

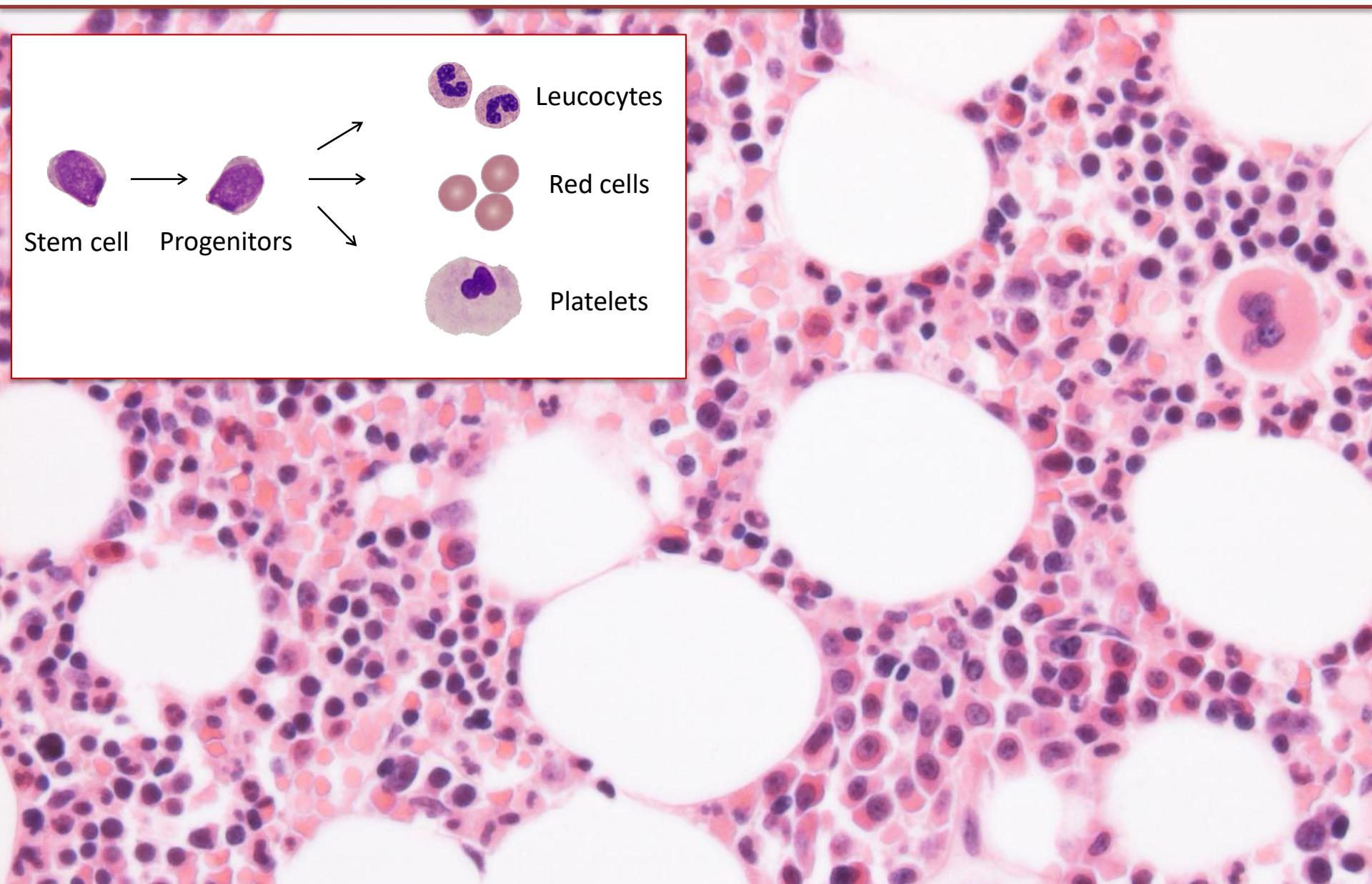
# Towards personalised medicine in blood cancers

---

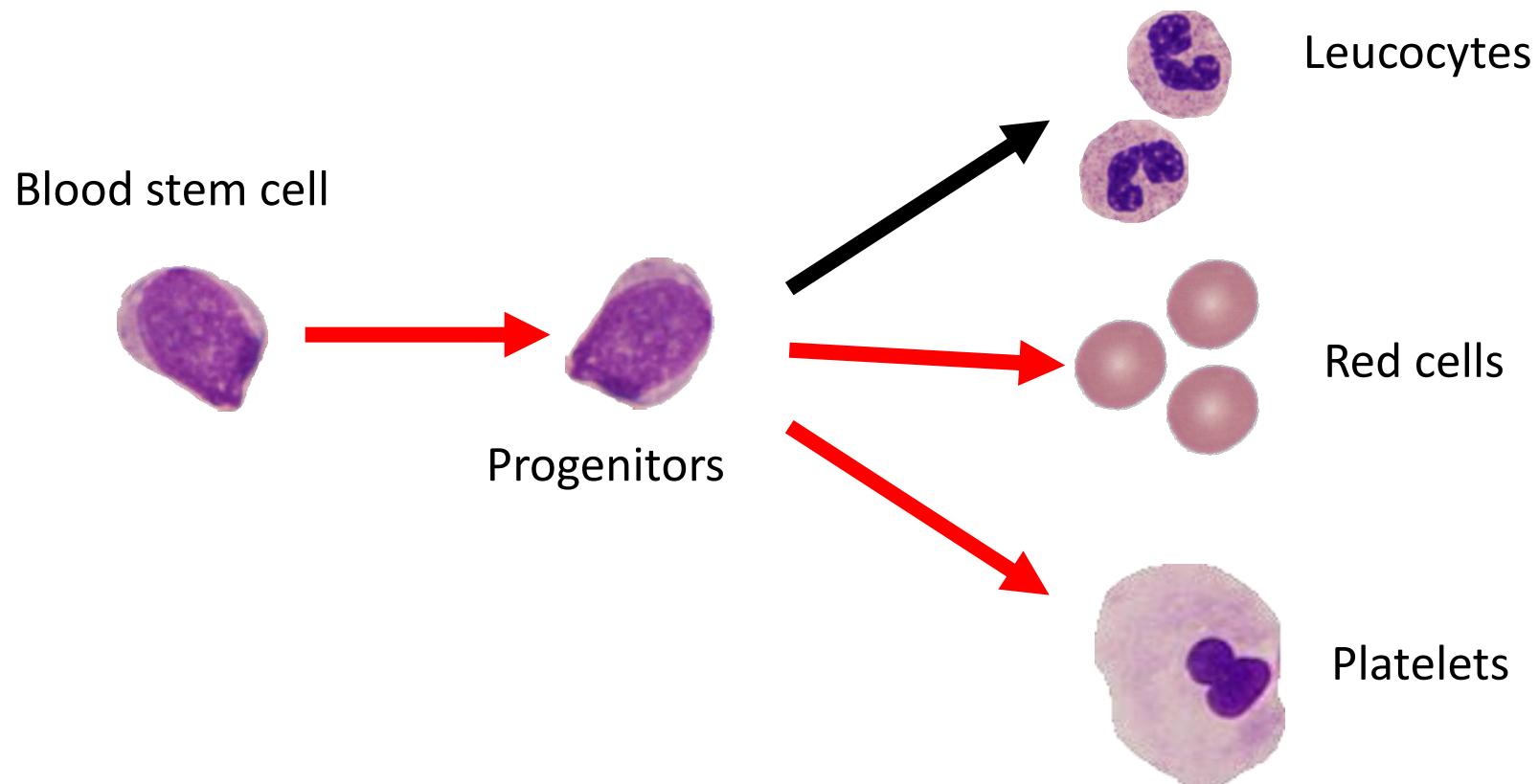


Jyoti Nangalia  
CRUK Clinician Scientist

# Haematopoiesis

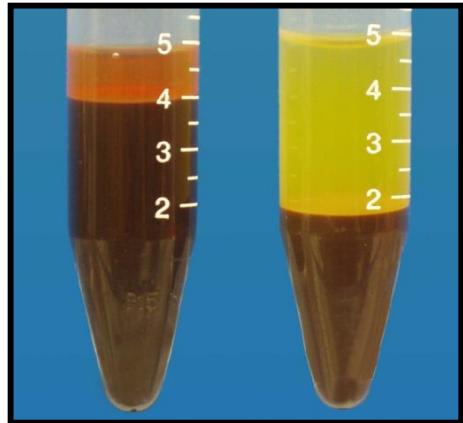


# Myeloproliferative neoplasms

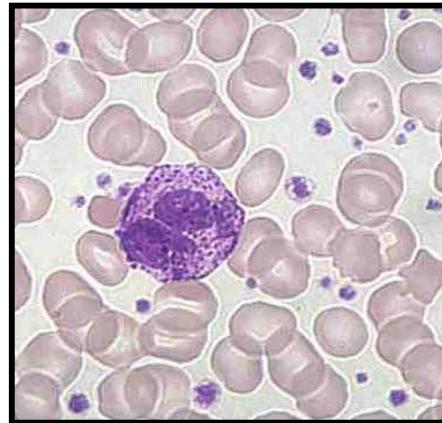


# Myeloproliferative neoplasms

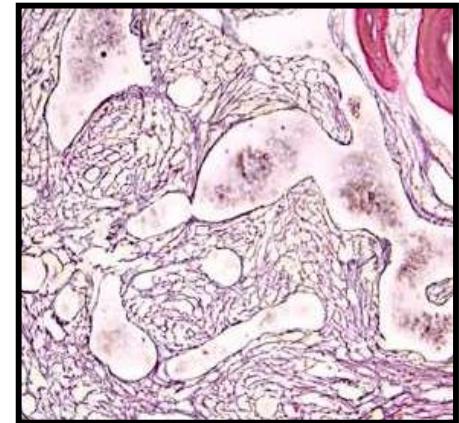
PV



ET



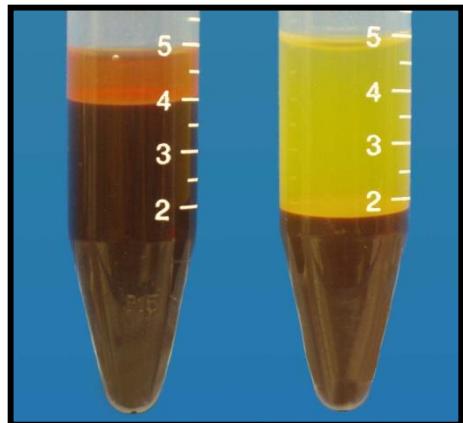
MF



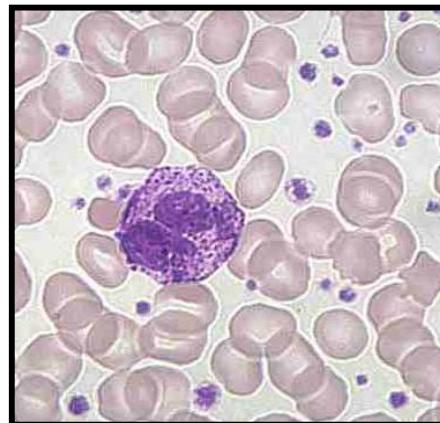
- Prevalence in UK ~30,000
- Window on earliest stage of tumorigenesis
- Tractable – accessible tissue, chronic diseases, clonal analysis

