

NUP214-ABL1 Fusion: A Novel Discovery in Acute Myelomonocytic Leukemia



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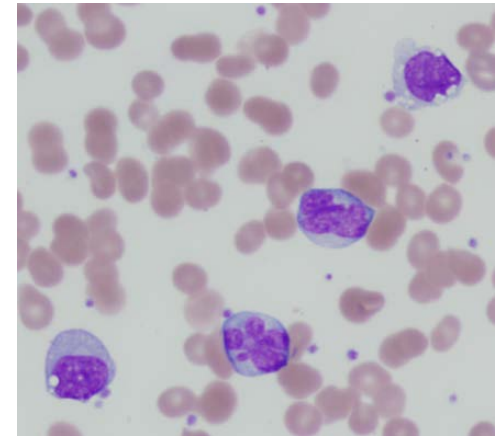
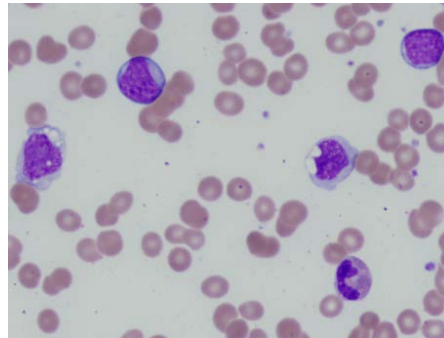
Case Report - 64 year old Caucasian Male

Past Medical History → Osteoarthritis

Family History → Negative for bleeding/platelet disorders, AML or MDS

Presented to an outside hospital with 1 month history:

- › Progressive dizziness
- › Fatigue
- › Insomnia



Further work-up revealed:

- › Anemia
- › Leukopenia
- › Pain/tenderness over area of spleen

Managed with 1 unit of pRBCs and transferred to MUSC for work up:

- › Suspicious for acute leukemia

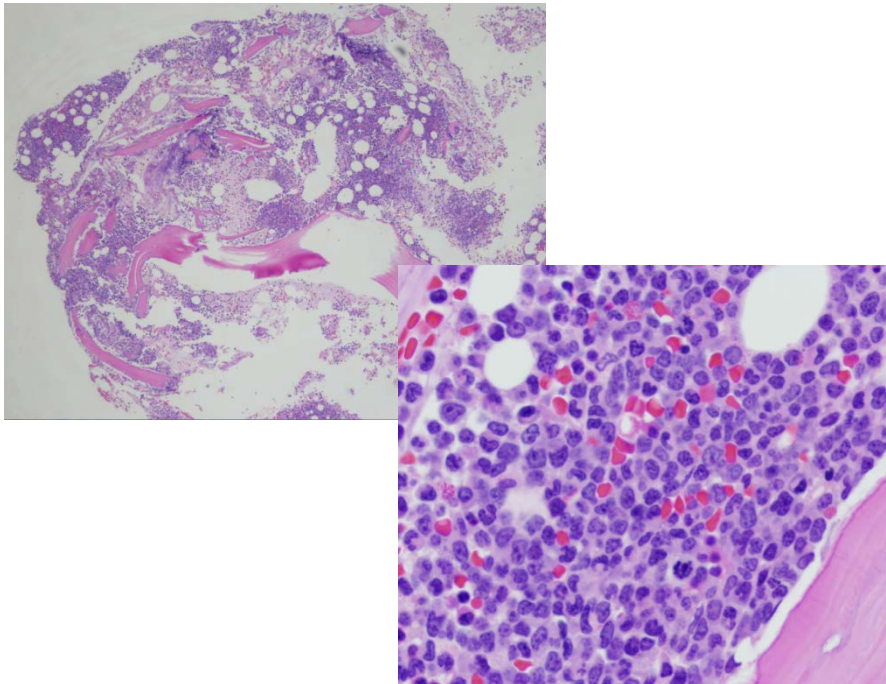
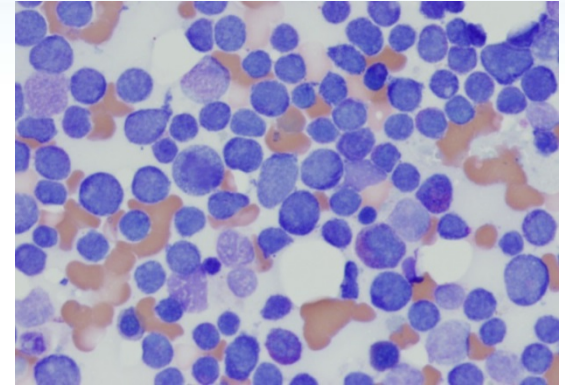
Bone Marrow Biopsy performed at MUSC revealed...



