

The Physician-Scientist: Rewards & Challenges

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Ulster Medical Society Meeting

Belfast, March 5th, 2020



@MullallyLab

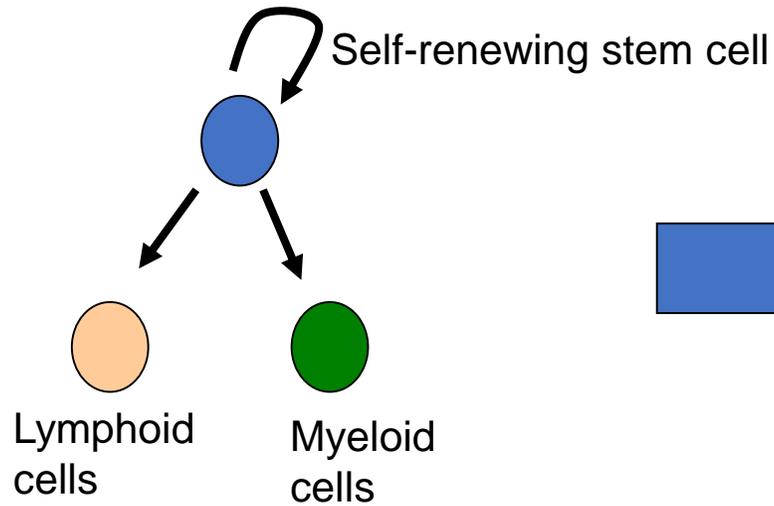


Seminar Overview

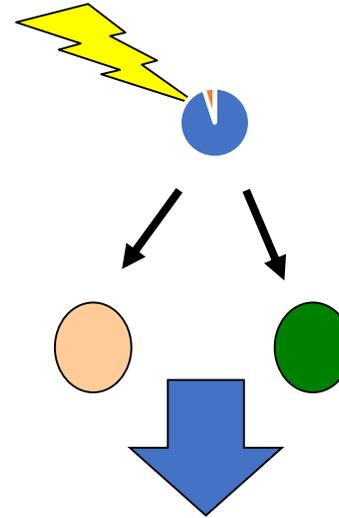
- Lab story #1: *JAK2*
- Lab story #2: *CALR*
- Challenges for the physician-scientist

Myeloproliferative Neoplasm (MPN) Stem Cells

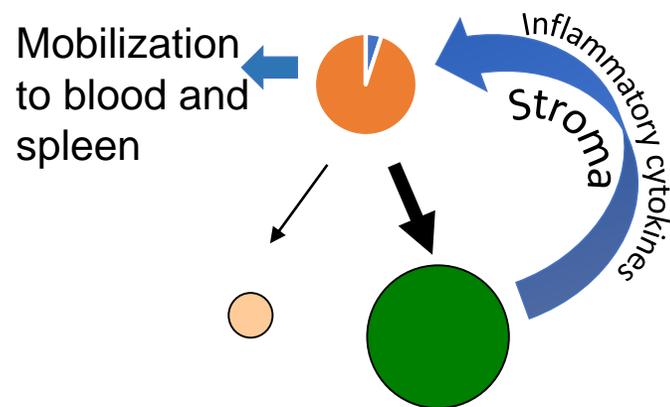
1. Normal haematopoiesis



2. MPN-initiating **mutation** in a single HSC

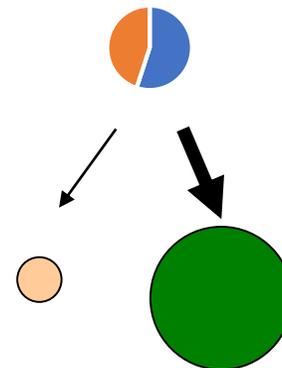


4. Cell-extrinsic impact of MPN clone on bone marrow niche



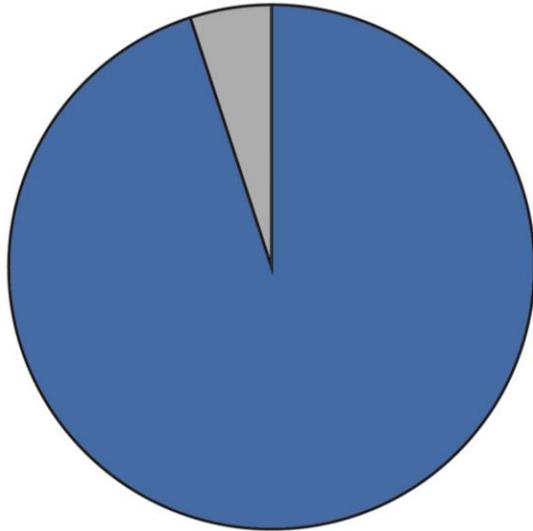
3. MPN Stem Cell

Selective advantage over normal HSC
Myeloid lineage bias and **myeloproliferation**:

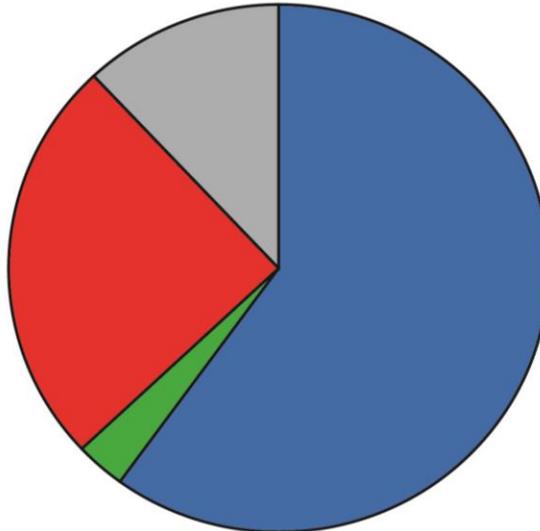


MPN Disease-Initiating Mutations

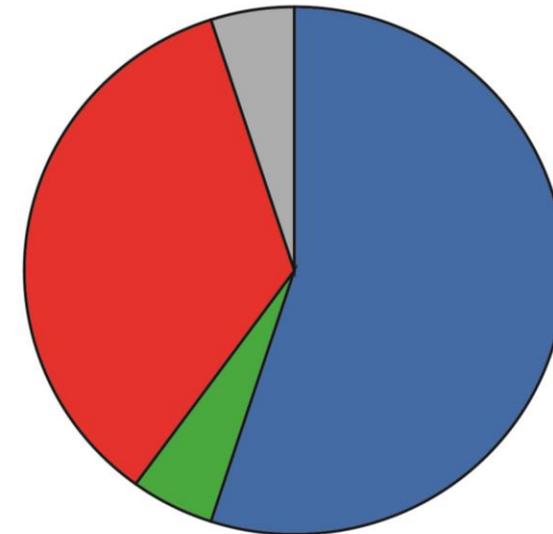
Polycythemia Vera



Essential Thrombocythemia



Myelofibrosis

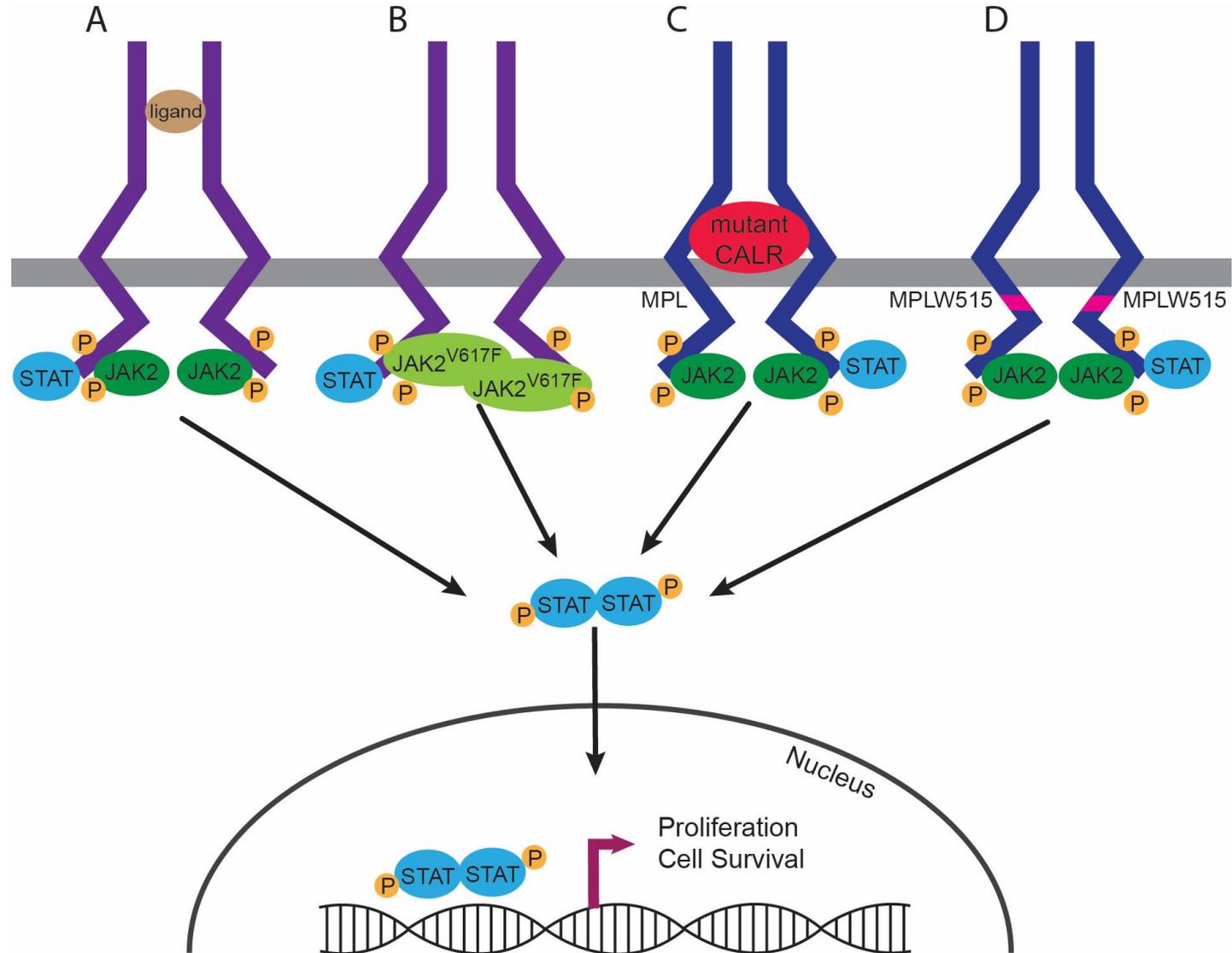


■ JAK2 mutated ■ MPL mutated ■ CALR mutated ■ Triple negative

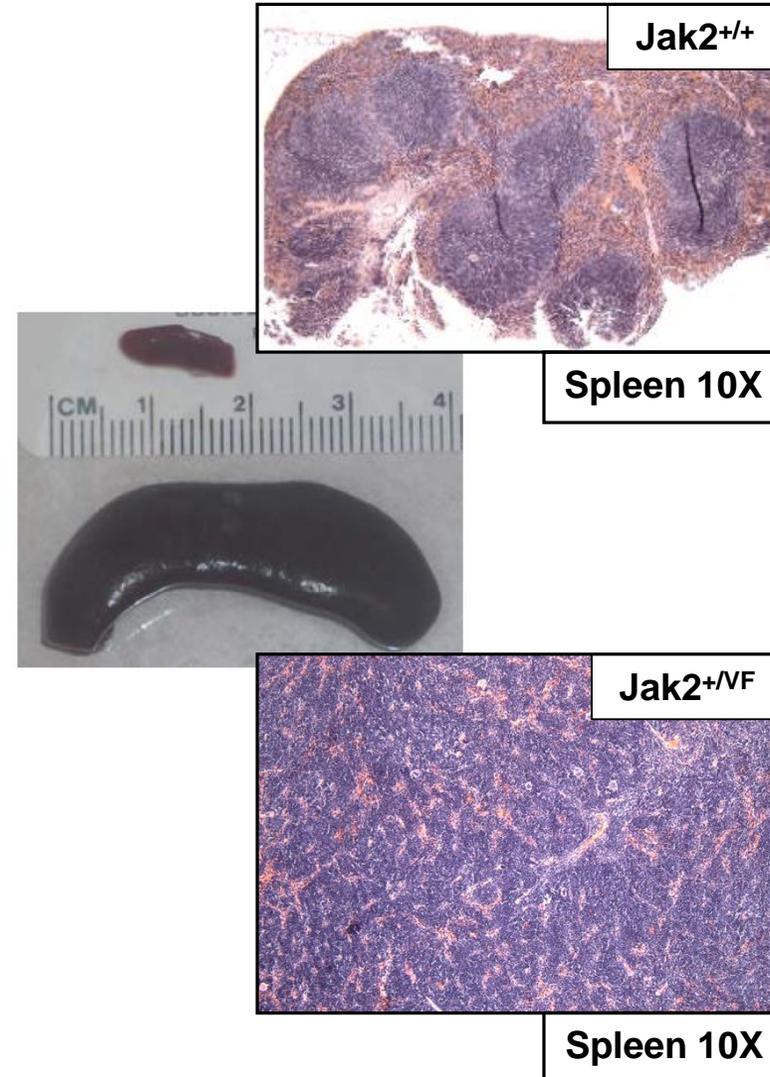
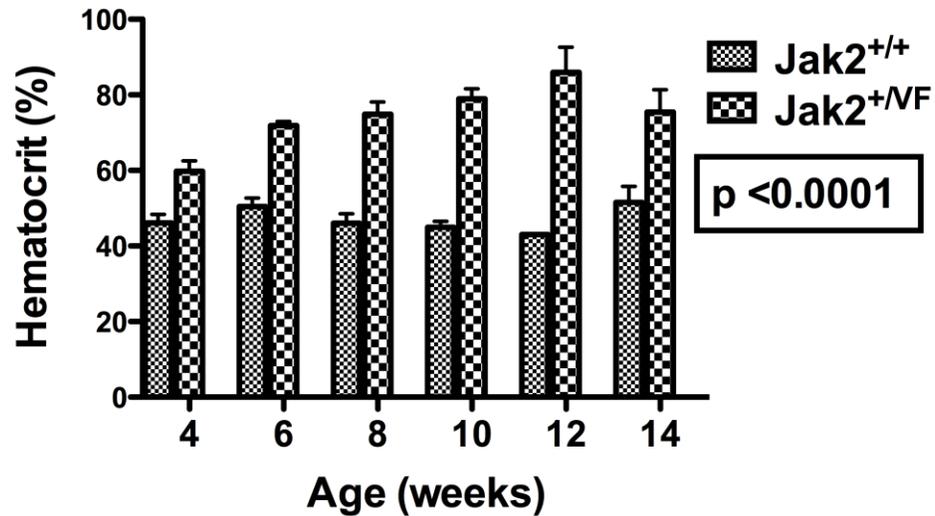
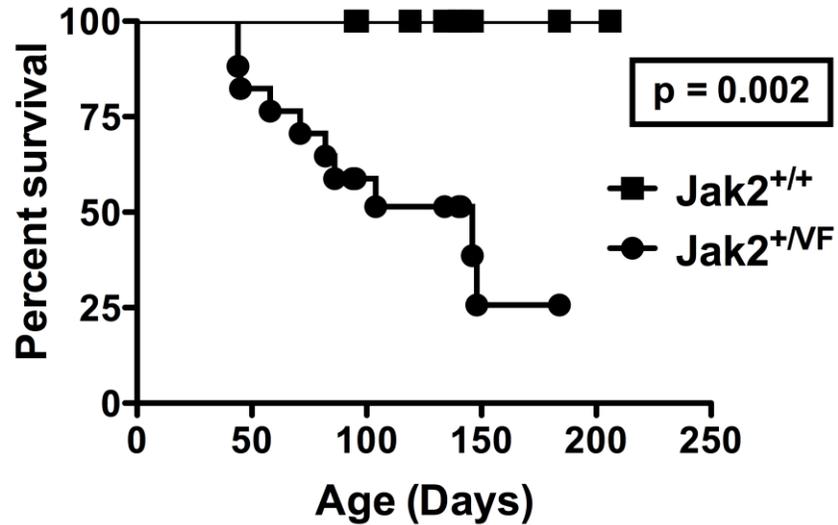
Baxter et al. *Lancet*. 2005 Mar 19-25;365(9464):1054-61.
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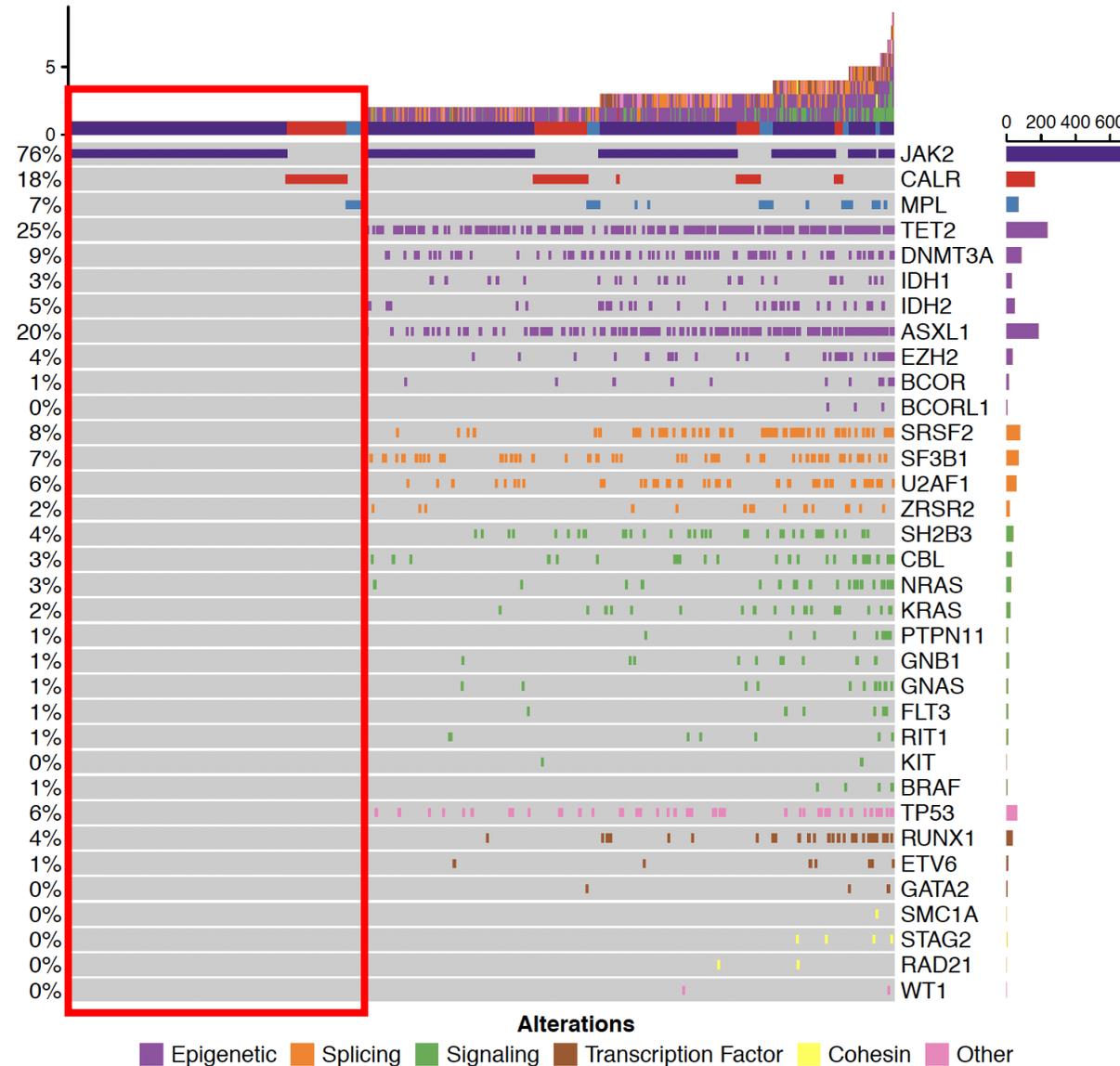
Activated JAK-STAT signaling central to MPN pathogenesis



Jak2V617F *alone* is sufficient to engender MPN in mice



MPN phenotypic mutations are sufficient to cause MPN



Next generation Sequencing (NGS) data on approx. 750 MPN samples @ DFCI

Patient case report

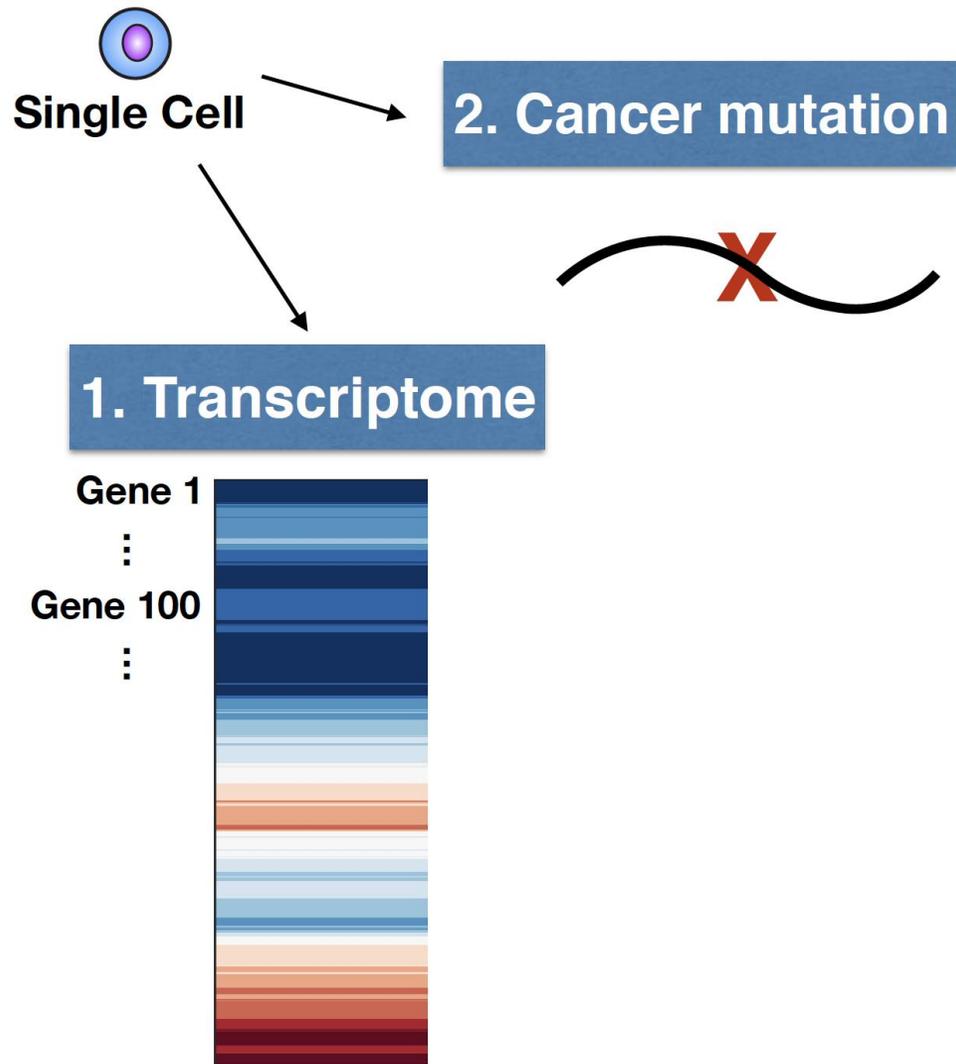
55yo M presents with erythrocytosis and pruritus