# Myeloproliferative neoplasms – JAK2 mutations in majority

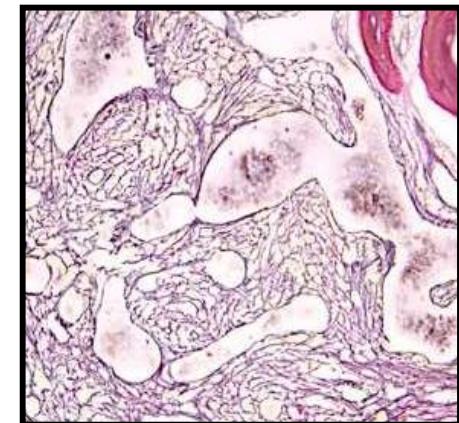
PV



ET



MF



JAK2: 98%

50-60%

50-60%

2005

Identification of  
JAK2 mutation

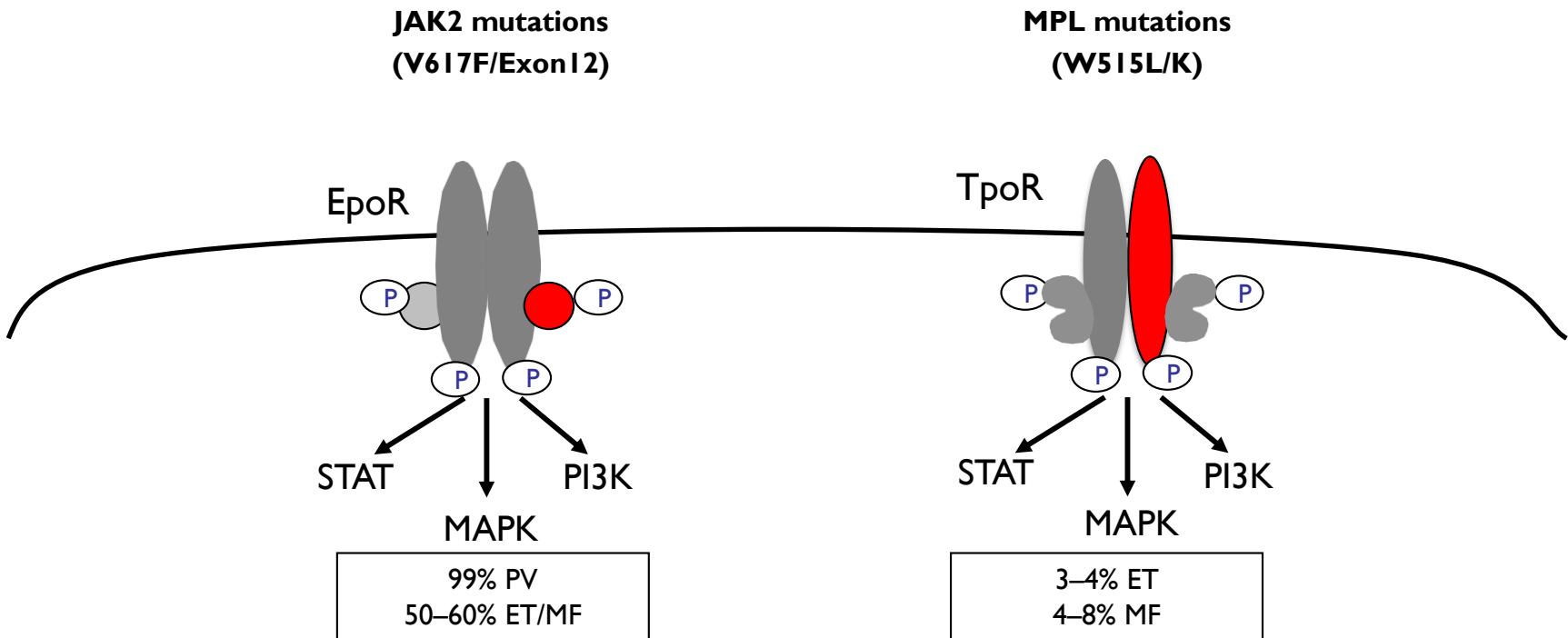
2010

Therapeutic  
JAK2  
inhibitors

Recognition of  
new disease  
subtypes

Molecular testing in  
regional diagnostic  
service

# Aberrant JAK/STAT signaling central to MPN



- Genome wide data lacking
- ? Pathogenic mechanism of 50% of ET and MF

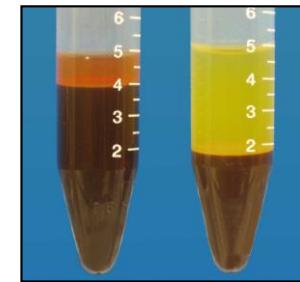
James et al 2005; Levine et al 2005; Baxter et al 2005; Kralovics R, et al. *Blood* 2005;106:3374–3376; Scott et al 2007; Pikman Y, et al. *PLoS Med* 2006;3:e270; Beer et al 2008; Boyd et al 2010; Oh et al 2010; Lasho TL, et al. *N Engl J Med* 2010;363:1189–1190; Pardanani A, et al. *Leukemia* 2010;25:218–225; Sanada et al 2009; Grand et al 2009

# Myeloproliferative neoplasms

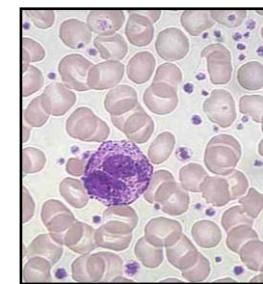
## Disease specific challenges

- **JAK2**  $V617F$  in 95% PV but only 50% of ET and MF
- Genetic basis of disease was unknown in half of patients
- Clinical heterogeneity and overlap between subtypes
- Variable survival and disease progression unpredictable

Polycythaemia vera (PV)



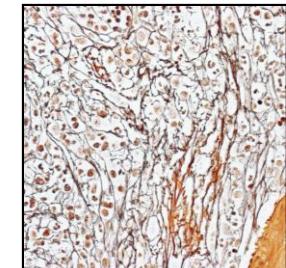
Essential thrombocythaemia (ET)



## General challenge

- “How long have I had it for?” question

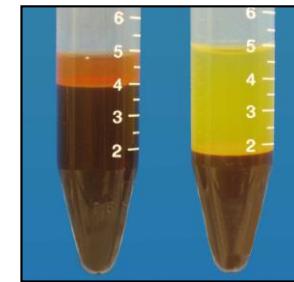
Myelofibrosis (MF)



# Clonal dynamics in myeloproliferative neoplasms

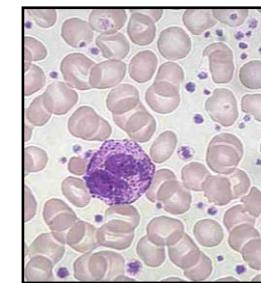
## 1. Detecting novel driver mutations

Polycythaemia vera (PV)



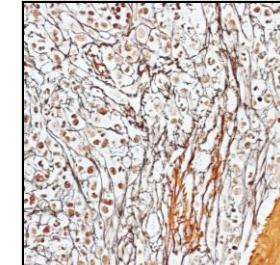
## 2. Integrating genomic and phenotypic heterogeneity to build a personalised outcome predictor

Essential thrombocythaemia (ET)



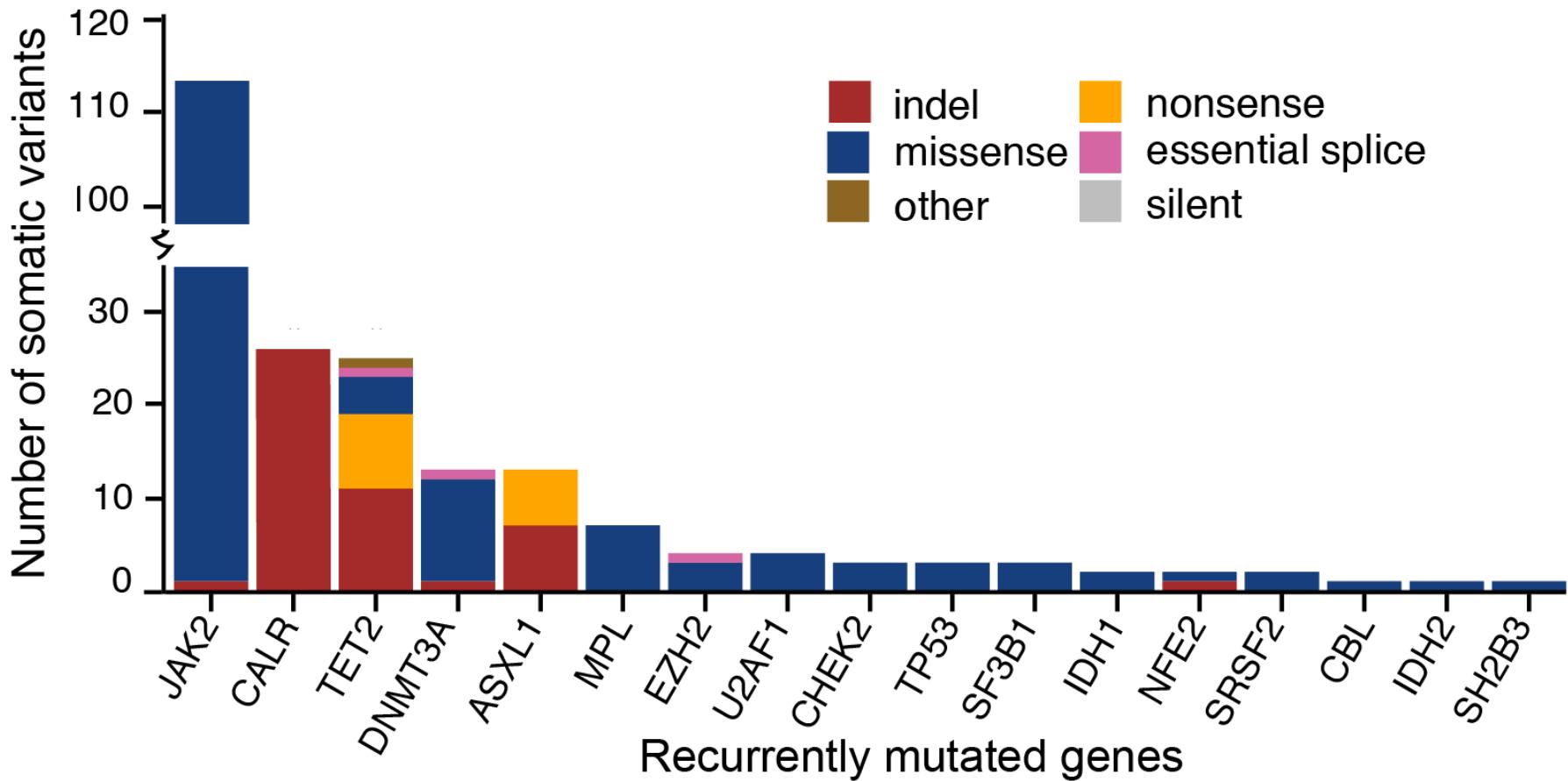
## 3. Studying the dynamics of clonal expansions in MPNs at the stem cell level