Initial - Bone Marrow Biopsy

Aspirate:

- › Hypercellular
- › Predominantly immature cells with minimal evidence of terminal differentiation
- › Blasts comprise 85% of cellularity



Bone Marrow:

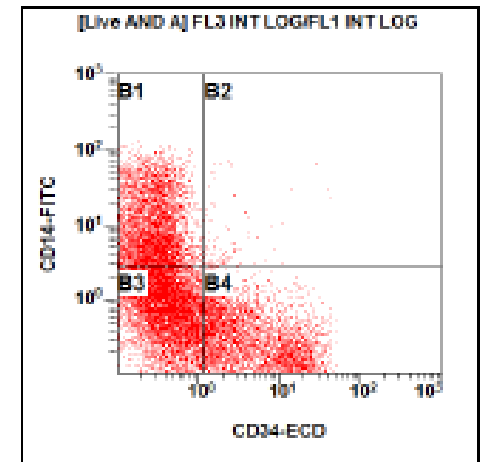
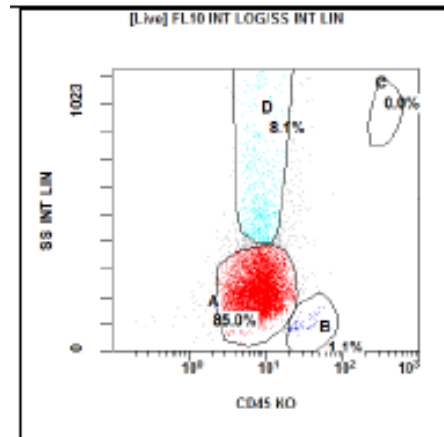
- › 50% cellularity
- › Myeloid series consists mostly of immature cells with minimal evidence of terminal differentiation



Initial - Flow Cytometry

Blasts comprise 88% of non-erythroid marrow elements, expressing:

- › CD34 (subset)
- › HLA-DR
- › CD33
- › CD13
- › CD14 (variable)
- › CD64
- › CD38
- › CD4
- › CD25 (dim)
- › CD123
- › cMPO (dim)



Consistent with monocytoid differentiation

Pertinent negatives:

CD117, CD16, CD56, CD19, CD20, sKap, sLamb, CD10, CD23,
CD2, CD3, CD5, CD7, CD8, CD57, cTDT, cCD79a, cCD3, cCD22



Initial - Additional Findings

Microarray:

- › Single abnormal clone in 90% of cells with focal deletions of 11p including the **WT1** gene, 21q including focal deletion of exons 3-8 of the **RUNX1** gene, and a nested gain of exons 2-10 of the **KMT2A** gene

FISH:

- › Inv(16) - Normal

FLT3 Status:

- › Positive for **FLT3-ITD** mutation

Summary of Mutations:

- **FLT3-ITD**
- **WT1** (deletion)
- **RUNX1** (focal deletion)
- **KMT2A** (nested gain)

Cytogenetics:

- › 46,XY[20] - Normal male karyotype



Initial - Clinical Management

DIAGNOSIS: Acute Myelomonocytic Leukemia

Initiated 7+3 induction chemotherapy:

- › Bone marrow biopsy for day 14 post induction monitoring showed refractory disease

Enrolled in a clinical trial for FLT3 directed therapy with **Gilteritinib**

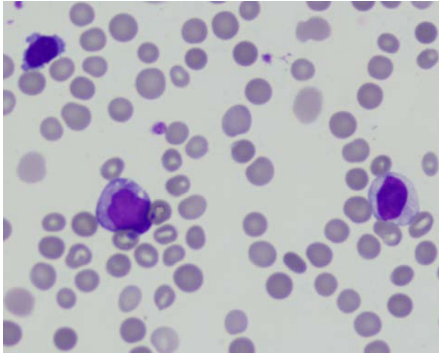
- › CTO 102233 → ASP2215
- › Tyrosine kinase inhibitor