Severe coronary artery calcification on CT (no CV risk factors)

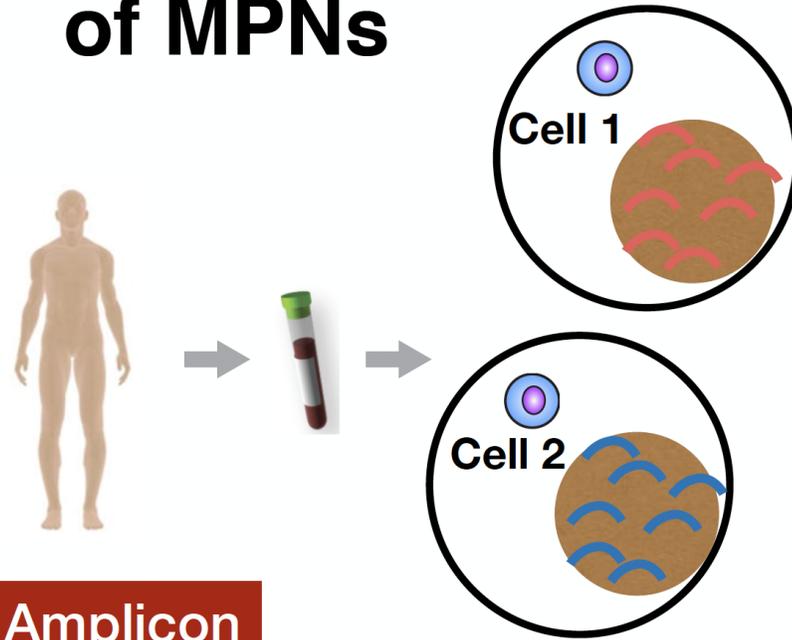
His father died at age 45 from acute MI (no CV risk factors)

NGS sequencing (PB) shows: JAK2-V617F VAF = 68%, TET2S268* = 32%

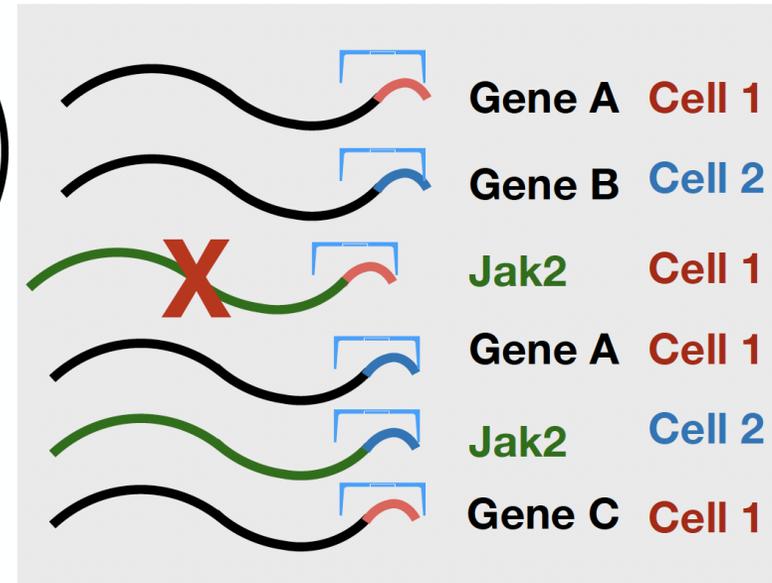
In each patient, identify the mutant cells and characterize them



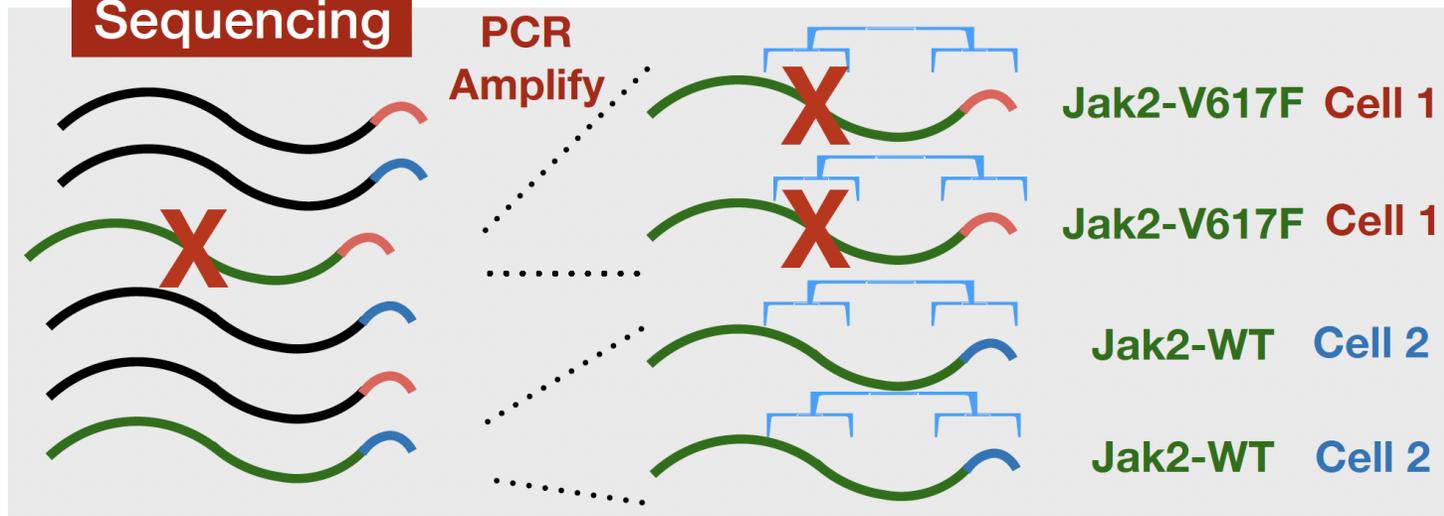
Single-cell profiling of MPNs



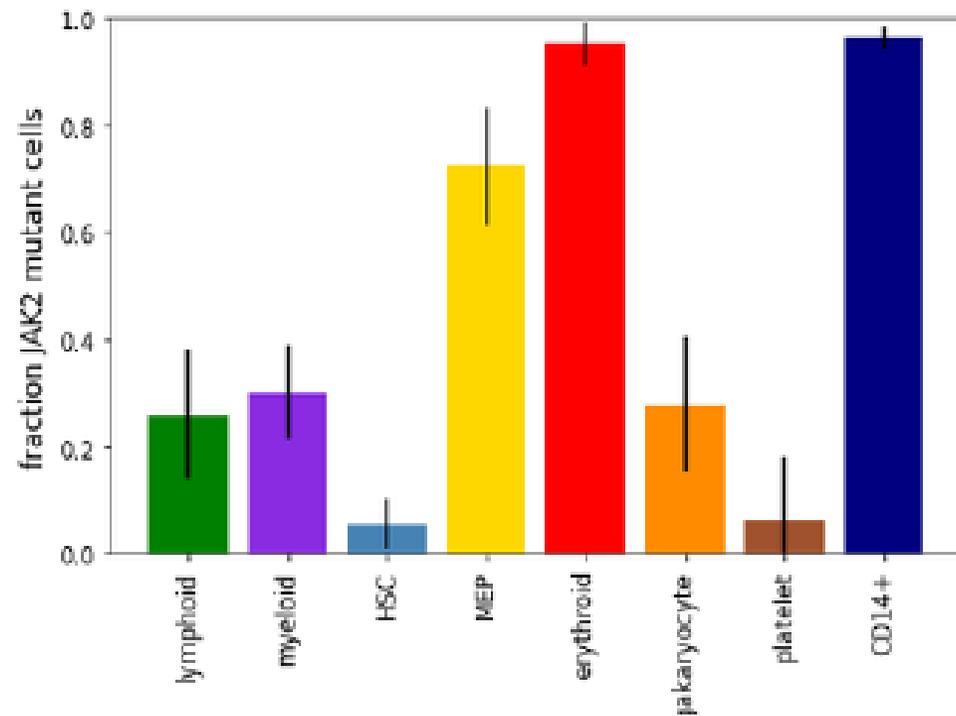
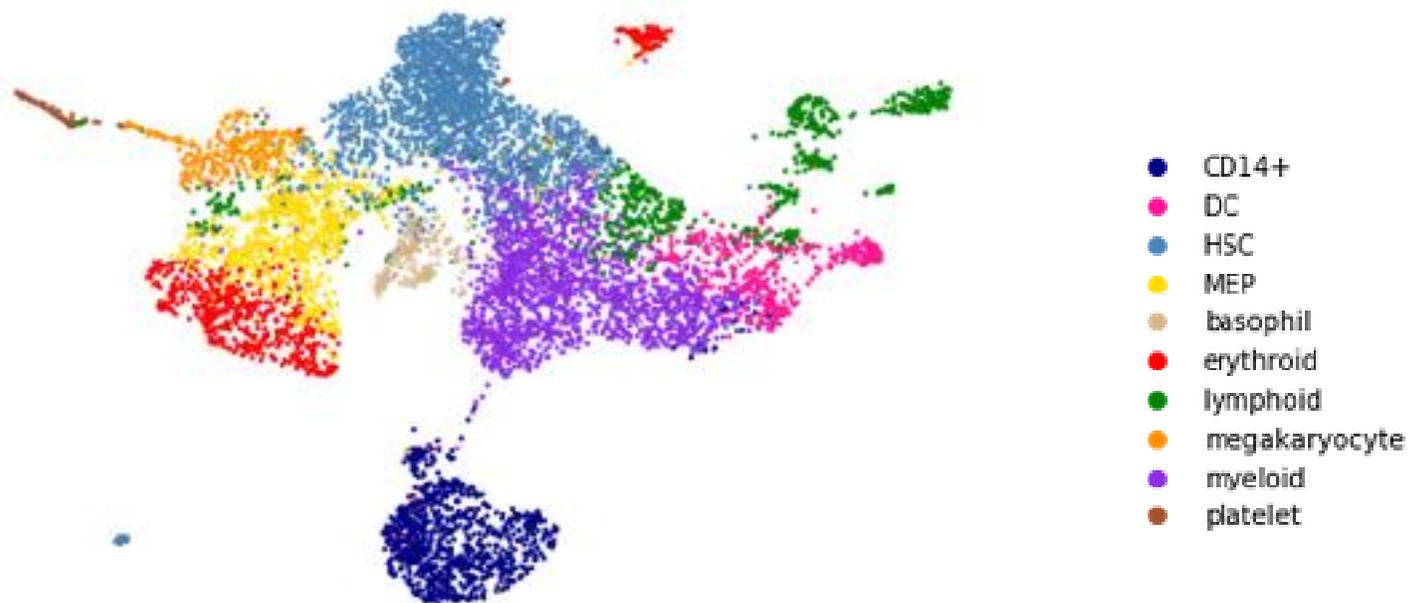
1. Full transcriptome sequencing