Myelofibrosis (MF)

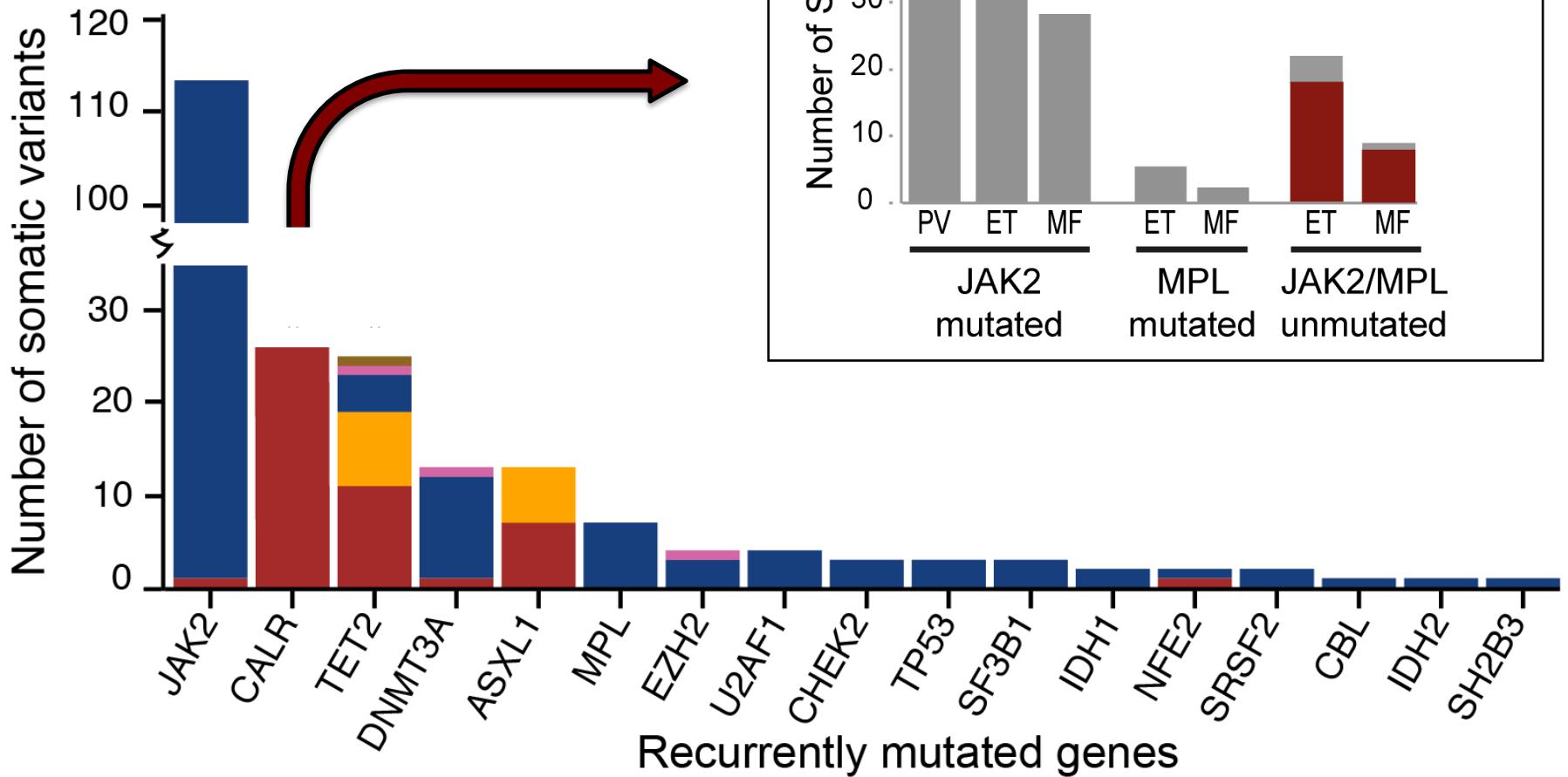


# Genomic heterogeneity in MPNs

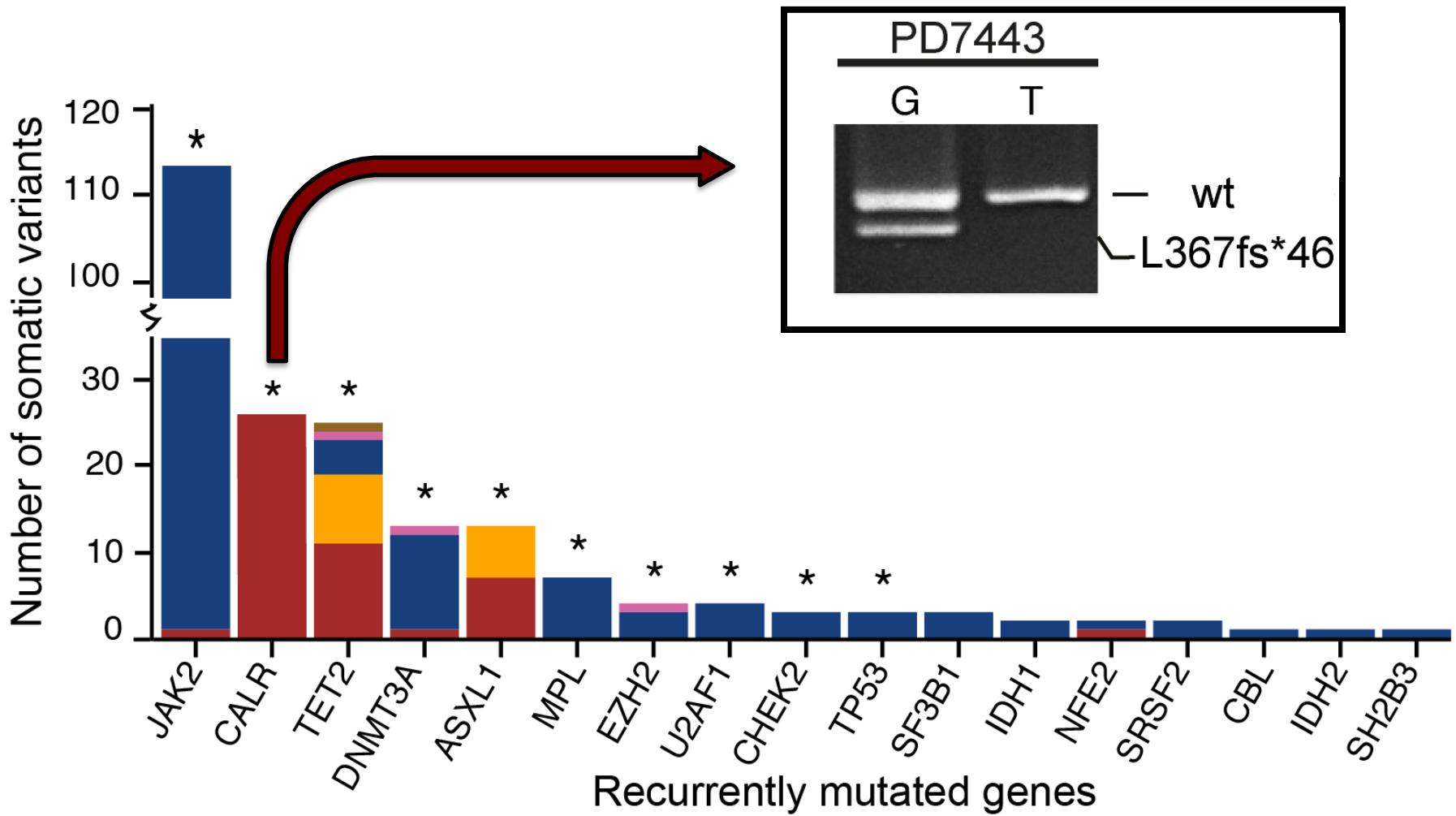
Whole-exome sequencing of tumour/normal matched pairs from 151 MPN patients



