 +++ (biallelic alteration)
- Other variants : TET2, ASXL1, BCOR, PHF6, SRSF2



RUNX1 variants induce genomic instability and early onset clonal hematopoiesis (CHIP)



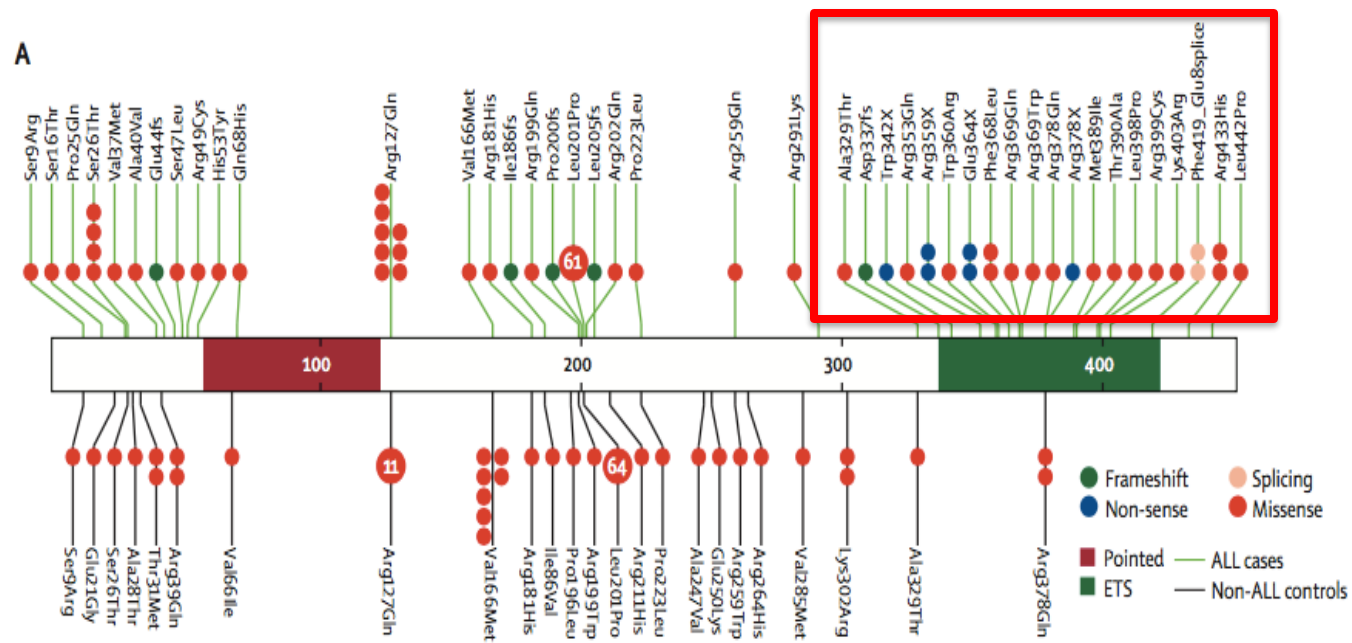
67% of *RUNX1* patients under age 50 have CHIP

Churpek JE. Blood. 2015 Nov 26;126(22):2484-90



ETV6 predisposition and childhood ALL

Childhood ALL (n=4405) : *ETV6* sequencing (constitutional)



CASES
(childhood ALL)