2. Amplicon Sequencing



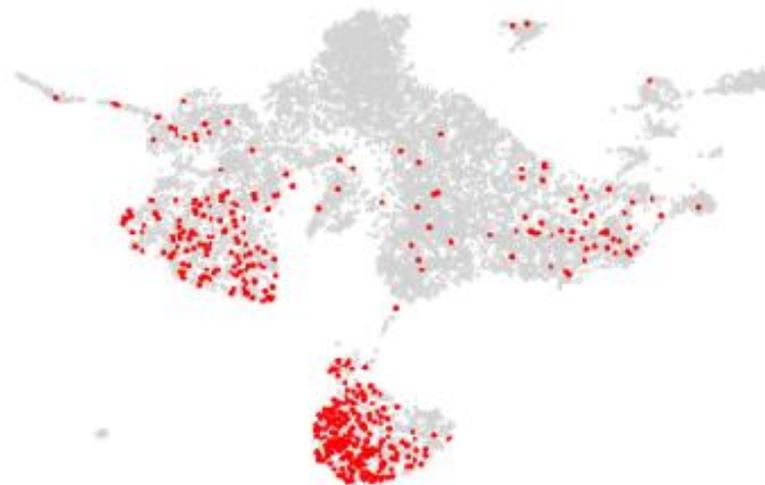
cell type



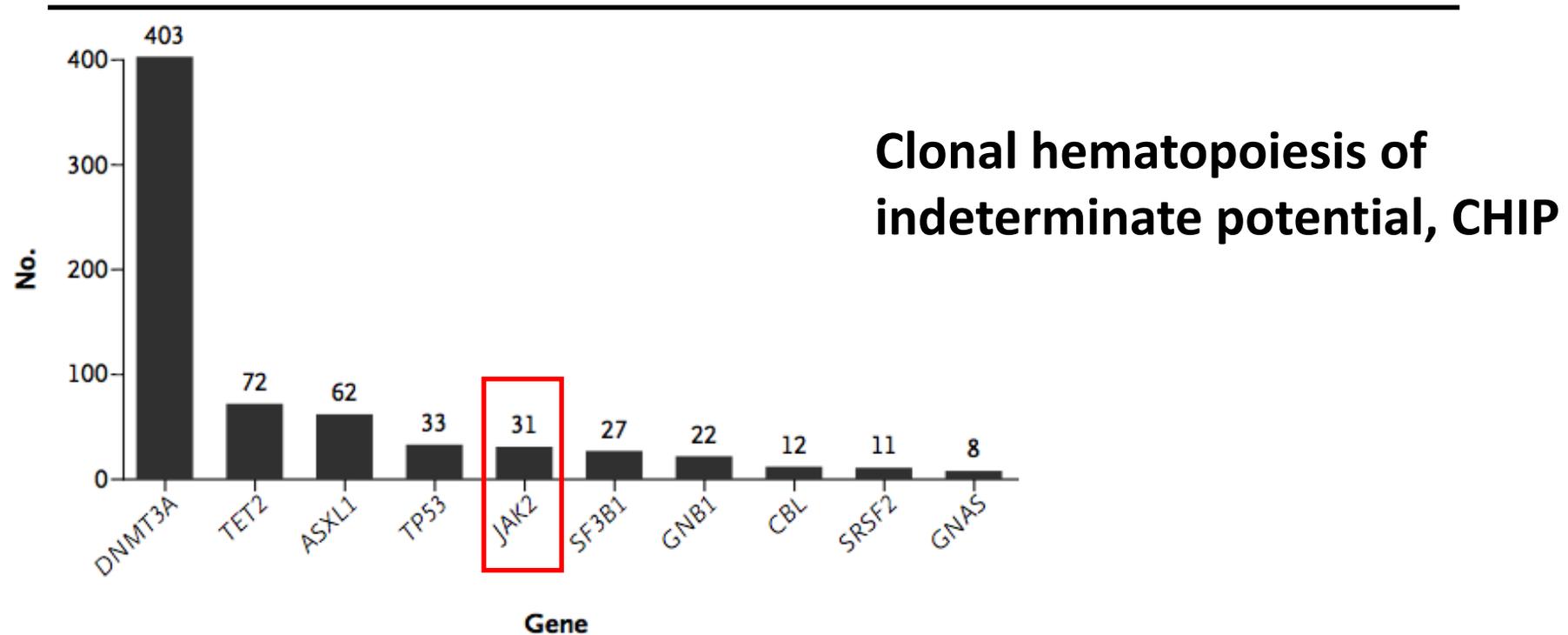
JAK2 WT transcripts



JAK2 mutant transcripts

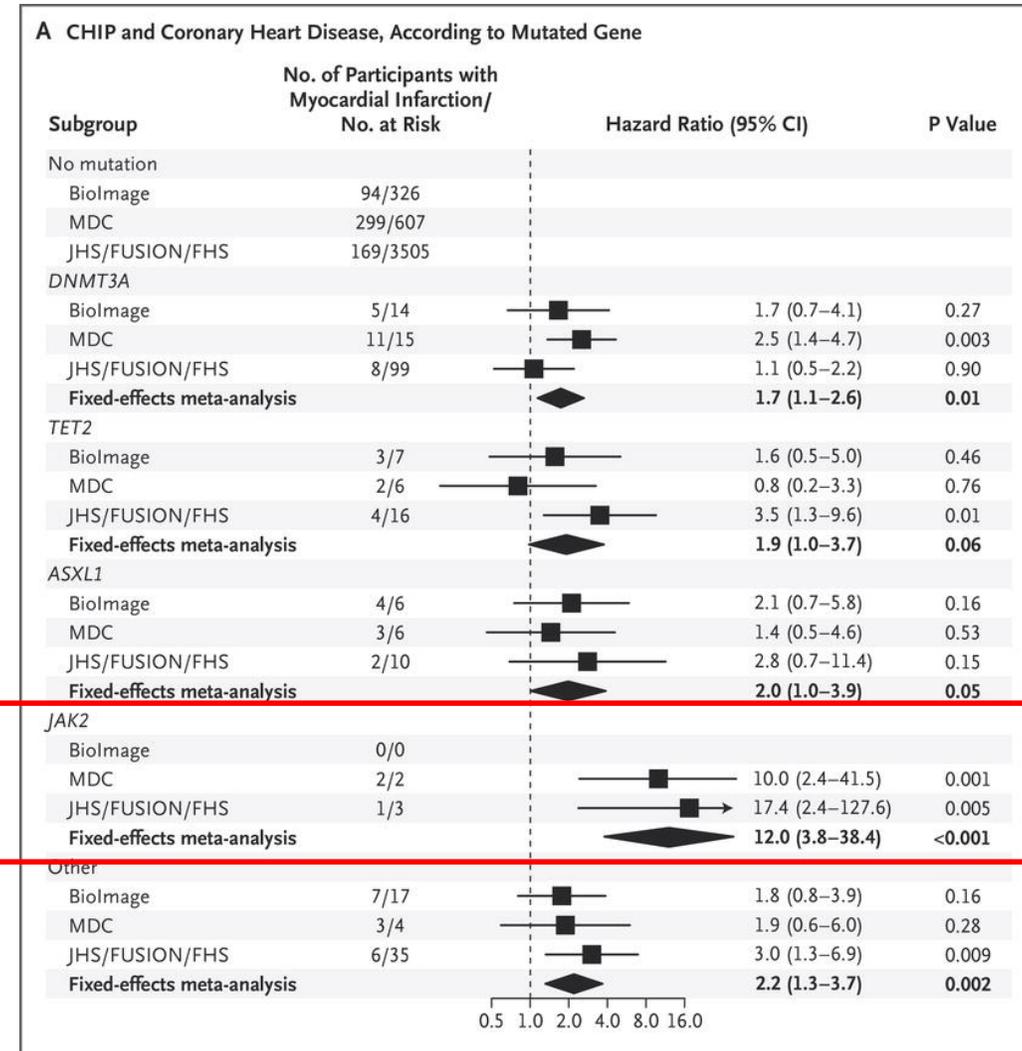


JAK2V617F is sufficient to engender clonal hematopoiesis

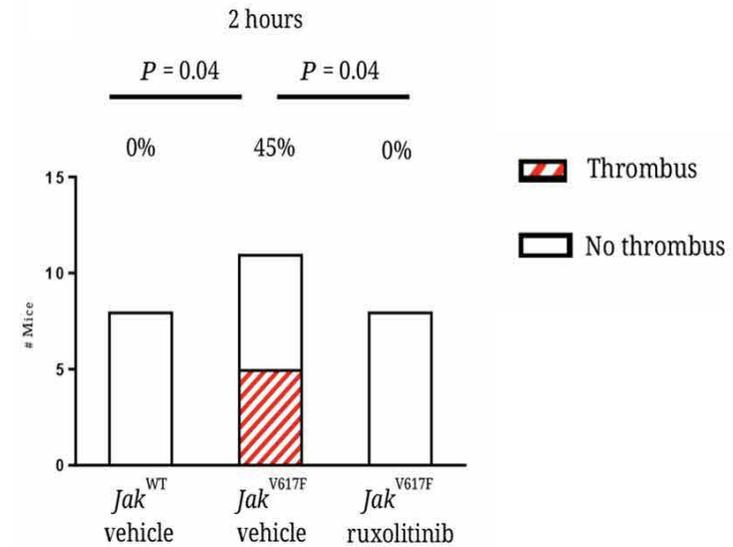
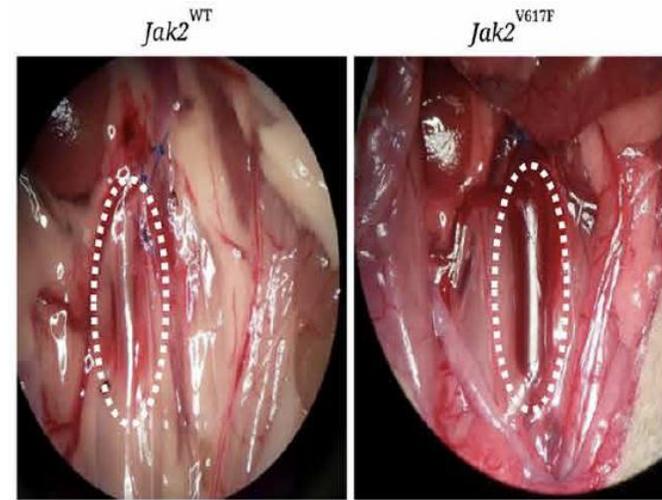
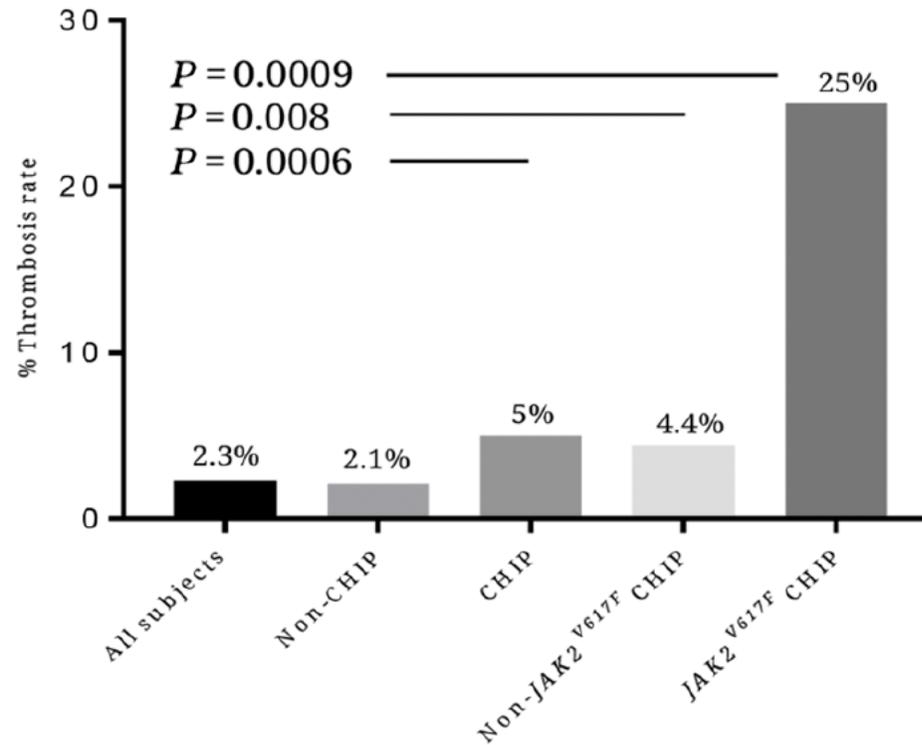


- Analyzed 17,182 whole-exomes
- Individuals WITHOUT a hematological malignancy
- Peripheral blood DNA source
- Assessed for variants in 160 known “blood cancer genes”

JAK2V617F+ CHIP is clinically relevant - I

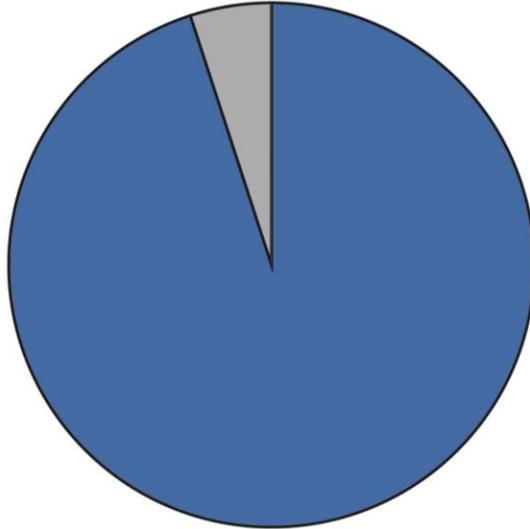


JAK2V617F+ CHIP is clinically relevant - II

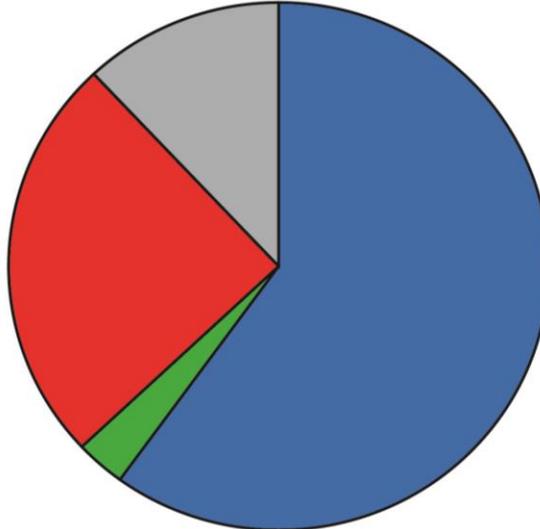