2 - 3 months after presentation:

- › Send out test for FLT3 came back as wild-type
- › Stopped participation in clinical trial due to progressive disease seen on 3 month follow up biopsy
- › Began salvage chemotherapy with FLAG-Ida

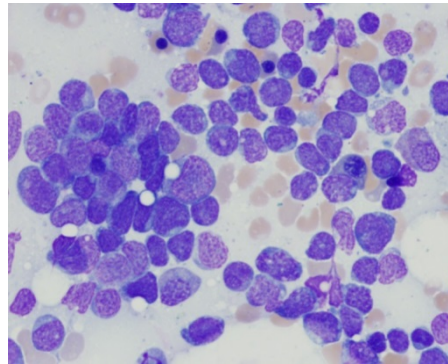


Follow-up - Smear & Bone Marrow Biopsy



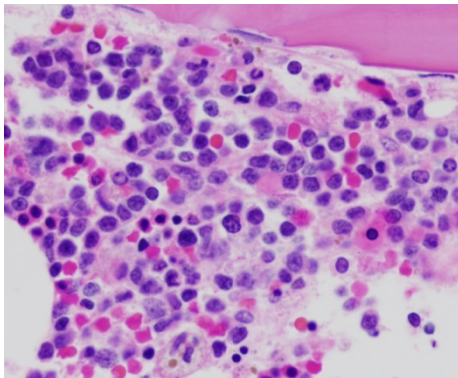
Peripheral Smear:

- › Predominance of lymphocytes with circulating blasts



Aspirate:

- › Predominantly blasts with rare hematopoietic cells
- › Blasts comprise 75% of cellularity



Bone Marrow:

- › 40% cellularity
- › Increased blast population identified

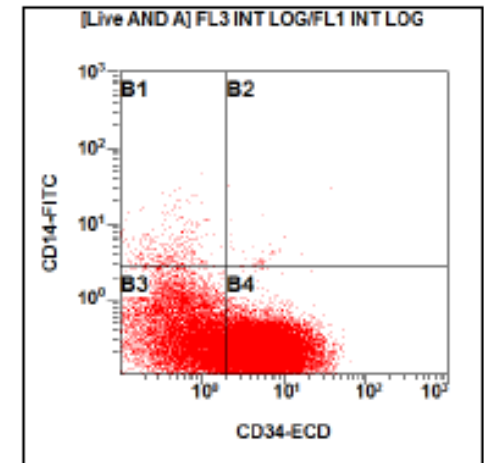
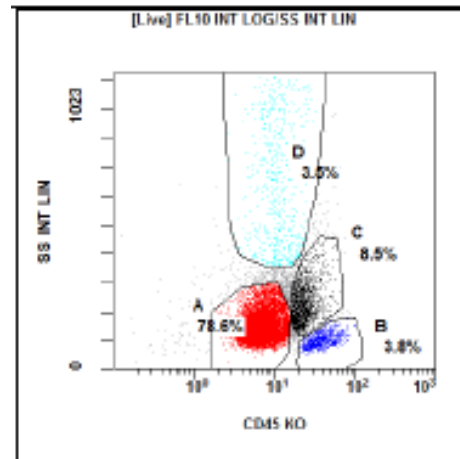


Follow-up - Flow Cytometry

Blasts comprise 79% of non-erythroid marrow elements, expressing:

- › CD34 (dim)
- › CD117 (dim)
- › HLA-DR
- › CD33 (dim)
- › CD13 (dim)