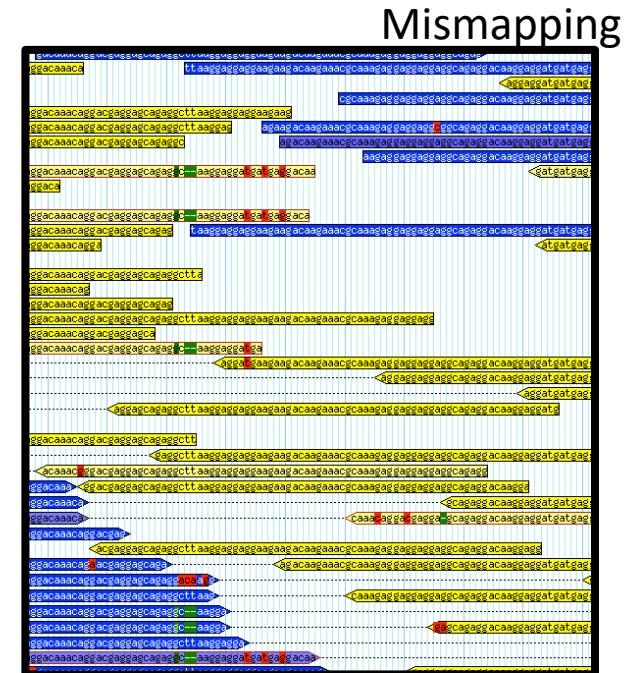
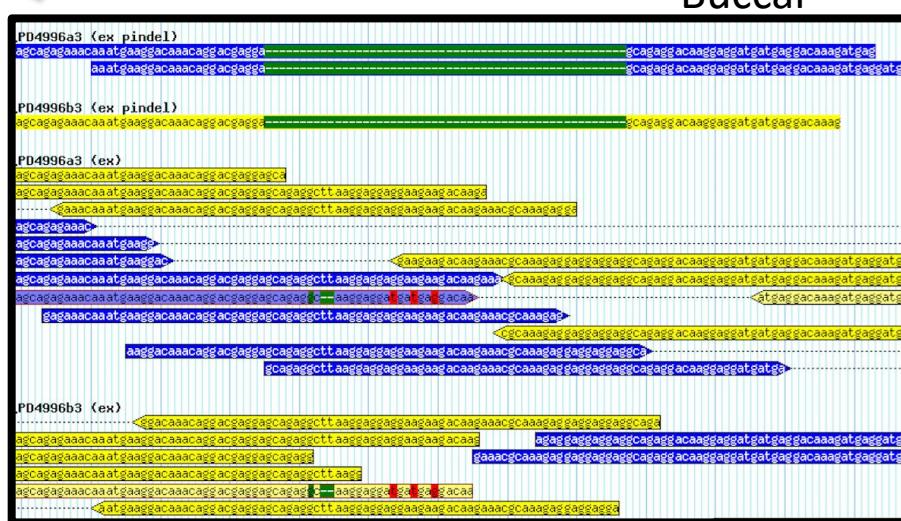
# *CALR* mutations in the majority of JAK2-unmutated MPNs



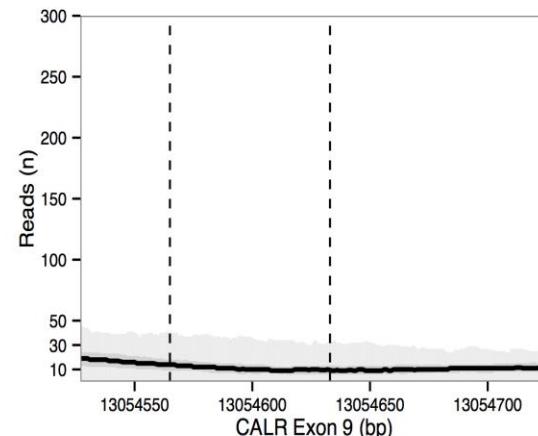
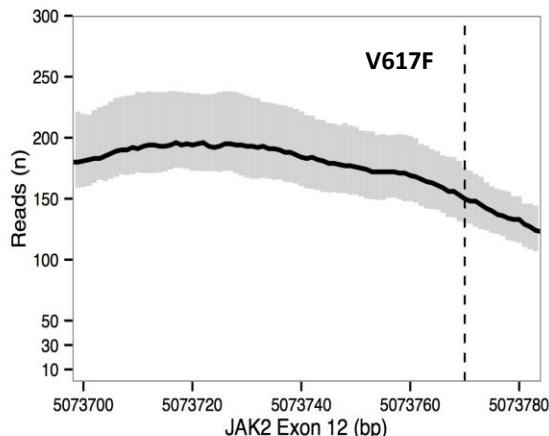
# *CALR* mutations are somatically acquired



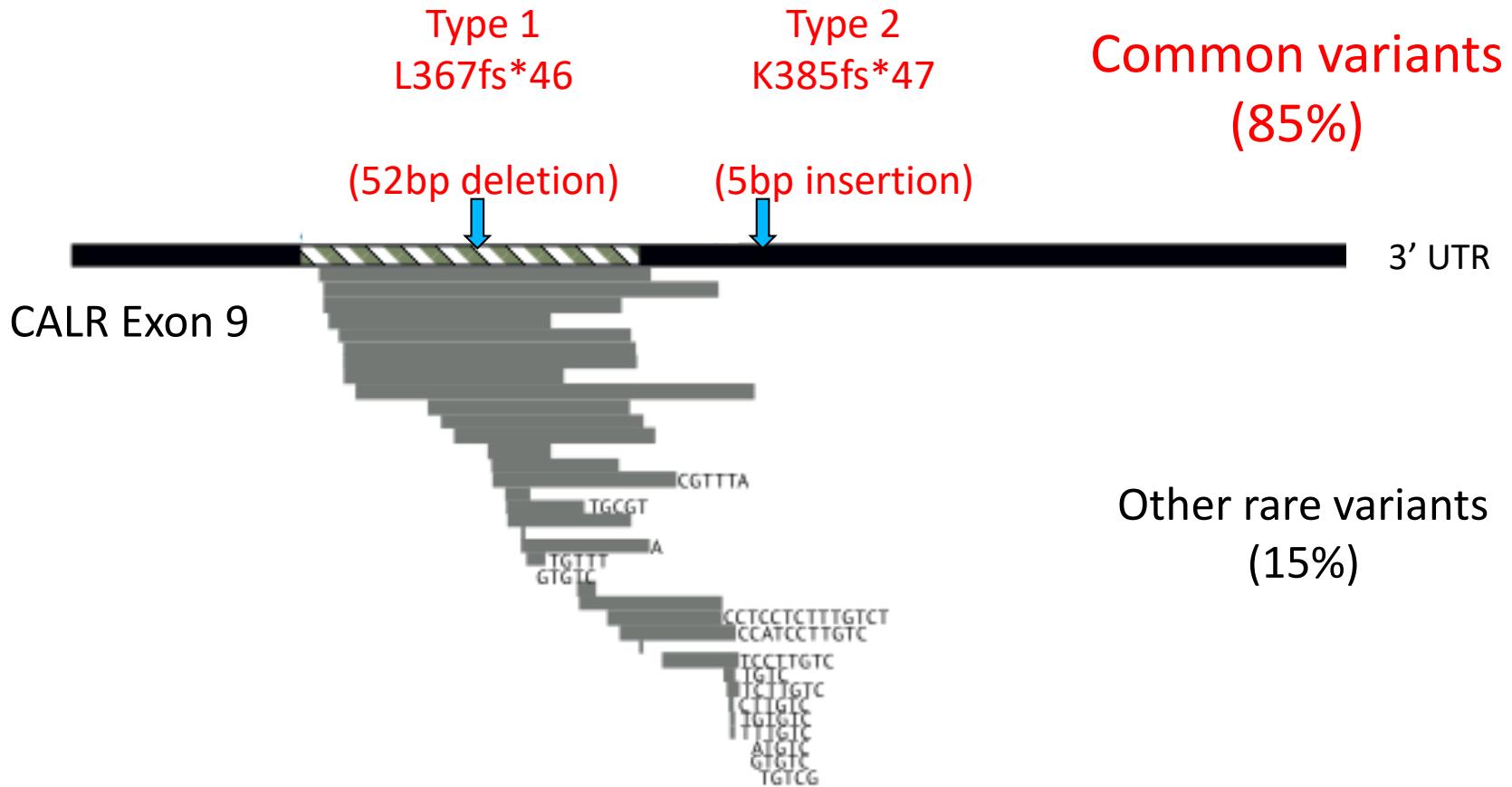
# Difficulties detecting *CALR* mutations