MPN Phenotypic Driver Mutations

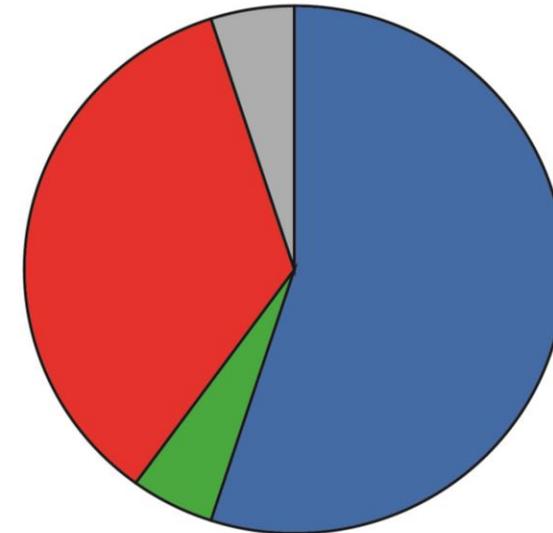
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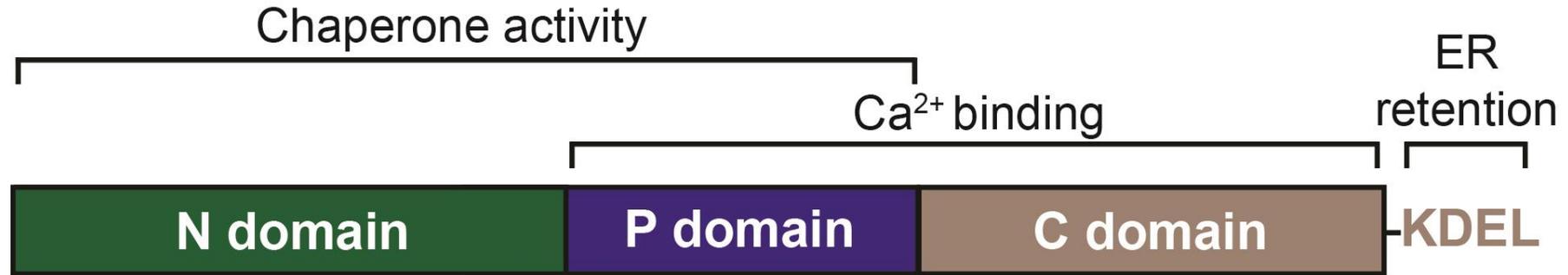


■ JAK2 mutated ■ MPL mutated ■ CALR mutated ■ Triple negative

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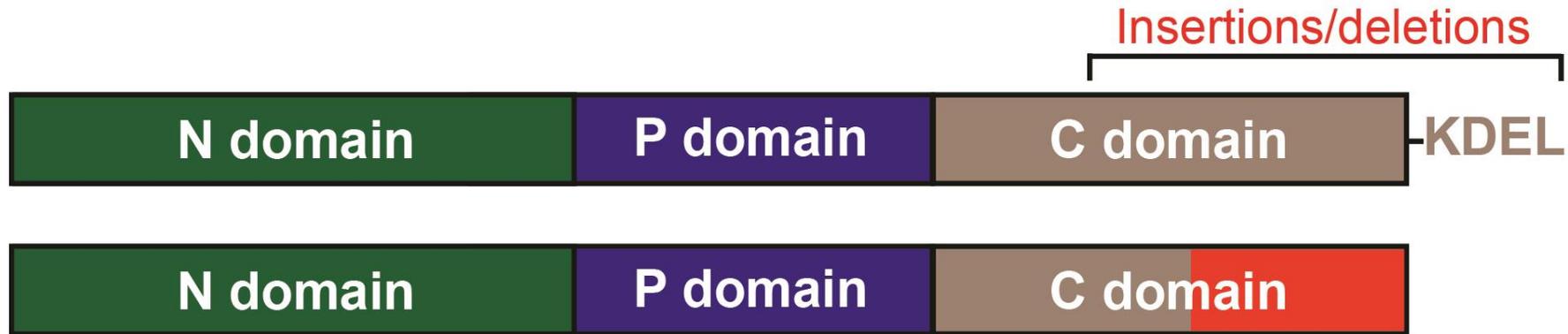
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Calreticulin (CALR)



- Endoplasmic reticulum (ER) resident protein
- Quality control of protein folding in the ER
- Binds and stores Ca²⁺

CALR mutations in MPN



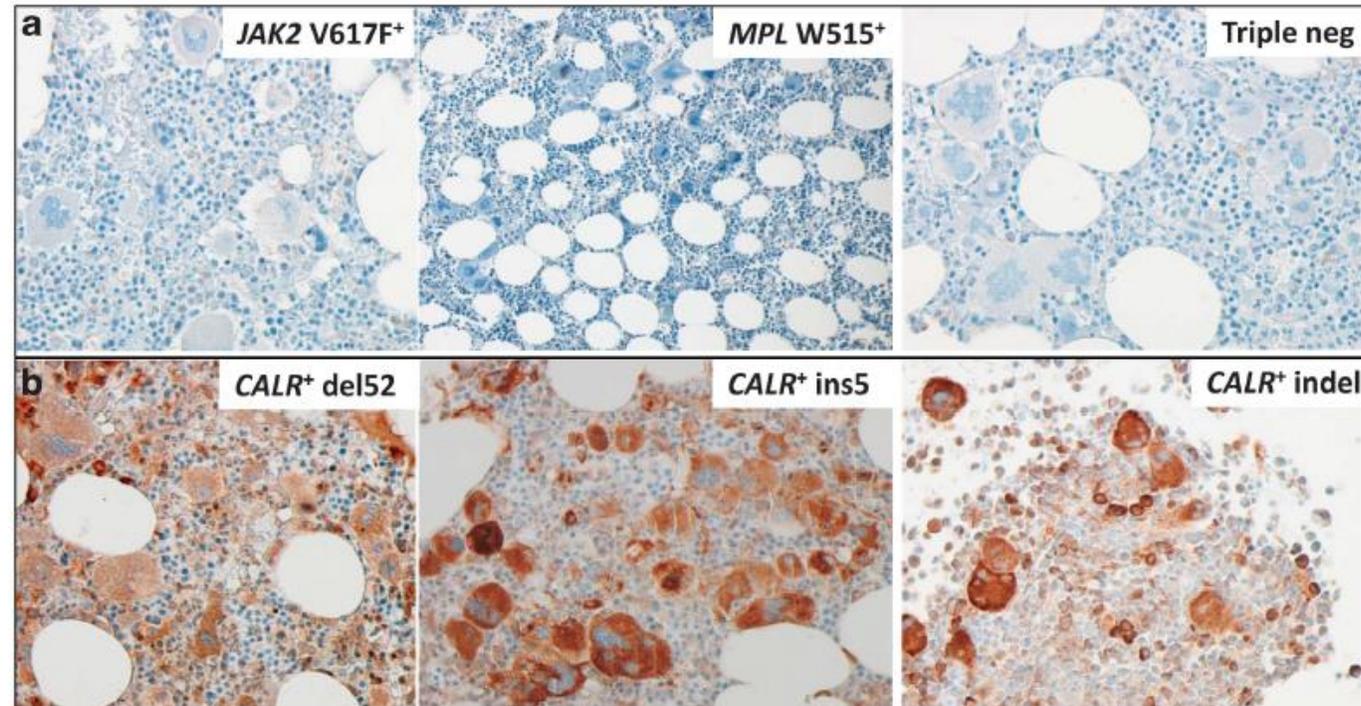
- Mutations occur as heterozygous insertions and/or deletions in exon 9
- ALL mutations cause a +1 bp frameshift leading to:

Mutant-specific C-terminus of mutant CALR

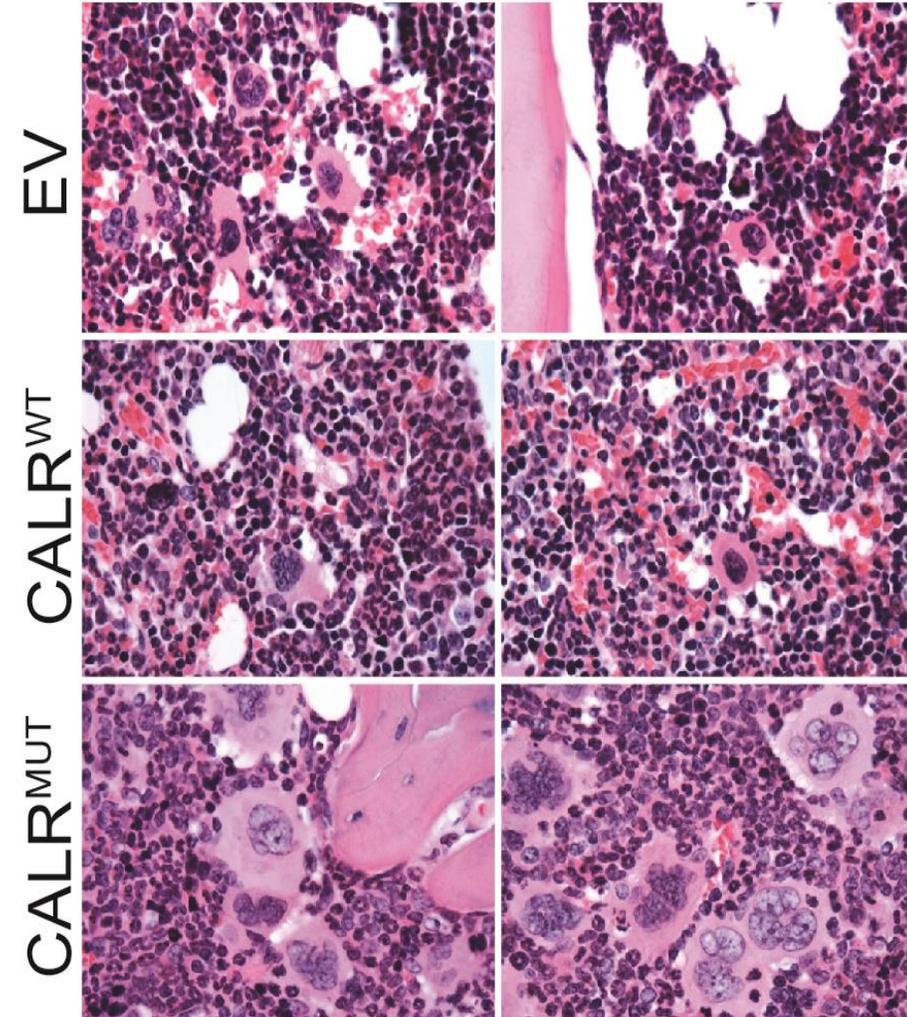
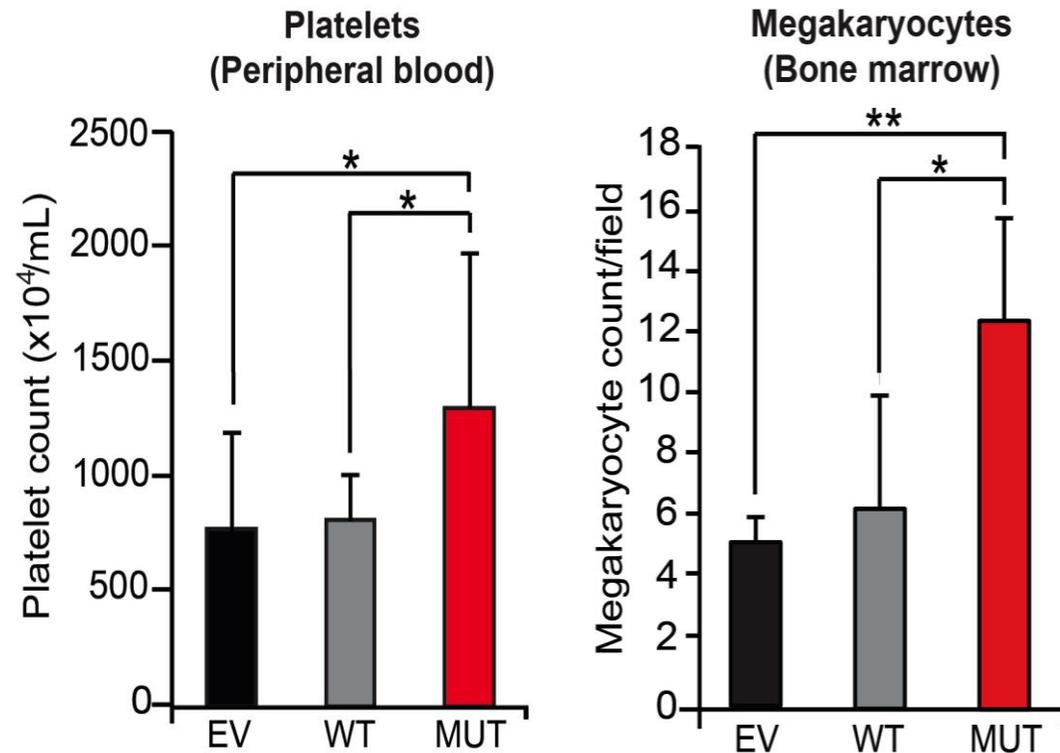