Indicates myeloid lineage

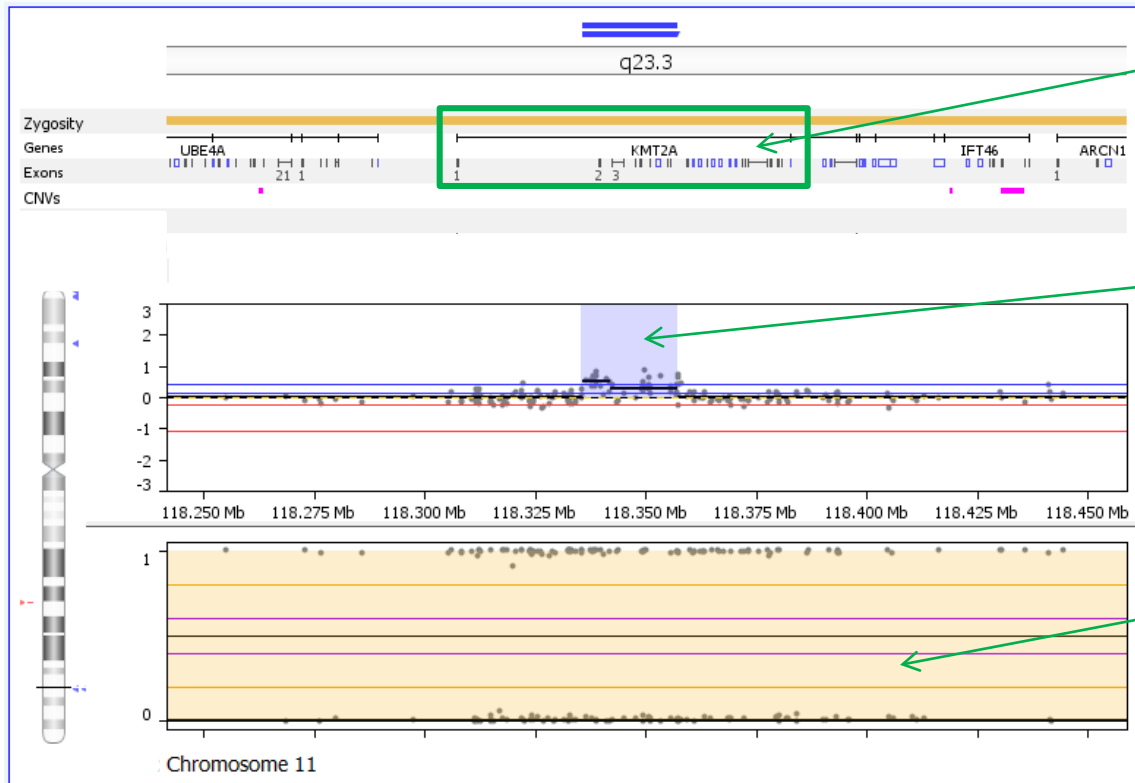


Pertinent negatives*:
CD56, CD14, CD16, CD64

*A limited panel was used to look for minimal residual disease



Follow-up - Microarray: Major clone (~80%)