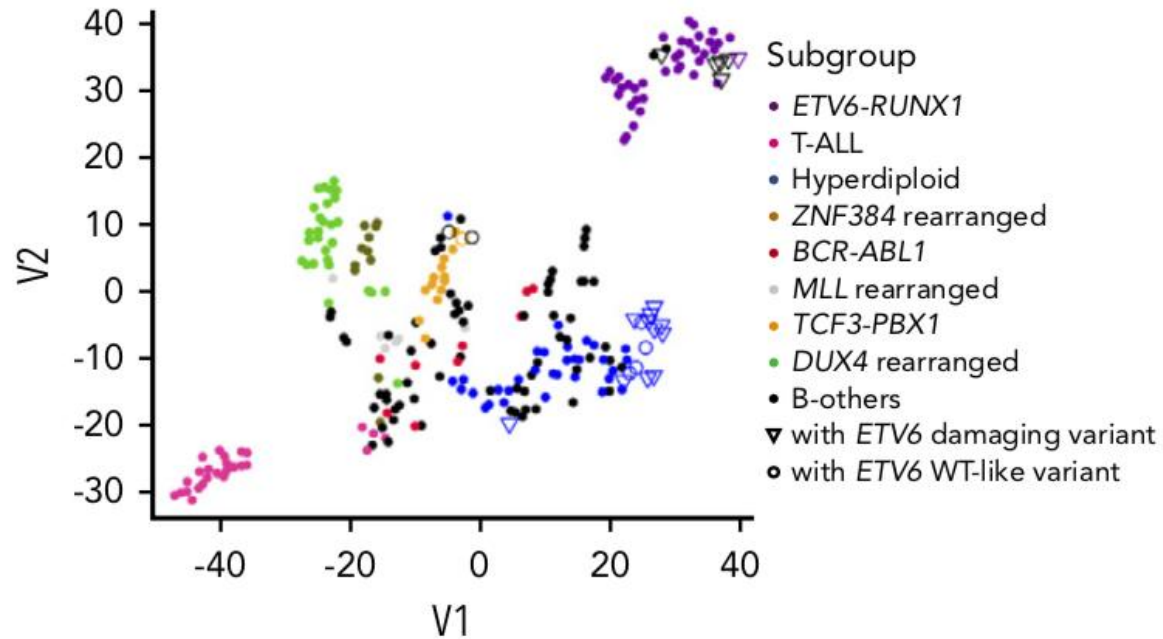
CONTROLS
(general population)

Childhood ALL: ~1% *ETV6* constitutional variant

Hyperdiploid B-ALL of older children
No impact on early response / relapse



ETV6 predisposition and childhood ALL



ETV6 predisposition somatic signature

1) Hyperdiploid

variants RAS pathway

2) Diploid

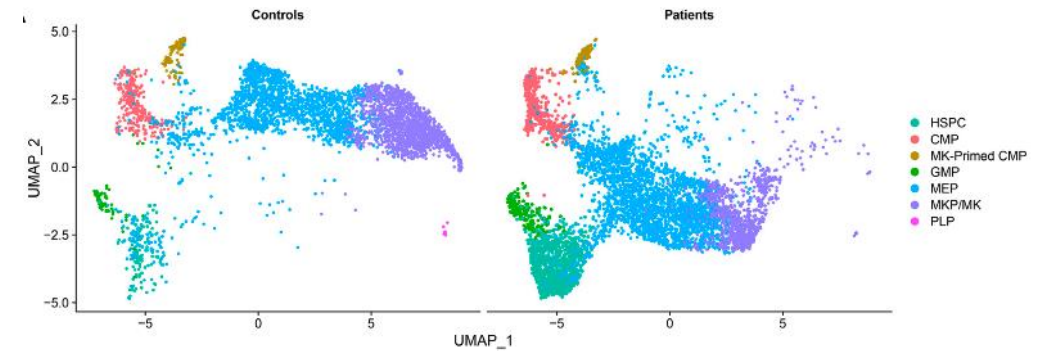
Focal deletion *ETV6*, *PAX5*



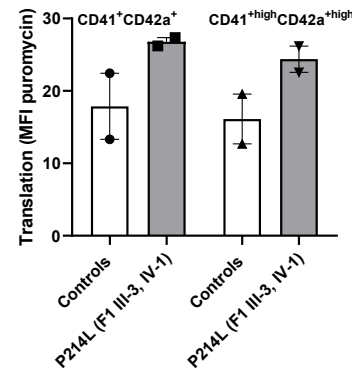
ETV6 variants alter ribosome biogenesis and translation machinery