CALR^{WT} QDEEQRLKEEEEDKKRKEEEEAEDKEDDEDKDEDEEDEEDKEEDEEEDVPGQAKDEL

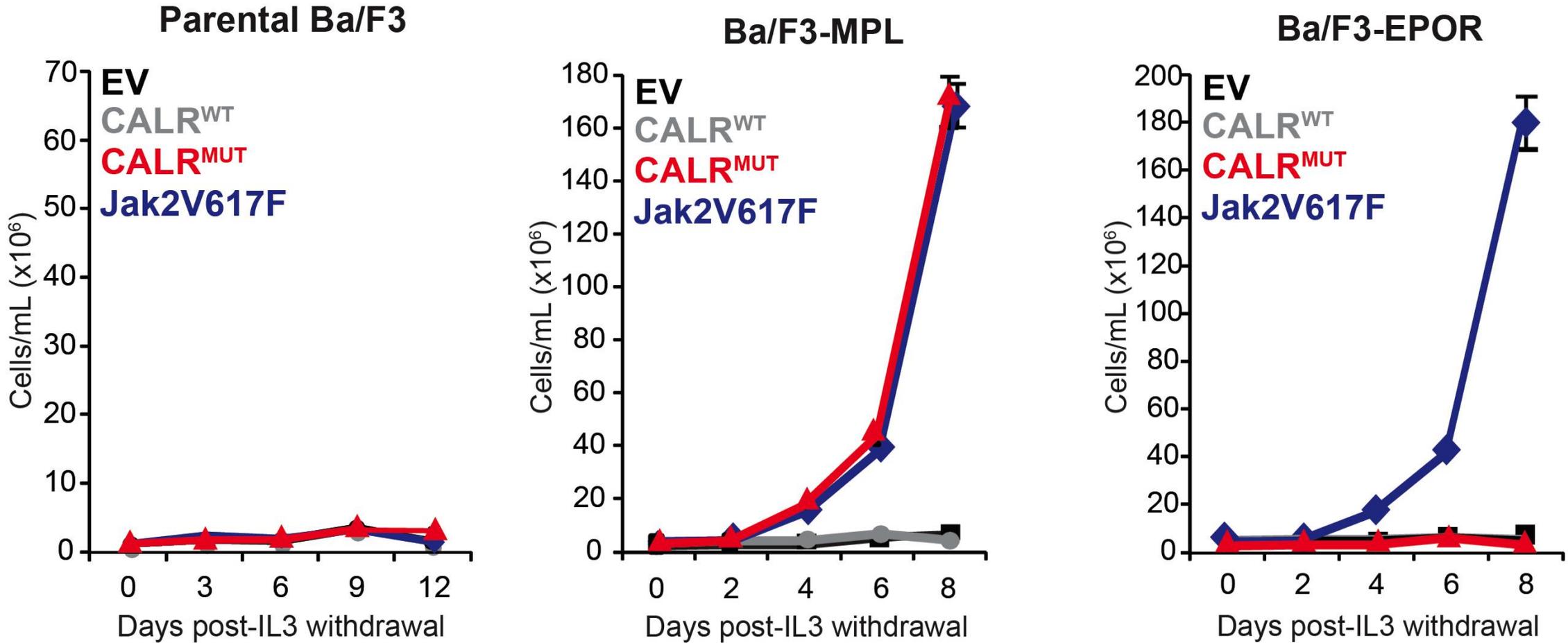
CALR^{MUT} QDEEQRTRRMMRTKM**RMRRMRRTRRKMRRKMSPARPRTSCREACLQGWTEA**



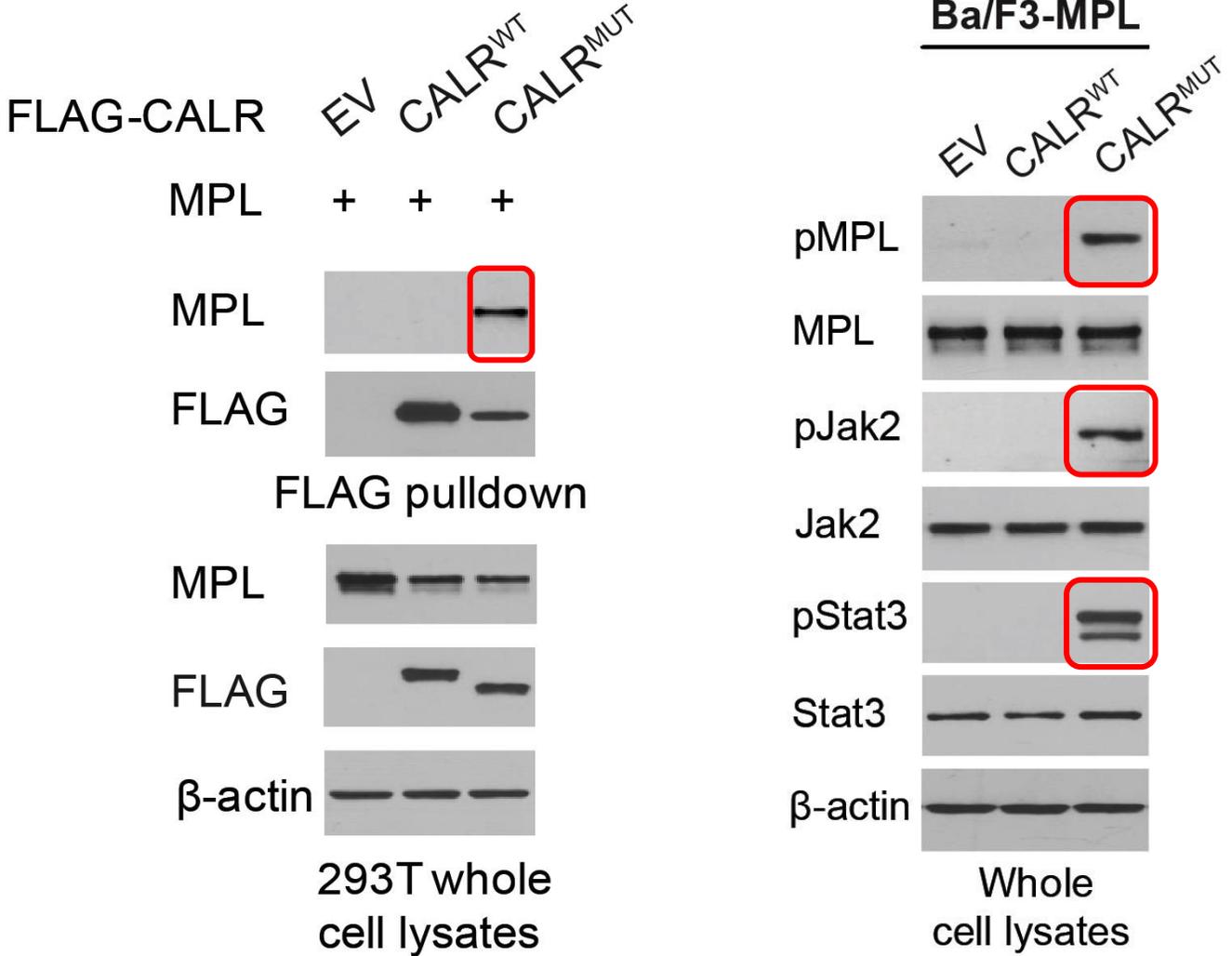
Mutant *CALR* alone is sufficient to engender MPN



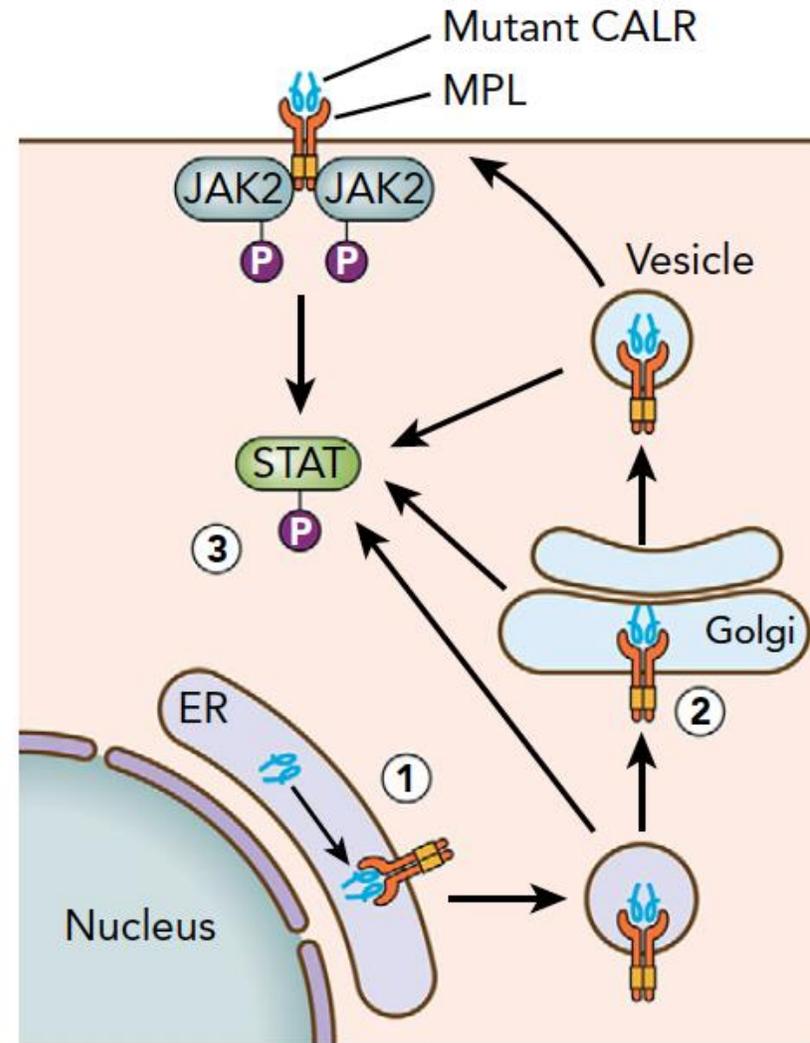
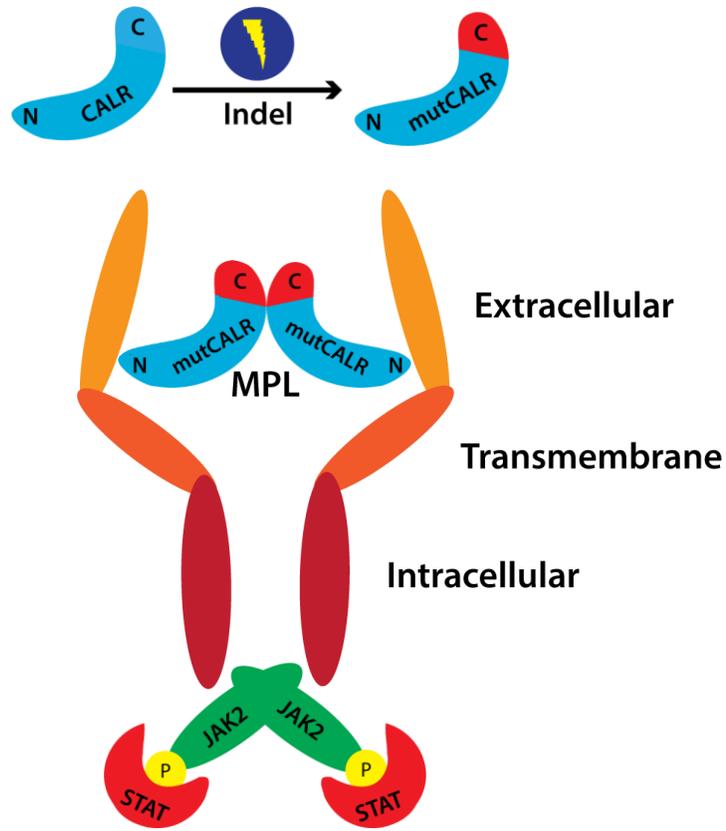
MPL is required for mutant CALR-mediated transformation



Mutant CALR binds MPL and activates JAK-STAT signaling to induce MPN

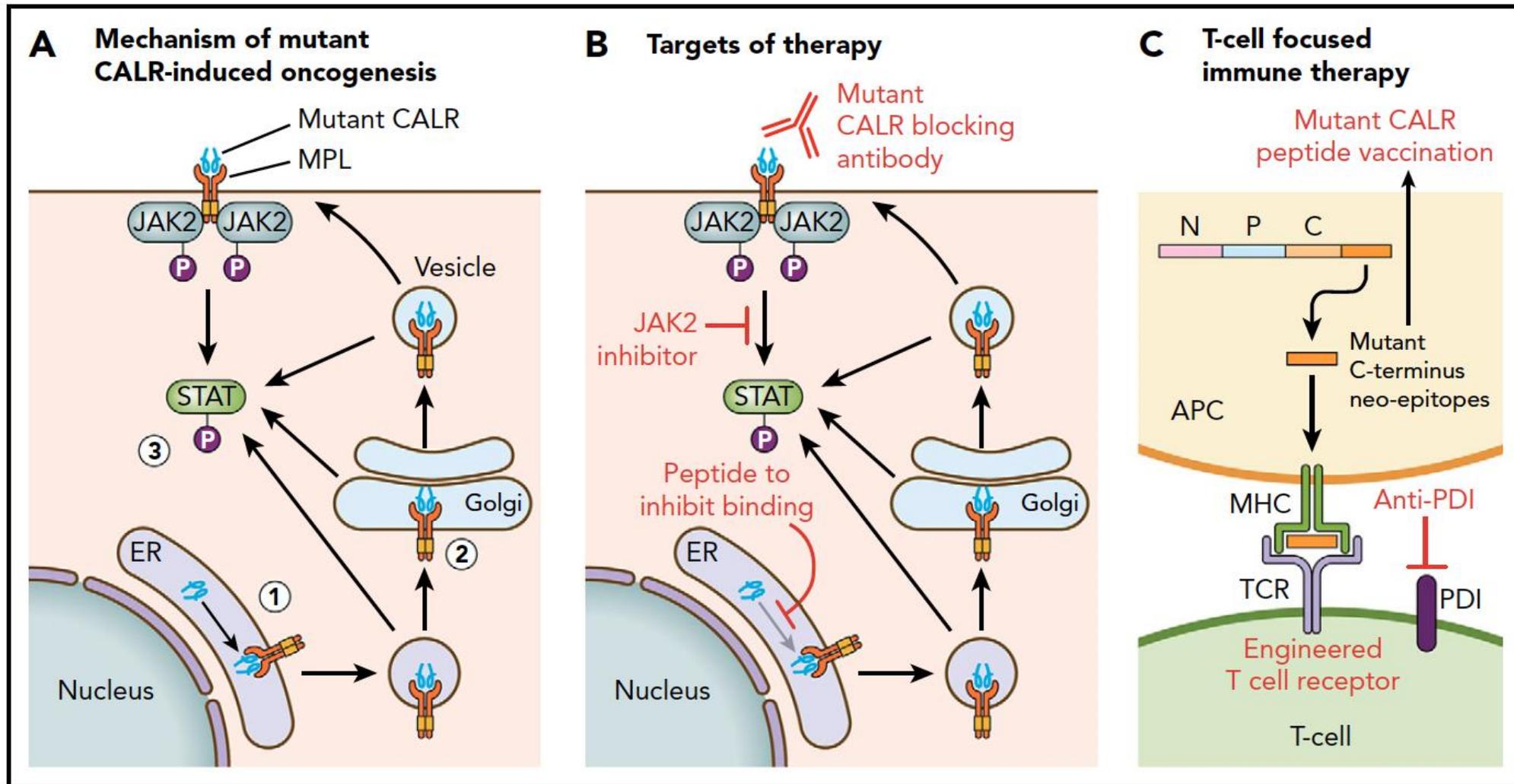


Mechanism of mutant CALR induced oncogenesis



How, Hobbs & Mullally. Blood Spotlight 2019.