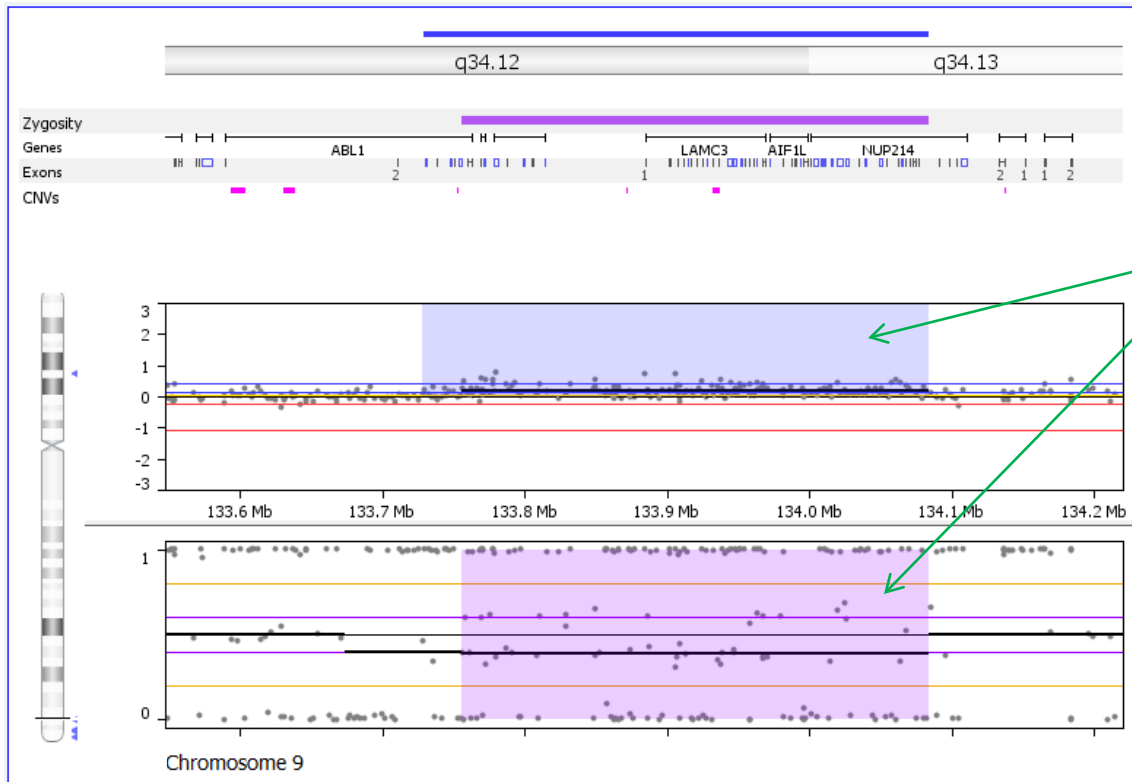
KMT2A gene

Duplication of exons 2-10

Loss of heterozygosity

This abnormal clone showed focal deletion of exons 3-8 of the RUNX1 gene and loss of heterozygosity of 11q with nested gain of exons 2-10 of the KMT2A gene

Follow-up - Microarray: Subclone



Duplication at breakpoint of exon 2 on ABL1 gene to exon 33 of NUP214 gene

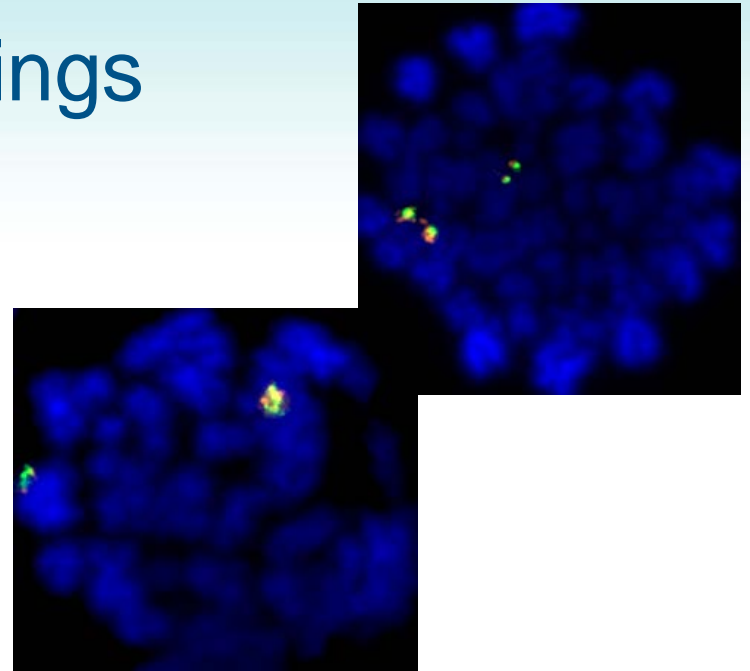
A subclone showed a gain of 9q, consistent with a NUP214-ABL1 fusion



Follow-up - Additional findings

FISH:

- › A break-apart probe for the NUP214 gene revealed apparent abnormal signal patterns consistent with gains of part of the ABL1 and NUP214 genes



FLT3 status:

- › FLT3 wild type

Summary of Mutations:

- **RUNX1** (focal deletion)
- **KMT2A** (nested gain)
- **NUP214-ABL1** (fusion & amplification)

Cytogenetics:

- › 46,XY[20] - Normal male karyotype



Follow-up - Clinical management

FLAG-Ida salvage chemotherapy initiated



- › Addition of **Sorafenib**
 - › Multitargeted tyrosine kinase inhibitor
 - › Currently used for HCC, RCC, differentiated thyroid cancer
 - › Off-label, nonprotocol treatment for FLT3+ AML
 - › Wanted to treat/suppress initial clone that was FLT3+

Bone marrow biopsy results post FLAG-Ida:

- › No evidence of acute leukemia

Underwent allogenic matched unrelated donor hematopoietic stem cell transplant (Allo MUD HSCT)



Update - Status Post Transplant

Post-transplant complications:

- › GVHD of Skin – biopsy proven grade 2
 - › Received tacrolimus & methotrexate → resolved

Recent 6 month post-transplant Bone Marrow Biopsy:

- › No morphologic or flow cytometric evidence of AML

1 year after initial presentation:

- › Still receiving **sorafenib** daily
 - › Plan to continue therapy for 1 - 2 years



Evolution of Disease

Initial Disease: (*single abnormal clone*)

- FLT3 → ITD mutation
- WT1 → Deletion
- RUNX1 → Deletion of exons 3-8
- KMT2A → Nested gain of exons 2-10 (PTD)

Refractory to
7+3 induction
chemotherapy

Enrolls in clinical trial
with Gilteritinib

2 - 3 months later

Progression of Disease: (*two abnormal clones*)

- RUNX1 → Deletion of exons 3-8
- KMT2A → Nested gain of exons 2-10 (PTD)
- 11q → Loss of heterozygosity
- NUP214-ABL1 → Gain/amplification with fusion

FLT3 testing came
back as *wild type*

- - - - -
Due to progressive
disease, patient pulled
from clinical trial

1½ months later

Initiated FLAG-Ida
salvage chemotherapy

Additional round of
FLAG-Ida salvage
chemotherapy with
addition of Sorafenib

Remission achieved,
Allo MUD HSCT performed

6 months
later

No residual
disease!



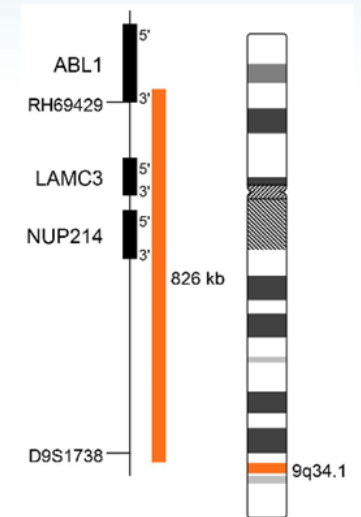
Clinical significance - NUP214-ABL1 fusion

NUP214 (nucleoporin 214):

- › Nucleocytoplasmic transporter, band 9q34.13

ABL1:

- › Tyrosine kinase, band 9q34.12



Previously reported in Acute Lymphoblastic Leukemias:

Comprise ~6% of T-ALLs

- › Poor prognosis: usually a late event, associated with early relapse

Few cases of B-ALL

- › Favorable prognosis: associated with a Ph-like form, sensitive to TKIs

Prognosis in AML → ???



References

- › Arber DA; Acute myeloid leukemia, not otherwise specified. In Swerdlow SH et al: WHO Classification of Tumour of Haematopoietic and Lymphoid Tissues. Lyon, France: IARC Press. 130-139, 2008.
- › Arber DA, Orazi A, Hasserjian R, et al. The 2016 revision to the World Health Organization classification of myeloid neoplasms and acute leukemia. *Blood*. 2016;127:2391-2405
- › Pratz KW, Levis M. How I treat FLT3-mutated AML. *Blood*. 2017;129:565-571.
- › Duployez N, et al. *NUP214-ABL1* fusion defines a rare subtype of B-cell precursor acute lymphoblastic leukemia that could benefit from tyrosine kinase inhibitors. *Haematol*. 2016;101:e133-134, PMID 5004396.
- › Zhou MH, et al. *NUP214* fusion genes in acute leukemia (Review). *Oncol Lett*. 2014;8:959-962, PMID 5346755.
- › Roberts KG, Morin RD, Zhang J, et al. Genetic alterations activating kinase and cytokine receptor signaling in high-risk acute lymphoblastic leukemia. *Cancer Cell*. 2012;22:153–166.
- › De Keersmaecker K, Rocnik JL, Bernad R, et al. Kinase activation and transformation by *NUP214-ABL1* is dependent on the context of the nuclear pore. *Mol Cell*. 2008;31(1):134-42.



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FINAL PANEL DIAGNOSIS:
Acute myeloid leukemia with mutated *RUNX1* (with cryptic *NUP214-ABL1*)