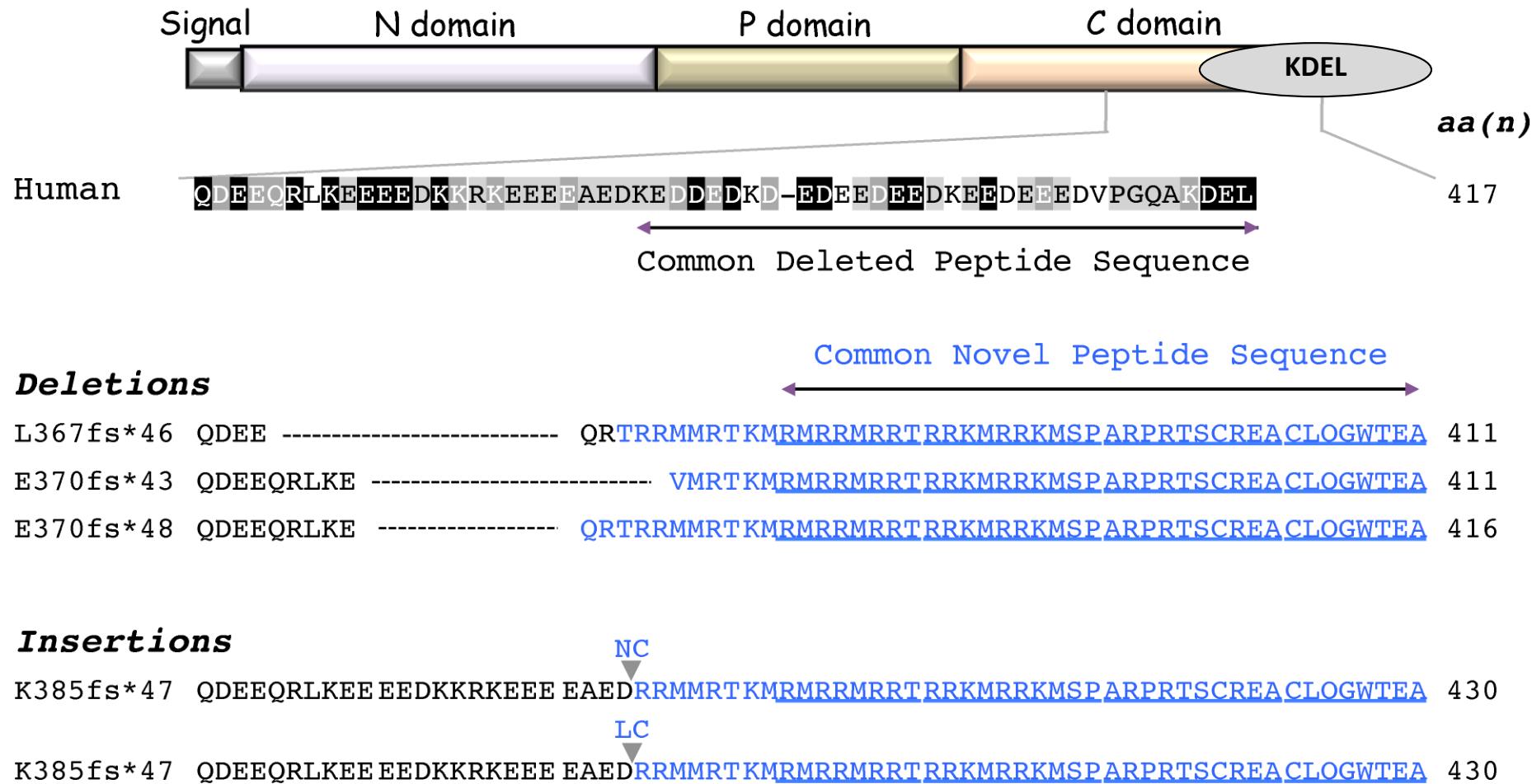
Low coverage



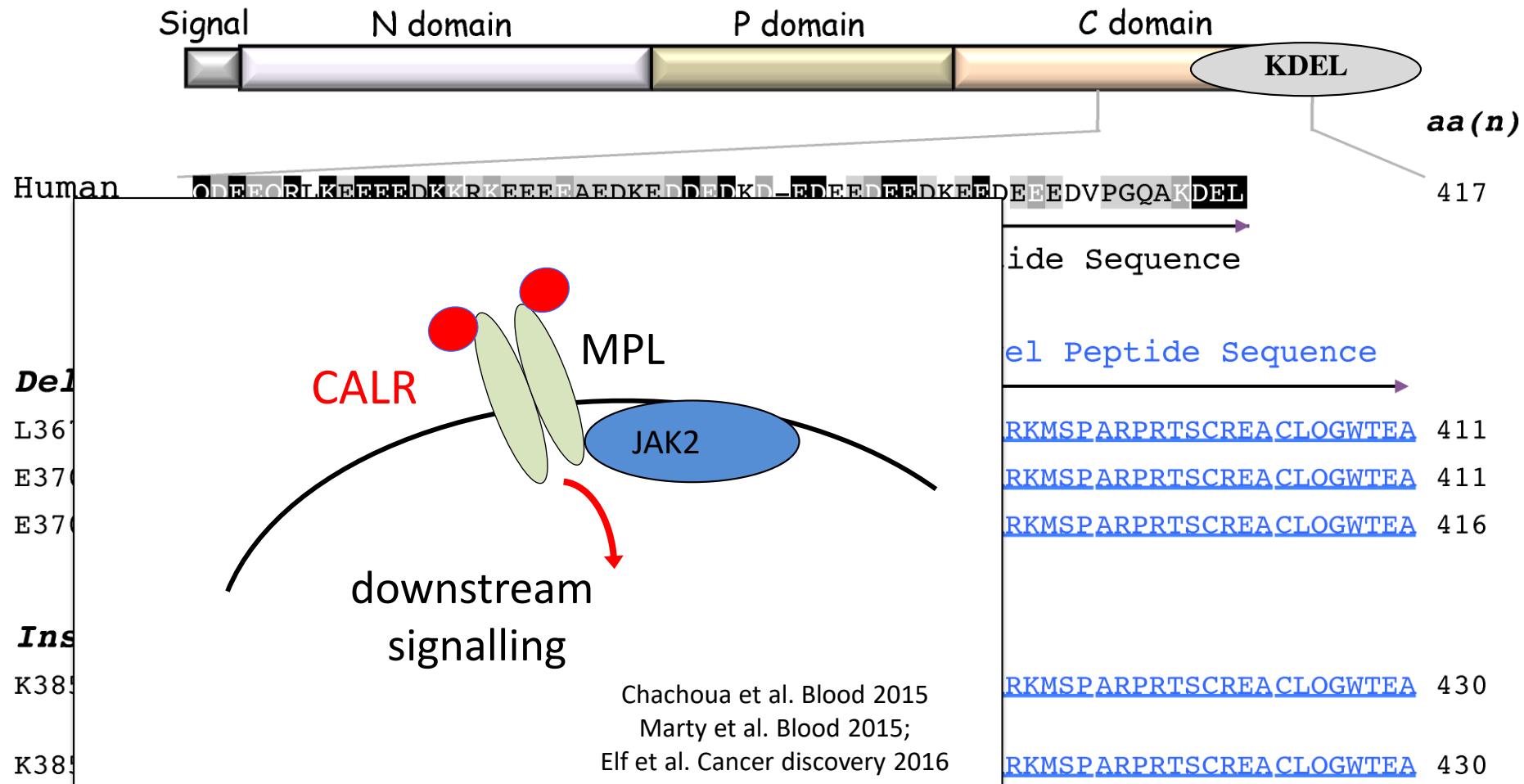
# How do CALR mutations drive MPNs?



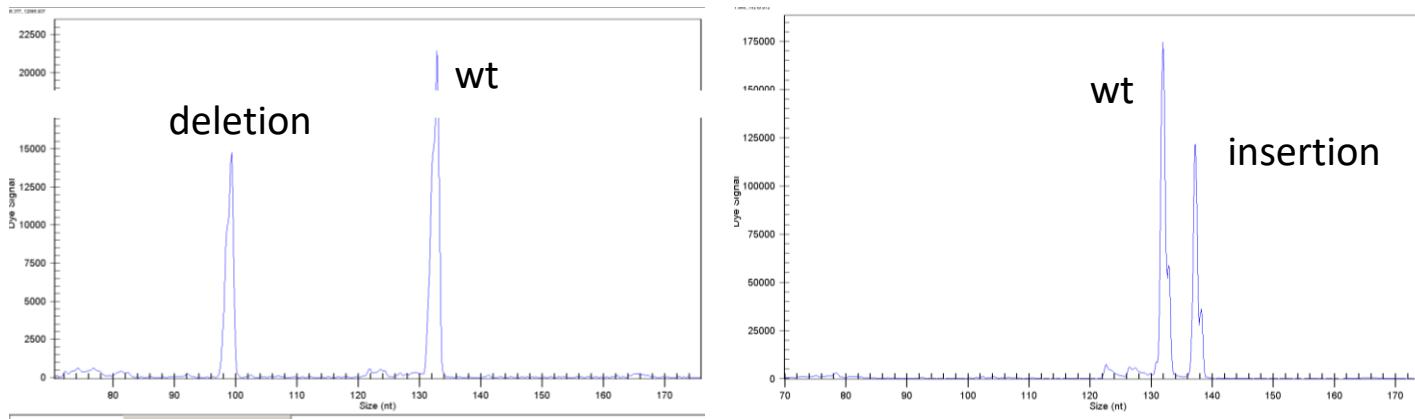
# How do CALR mutations drive MPNs?



# How do CALR mutations drive MPNs?



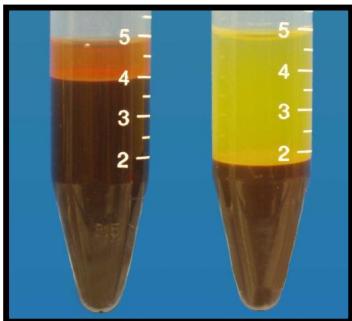
# Rapid clinical impact – new diagnostic test



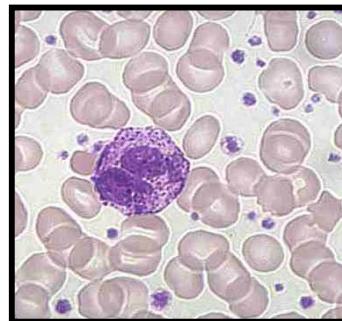
Fragment size analysis for CALR.  
Mutation testing in regional diagnostic service and international  
guidelines

# Phenotypic driver mutations in MPNs

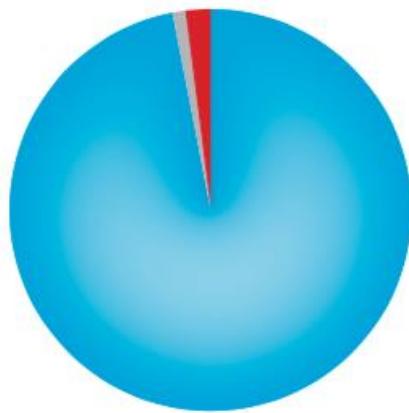
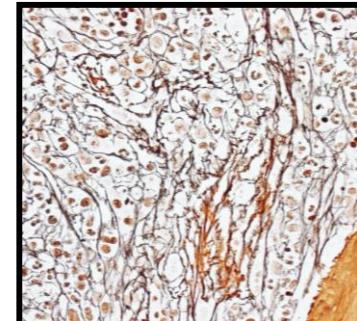
PV



ET

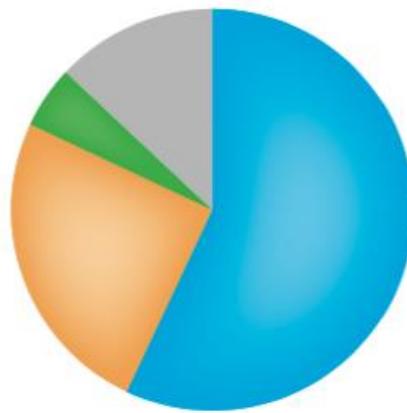


MF



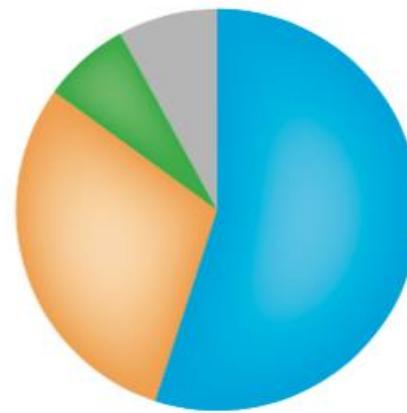
■ JAK2<sup>V617F</sup>

■ JAK2 exon 12



■ CALR

■ MPL

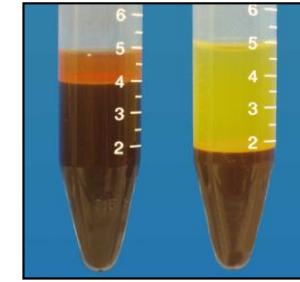


■ JAK2/MPL/CALR  
unmutated

# Clonal heterogeneity and evolution in MPN

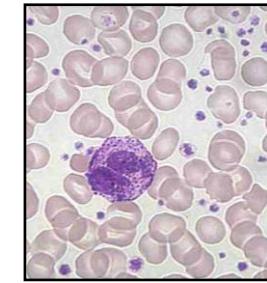
1. Detecting novel driver mutations

Polycythaemia vera (PV)