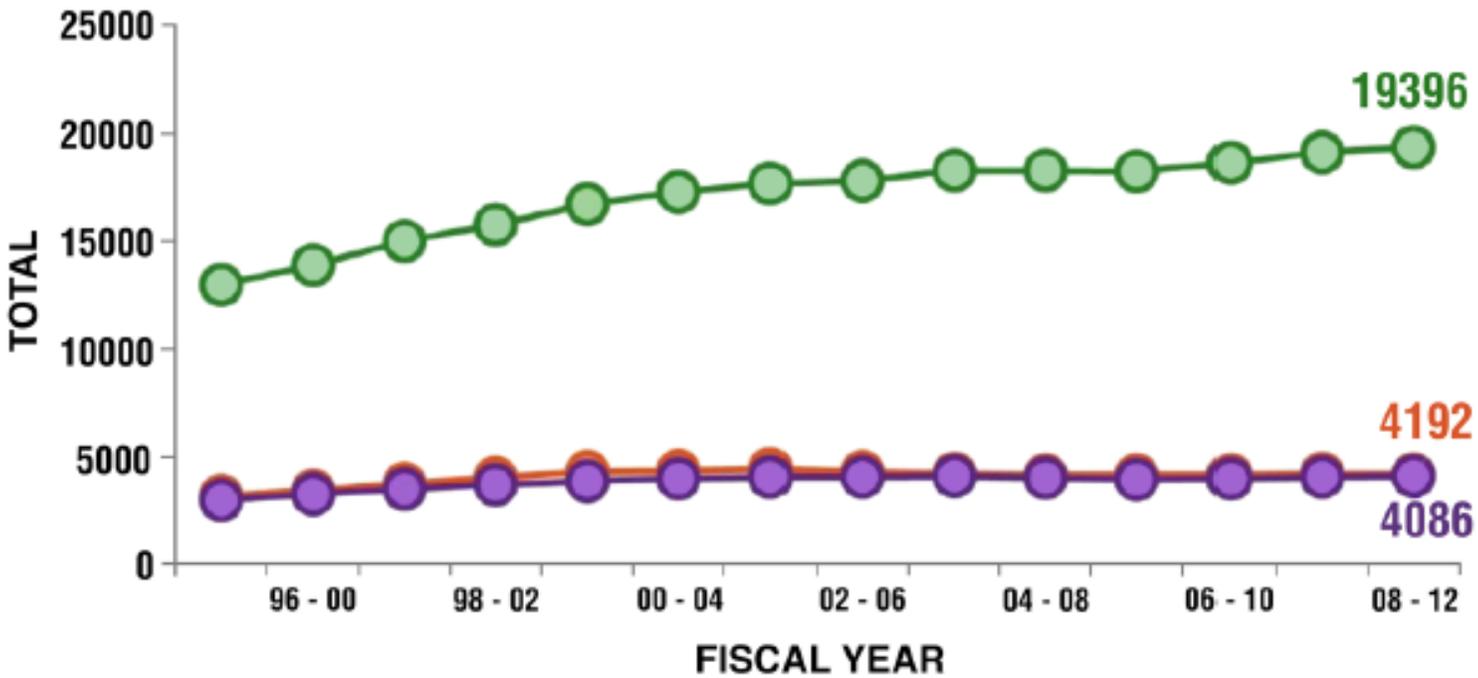
Exploiting mutant CALR mechanistic insights for therapeutic benefit



Saving the Endangered Physician-Scientist — A Plan for Accelerating Medical Breakthroughs

Mukesh K. Jain, M.D., Vivian G. Cheung, M.D., Paul J. Utz, M.D., Brian K. Kobilka, M.D., Tadataka Yamada, M.D., and Robert Lefkowitz, M.D.

NEJM Perspective 2019

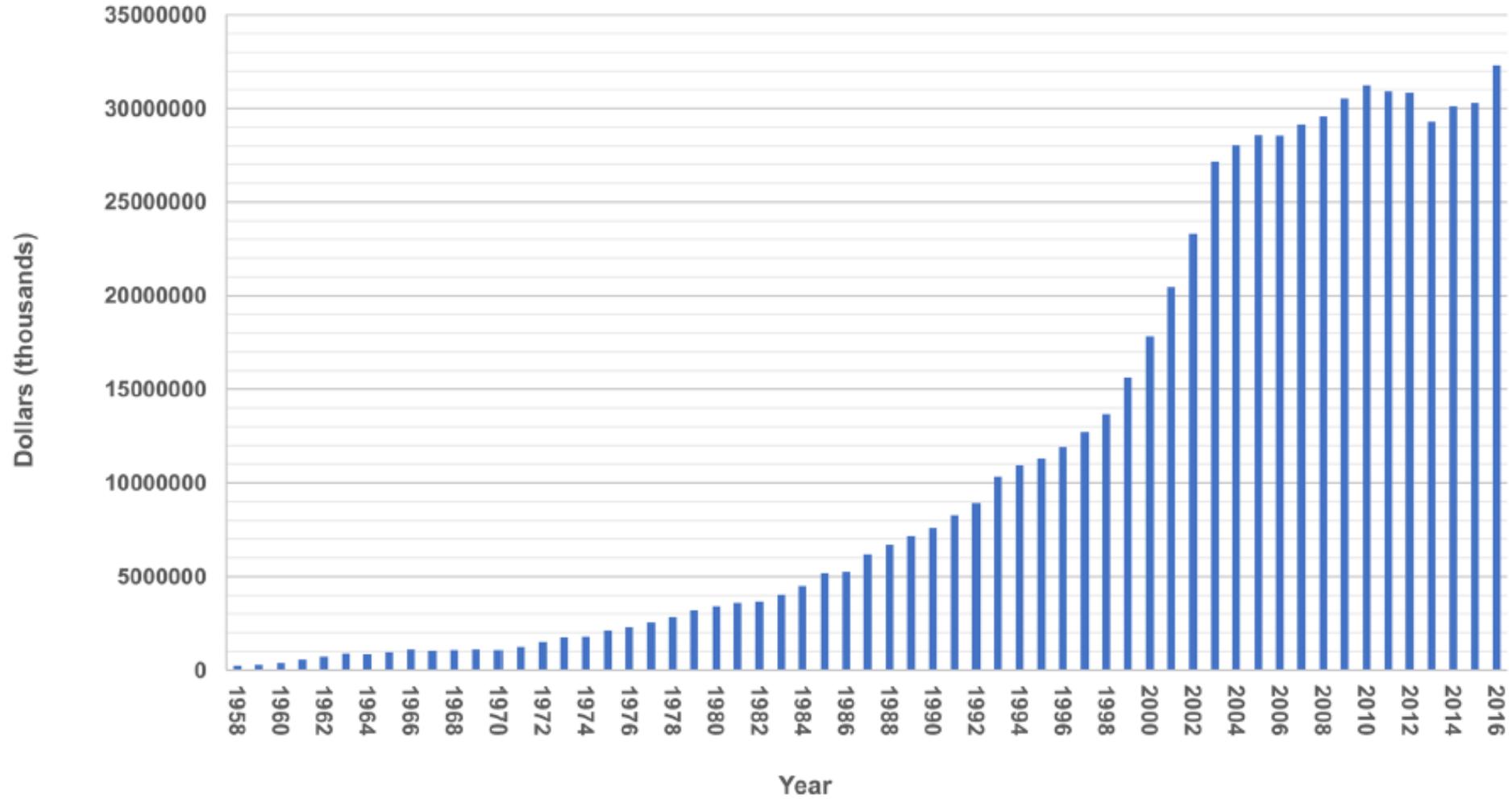


● MD ● PhD ● MD/PhD

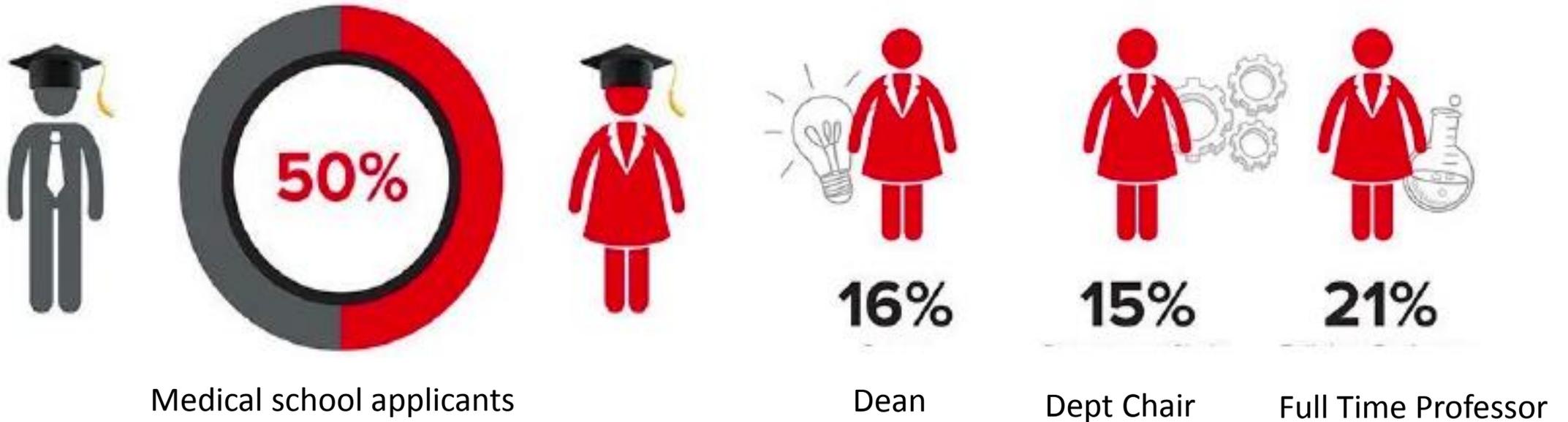
Table 1. Issues Contributing to the Declining Numbers of Physician-Scientists.*

Level	Issues
Individual	<ul style="list-style-type: none">Student debtChild care and family responsibilitiesIncreasing length of time spent in training before being independent
Institutional	<ul style="list-style-type: none">Negative effects of health care finances on research supportReduced patient contact time that precludes evaluation of difficult casesDecreasing numbers of, and decreasing exposure to, physician-scientist mentorsInsufficient protected time for researchAbsence of organized physician-scientist career-development programs across specialtiesInflexible family-leave policies
National	<ul style="list-style-type: none">Decreased or stagnant federal and nonfederal research fundingIncreased specialization in medicine and science, leading to a widening gap between clinicians and researchersLimited available funding for loan repayment programs, particularly for trainees in basic science disciplinesIncreasingly challenging requirements for board certification and maintenance of certificationLack of diversity in the physician-scientist workforceDiscrepancies in salary and benefits offered during clinical versus scientific training, in part owing to ACGME policies

National Institutes of Health Budget: 1959 to 2016



Why Aren't There More Women Leaders in Science?



*Dr. Gwen Nichols, CMO, Leukemia & Lymphoma Society
Scientific American 2018*

Acknowledgements



Former Lab Members:

Dr. Shannon Elf (U. Chicago)
Dr. Edwin Chen (University of Leeds)
Nouran Abdelfattah (HMS BBS)
Dr. Michele Ciboddo (Pavia)
Anastasia Kosmidou (Ulm)
Kaisa Pakari (Heidelberg)



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