Strong transcriptomic differences in the MEPs and MKs from ETV6 patients

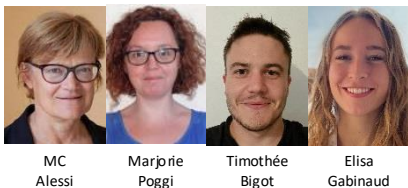
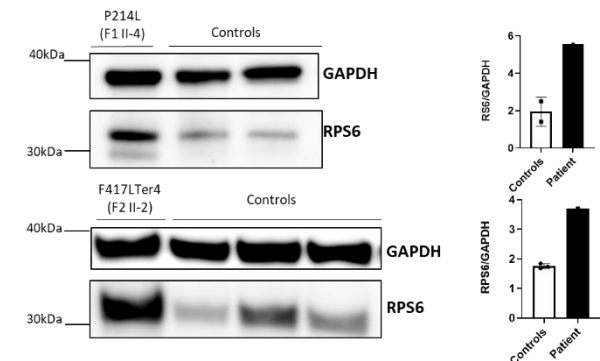
Dysregulated “DNA repair” and “translation” pathways



Increased translation levels



Increased ribosomal protein RPS6 expression in MKs / platelets



C2VN, Inserm 1263
Bigot T et al. J Thromb Haemost. 2023;21(9):2528-2544.



Constitutional thrombocytopenia with leukemia predisposition

	RUNX1	ETV6	ANKRD26
Transmission	-----	Autosomal dominant	-----
Bleeding	0 to ++	0 to ++	0 to +
Thrombocytopenia	0 to +	+	+ to +++
Platelet volume	-----	Normal	-----
Hematological malignancy	~40% Myeloid +++ All age groups (m=35y)	15 - 25% ? Pediatric B-ALL +++ AML/MDS in adults	~10% Myeloid +++ older adult (m=40y)
Somatic signature	Loss of RUNX1 WT allele	Hyperdiploidy Loss of ETV6 WT allele	



Which hematological follow-up for constitutional thrombocytopenias associated with leukemia predisposition?



Hematological initial workup and follow-up

No evidence-based guidelines

Hematological initial workup and follow-up

At diagnosis: clinical examination + CBC + BM assessment + cytogenetics + somatic NGS panel

Follow-up /6-12 months : clinical examination + CBC + somatic NGS panel in peripheral blood

In case of clinical/CBC abnormality or clonal evolution (NGS): repeat BM assessment

Clinical utility of assessment of clonal evolution using NGS need further prospective data

In case of hematological malignancy

Identification of a related donor who does not carry the germline variant

Indication for HSCT in CR1 to be discussed (RUNX1+++, ETV6?, ANKRD26?)



Conclusion

Thrombocytopenia should be explored even in the absence of bleeding (after patient information)

Clinical and biological diagnosis

- Family history, autosomal dominant transmission, normal platelet volume and smears, gene sequencing+++
- At hematological malignancy stage: somatic signatures

Pathophysiology: transcription/signaling defect, genomic instability, secondary events, loss of WT allele

Bleeding risk management :

- Mainly for surgeries or childbirth
- Antifibrinolytics and platelet transfusion as clinically indicated
- Short course TPO receptor agonists (ie, eltrombopag and romiplostim) before surgery may have clinical utility

Hematological initial workup and follow-up (incl. sequential NGS), anticipate HSCT

Perspectives

- prediction / monitoring of progression to MDS/leukemia
- gene therapy / pharmaceutical approach to restore RUNX1/ETV6/ANKRD26 gene function
- targeted therapies for clonal secondary events



Acknowledgments

**C2VN lab, Inserm 1263 , Aix Marseille Université –
CRPP (French Reference Center for Inherited Platelet Disorders)
Laboratory of Hematology, La Timone Hospital, APHM, Marseille France**

Marie Christine Alessi
Marjorie Poggi
Pierre Emmanuel Morange
Timothée Bigot
Elisa Gabinaud

Céline Falaise
Pierre Morange
Noémie Saut
Marie Loosveld



**French Reference Center
for Inherited Platelet Disorders**



Co-funded by
the Health Programme
of the European Union



Department of Pediatric Hematology, Immunology, Oncology, La Timone Children Hospital : Hervé Chambost, Gérard Michel

EuroBloodNet: Mariangela Pellegrini, Maryam Lalem, Pierre Fenaux, Béatrice Gulbis

Webinars