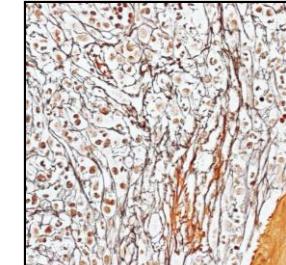
2. Integrating genomic and phenotypic heterogeneity to build a personalised outcome predictor

Essential thrombocythaemia (ET)



3. Studying the dynamics of clonal expansions in MPNs at the stem cell level

Myelofibrosis (MF)



# Study plan

## Cohort

- 2040 MPN patients
- UK, Ireland, Italy, Denmark

## Genomic characterisation

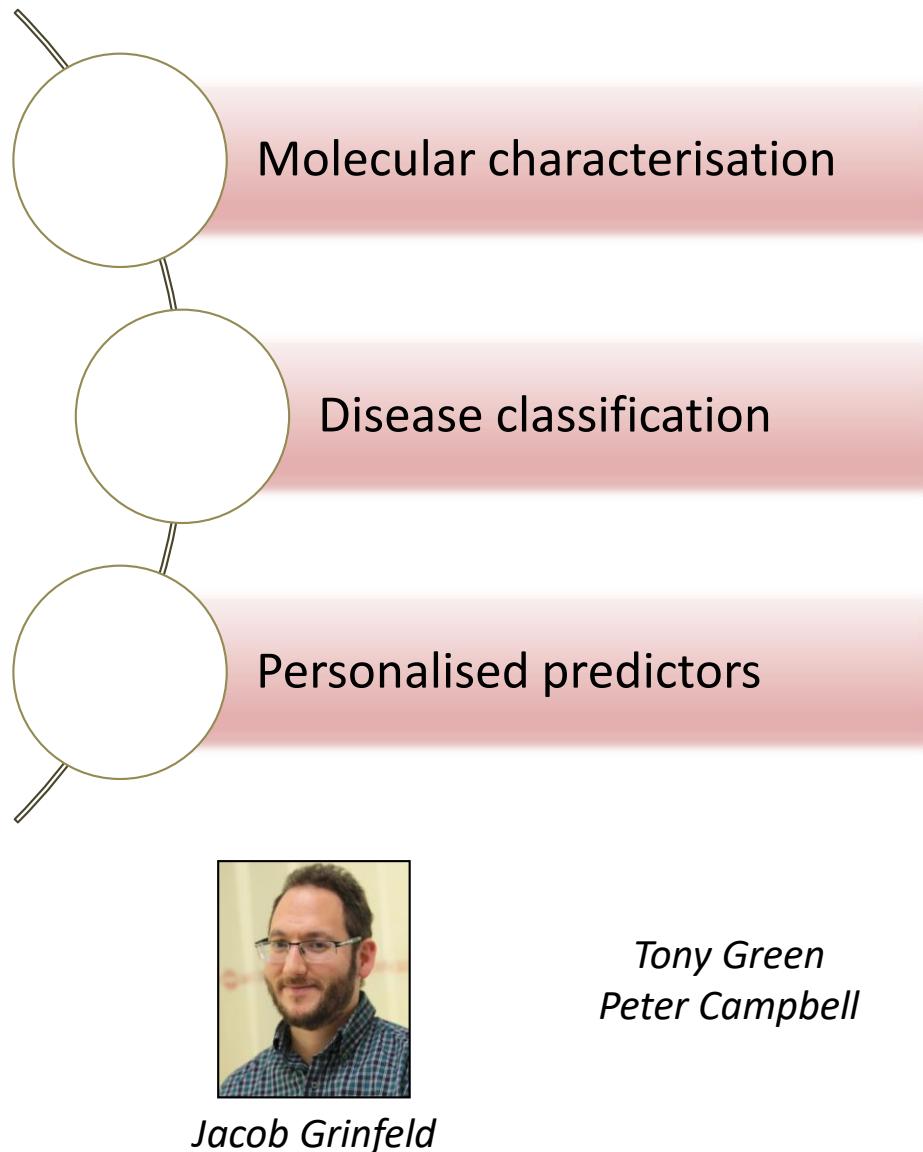
- 70 genes → 34 myeloid drivers
- Copy number from SNPs
- Germline predisposition

## Clinical data

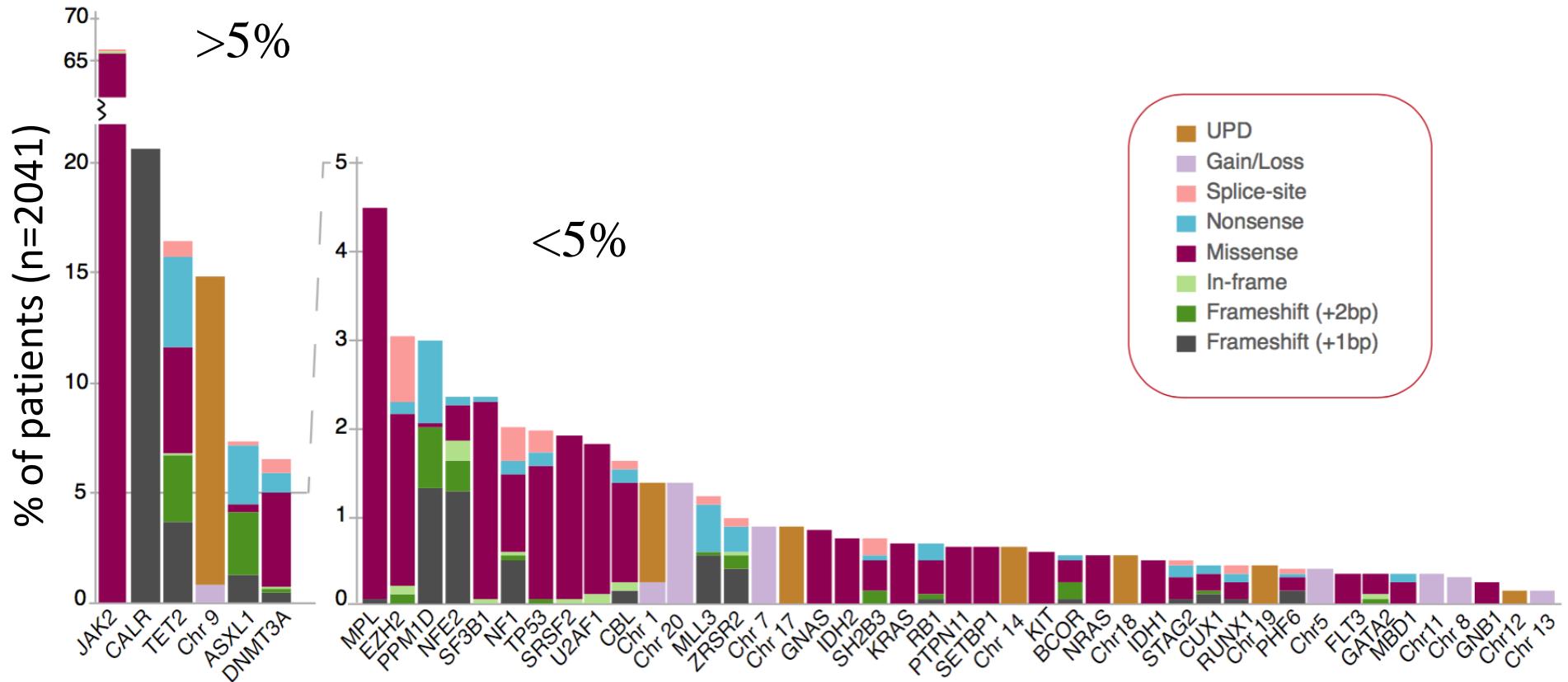
- Baseline laboratory
- Prior thrombosis
- Disease transformation
- Patient outcome

## Validation cohort

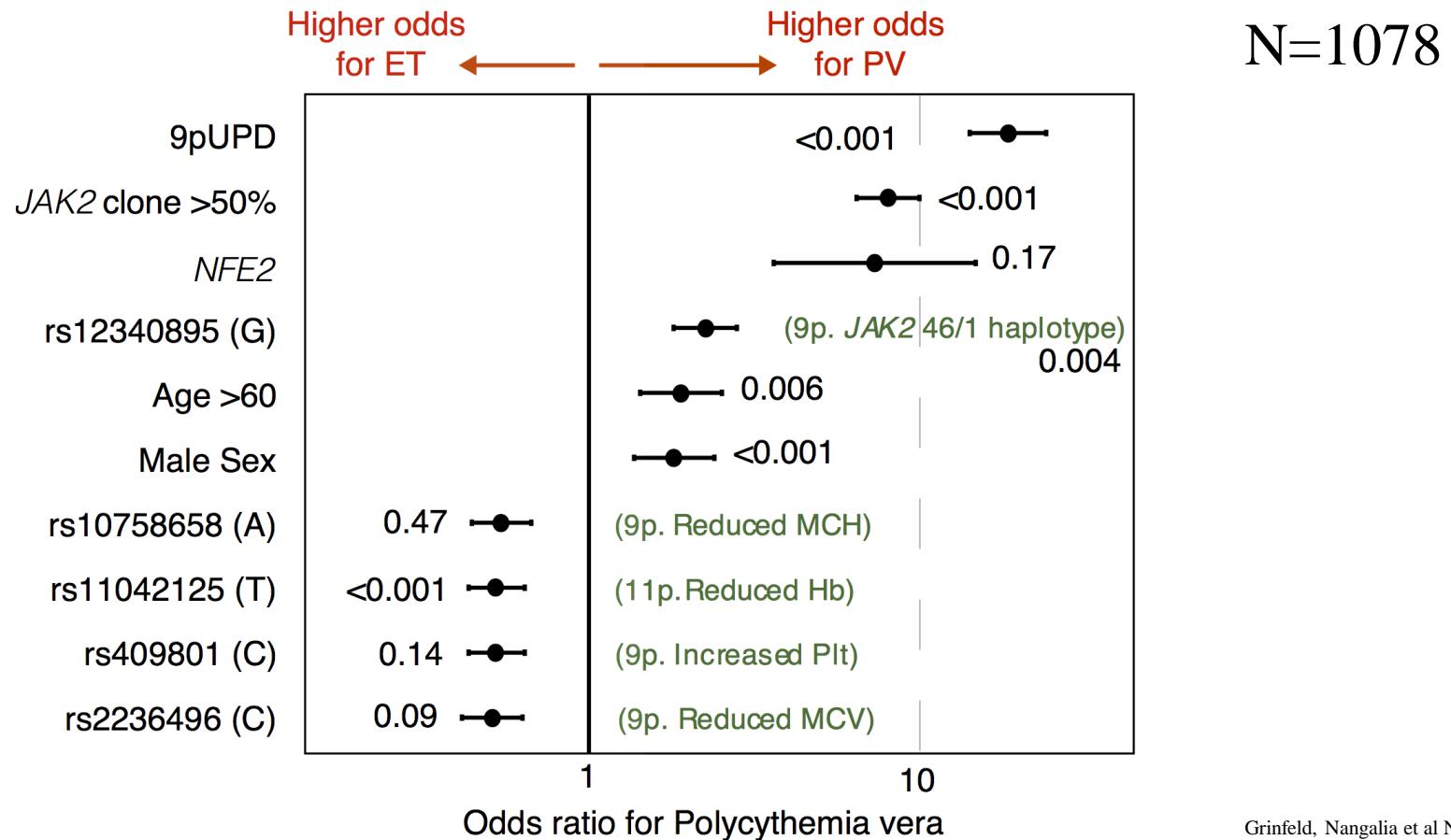
- University of Florence (515)



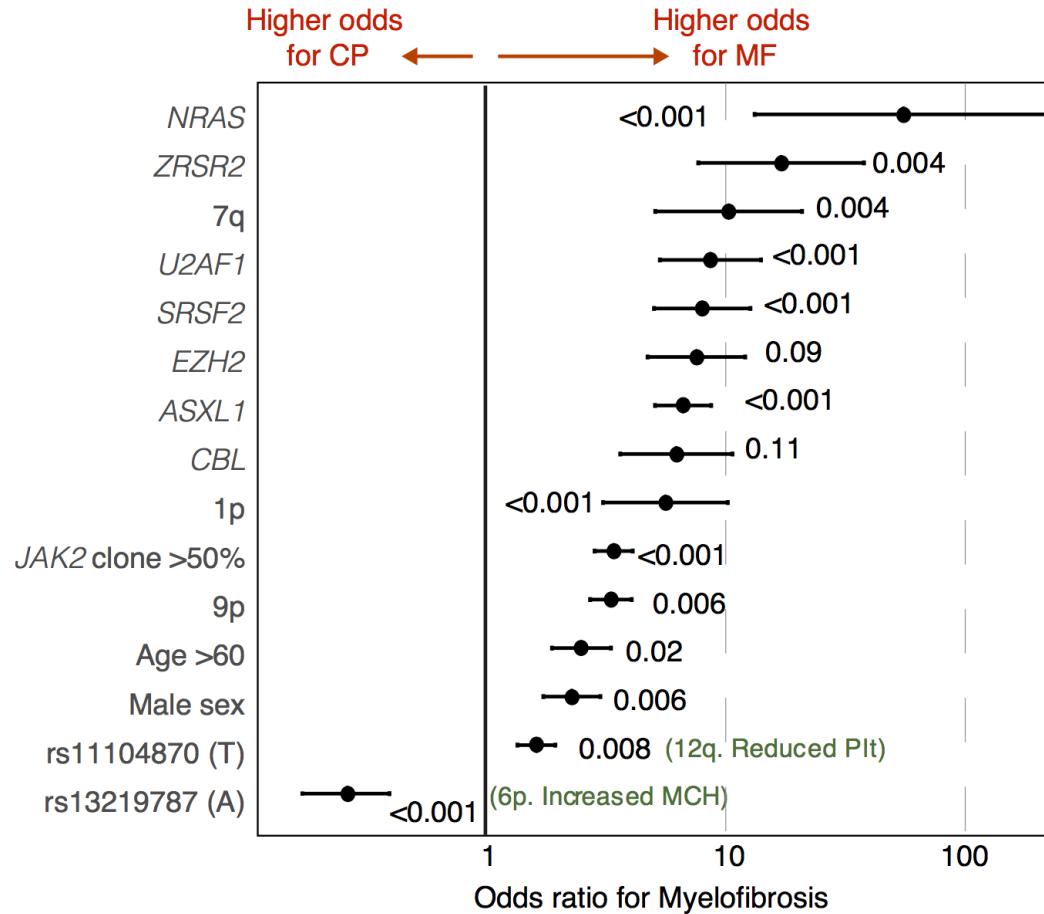
# Genetic landscape



# Determinants PV versus ET (*JAK2V617F* context)



# Determinants of MF



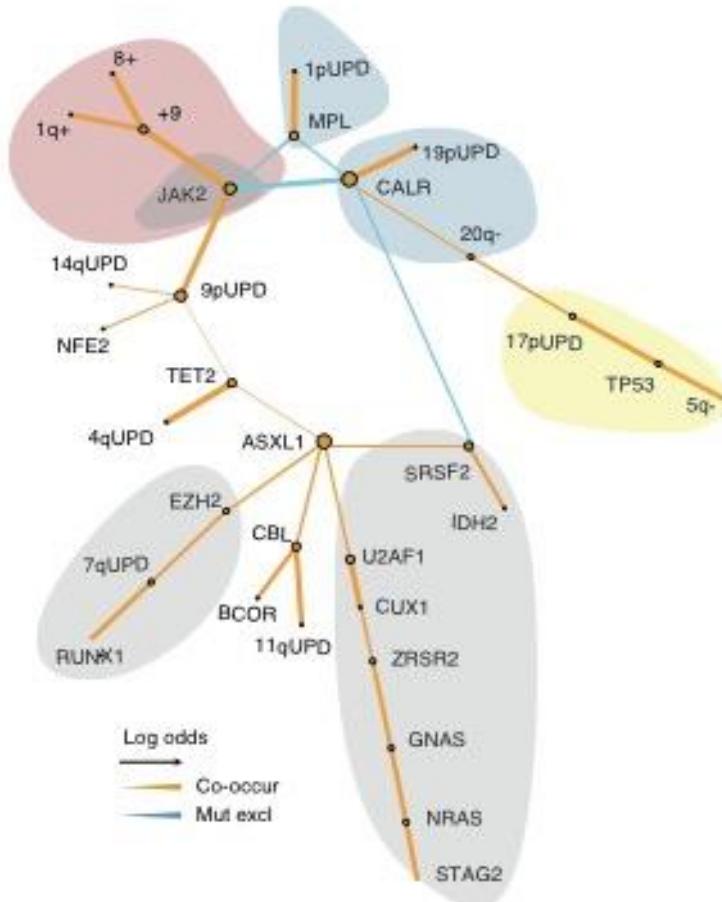
N=2004

Grinfeld, Nangalia et al NEJM 2018

# Genomic subgroups of MPN

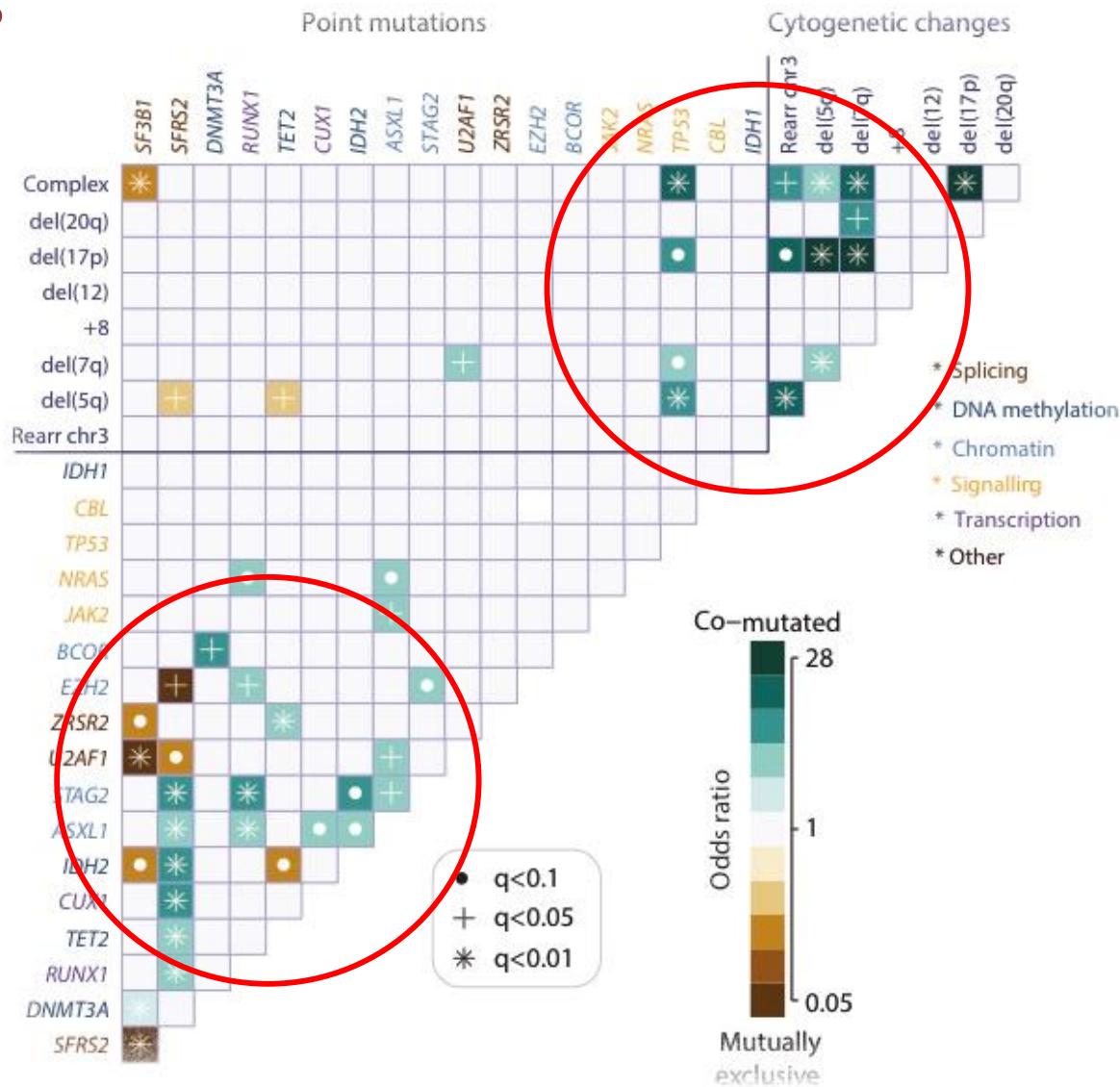
- Patterns of co-occurrence and mutual exclusivity
- Less inter-observer variability
- Reproducible and objective

Reflects causative disease biology....



# Genomic subgroups transcend traditional myeloid categories

MDS



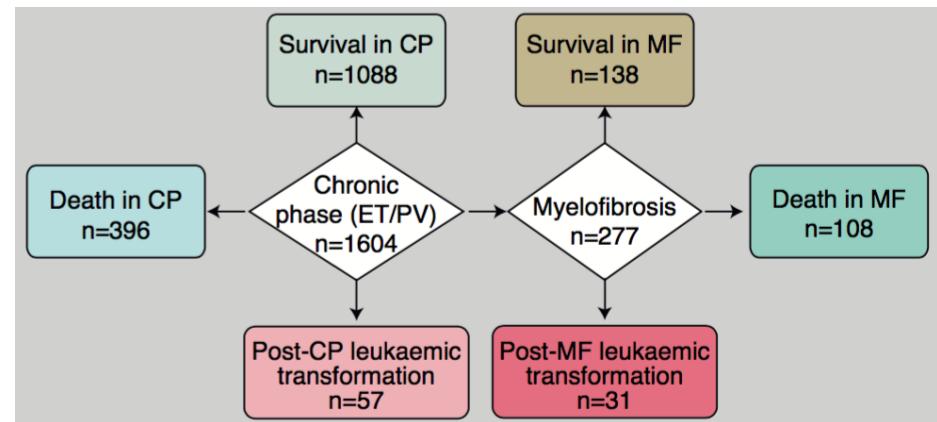
# Personalised patient prognosis

## Demographic

- Age at diagnosis
- Gender

## Clinical

- Blood counts at diagnosis
- Splenomegaly
- Prior thrombosis
- MPN classification
  - Chronic phase (PV v ET)
  - Myelofibrosis
- Cohort

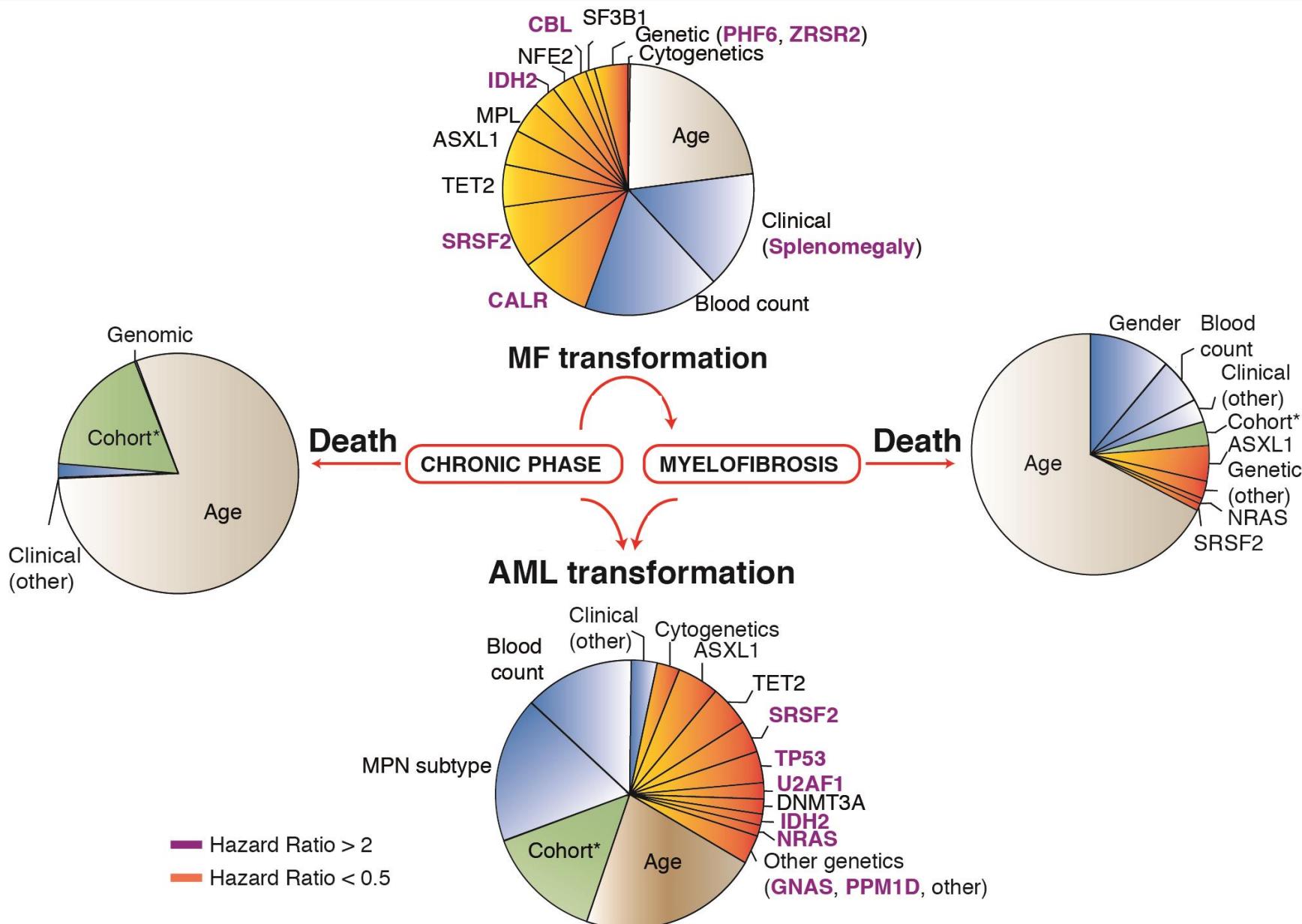


## Genomic data

- 34 myeloid drivers
- 16 copy number changes

63 VARIABLES

# Determinants of outcome in MPN

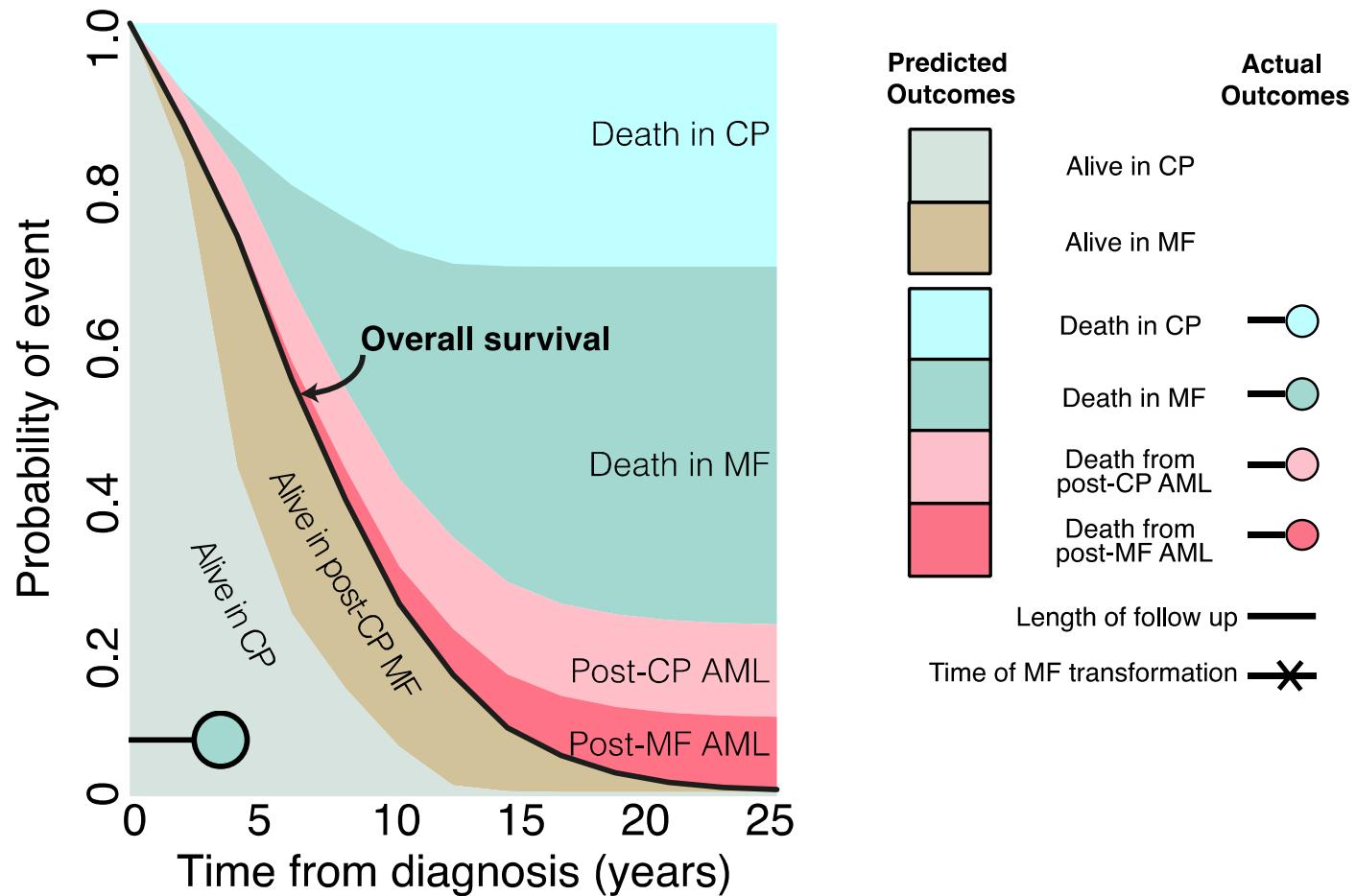


# Personalised patient prognosis

ET  
79yr  
Female

Hb 104g/l  
WCC  $8.4 \times 10^9/l$   
Plt  $2300 \times 10^9/l$

CALR  
SRSF2  
IDH2  
18q LOH



# Acknowledgements

## Nangalia group

Nick Williams  
Joe Lee

Jacob Grinfeld  
Moritz Gerstrung

## Peter Campbell Group

Kevin Dawson  
Adam Butler  
Jon Teague

Tony Green Group  
Charlie Massie

## Addenbrookes

Anna Godfrey  
Joanna Baxter, CBSB  
Phyllis Paterson, MPN clinic

PT1 trial team and patients

## Clinical collaborators

Claire Harrison  
Mary-Frances McMullin  
Nick Cross  
Alessandro Vannucchi  
Paula Guglielmelli



THE KAY KENDALL LEUKAEMIA FUND



wellcome trust