Health Research Symposium 2024

# Long noncoding RNAs in acute myeloid leukaemia Roles for classification and prognostication

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# Outline HMRF project (05160046)

- Brief background on acute myeloid leukaemia (AML) and long noncoding RNAs (IncRNAs)
- **Prognostication** in AML
- Use of machine learning to devise IncRNA
   prognostic score
- Validation and clinical application of IncRNA prognostic score

#### Acute myeloid leukaemia (AML): Clonal disorder of myeloid stem/progenitor cells

#### Normal



#### AML



## Acute myeloid leukaemia Brief introduction

- Clonal disorder of myeloid stem/progenitor cells
- ↑ proliferation
- $\downarrow$  differentiation
- Expansion of immature/leukaemic cells results in severe reduction in normal blood cell production, resulting in reduced normal blood cells in circulation
- Clinical problems: Anaemia, infections, bleeding



# Acute myeloid leukaemia Critical information for patient management

#### Classification

 Subtyping permits understanding of disease behaviour and better prediction of outcome

#### Prognostication

- Identify features to predict outcome
- Treatment
  - Select targeted therapies
- Monitoring
  - Identify target for post-treatment monitoring

# Classification of AML WHO 2022 Classification



Khoury JD et al. *Leukemia* 2022;36:1703-1719. Bullinger L et al. *J Clin Oncol* 2017;35:934-946.

# **Prediction of clinical outcome in AML** ELN risk classification

Risk category†	Genetic abnormality
Favorable	<ul> <li>t(8;21)(q22;q22.1)/RUNX1::RUNX1T1†,‡</li> <li>inv(16)(p13.1q22) or t(16;16)(p13.1;q22)/ CBFB::MYH11†,‡</li> <li>Mutated NPM1†,\$ without FLT3-ITD</li> <li>bZIP in-frame mutated CEBPA  </li> </ul>
Intermediate	<ul> <li>Mutated NPM1†,\$ with FLT3-ITD</li> <li>Wild-type NPM1 with FLT3-ITD (without adverse-risk genetic lesions)</li> <li>t(9;11)(p21.3;q23.3)/MLLT3::KMT2A†,¶</li> <li>Cytogenetic and/or molecular abnormalities not classified as favorable or adverse</li> </ul>
Adverse	<ul> <li>t(6;9)(p23.3;q34.1)/DEK::NUP214</li> <li>t(v;11q23.3)/KMT2A-rearranged#</li> <li>t(9;22)(q34.1;q11.2)/BCR::ABL1</li> <li>t(8;16)(p11.2;p13.3)/KAT6A::CREBBP</li> <li>inv(3)(q21.3q26.2) or t(3;3)(q21.3;q26.2)/ GATA2, MECOM(EVI1)</li> <li>t(3q26.2;v)/MECOM(EVI1)</li> <li>t(3q26.2;v)/MECOM(EVI1)-rearranged</li> <li>-5 or del(5q); -7; -17/abn(17p)</li> <li>Complex karyotype,** monosomal karyotype††</li> <li>Mutated ASXL1, BCOR, E2H2, RUNX1, SF3B1, SRSF2, STAG2, U2AF1, and/or ZRSR2‡‡</li> <li>Mutated TP53<sup>a</sup></li> </ul>

- Latest addition of chromatin/spliceosome gene mutations in the adverse risk group has enabled prognostication in 15-20% more AML patients
- Is this optimal in predicting patients' outcome?

#### Genome vs. Transcriptome (DNA vs. RNA)



- DNA: Only detects genomic variants (spelling mistakes)
- RNA: Final common pathway that captures more effectors (or "epigenomics")

# Holistic picture of the human pan-genome

https://blog.createandcraft.tv/layered-papercut-art-template/

# Long noncoding RNAs Very brief introduction



- Elements of the transcriptome
  - Messenger RNAs (protein-coding genes): 2% of human genome
  - Long noncoding RNAs (IncRNAs)
  - And many more RNA subtypes...
- IncRNAs: Transcripts longer than 200 nucleotides that do not appear to have a protein-coding sequence
- Over 100,000 IncRNAs recorded in human (cf. ~20,000 protein-coding genes)

# Long noncoding RNAs in AML Experimental design

- Project period: 2018-2022
- 185 adult patients with newly diagnosed AML for deep total transcriptome sequencing (between period of 2007 to 2018)
- Median follow-up: 417 days
- Detect only established IncRNAs to study clinical outcome



## Long noncoding RNAs in AML Classification

- Unsupervised clustering
- Classify established AML subtypes largely in accordance with their diagnostic categories
- "Blocks of colours" imply good classification of AML subtypes using IncRNAs

## Long noncoding RNAs in AML Identification of prognostic IncRNAs

- Machine learning: Lasso regression
- Identified 10 IncRNAs
- IncRNA prognostic score calculated for each patient:
  - Multiply 10 IncRNA expression level with their corresponding weighted coefficient from Lasso
  - Linearly combining their products



#### Long noncoding RNAs in AML Multi-variable analysis of prognostic effects in HK cohort



## **Prognostic value of IncRNAs in AML** Interactions with current prognostic system



## **Prognostic value of IncRNAs in AML** Interactions with current prognostic system



#### Validation of 10-IncRNA score Role of external data sets

- Two well-established data sets with available
  - Transcriptome data
  - Survival data
- The Cancer Genome Atlas (TCGA)
- BeatAML
- Analysed the data in **identical manners** as the discovery cohort
- Observe whether the 10-IncRNA score retains prognostic significance on multi-variable analysis



#### Validation of 10-IncRNA score Multi-variable analysis in TCGA cohort



#### Validation of 10-IncRNA score Multi-variable analysis in BeatAML cohort



### **Clinical translation of research findings** Considerations for clinical applications

- Total transcriptome sequencing
  - Relatively expensive
  - Substantial portion of data may not have immediate clinical utility
- Enrichment of targeted genomic regions (CaptureSeq)
  - Cheaper
  - Targeted but more focused (more sequence reads to cover targeted regions)
  - Higher sensitivity



# Clinical translation of research findings Design of CaptureSeq panel for leukaemias



- Genes involved in **fusion** in leukaemias
- Genes for expression profiling: Coding genes and the 10 IncRNAs

## **Performance of CaptureSeq panel** Correlation of 10 IncRNAs between transcriptome and CaptureSeq



# Validation of CaptureSeq panel Independent prognostic evaluation in 135 patients

- Period: 2019-2022
- 135 consecutively recruited newly diagnosed AML patients
- Median follow-up: 335 days
- Comparison between validation cohort vs. discovery cohort
  - Older patients, e.g. 40% vs. 17% over age 70
  - More adverse risks patients, 50% vs. 38%



# Validation of CaptureSeq panel



Independent prognostic evaluation in 135 patients

# **Project Summary**

- Use of machine learning to identify a 10-IncRNA prognostic score
- The IncRNA prognostic score can reproducibly predict clinical outcomes of AML patients, with independent effects from the currently established prognostic parameters
- Rigorous validation of the IncRNA prognostic score using large public data sets
- CaptureSeq assay is devised for clinical translation and represents a viable option for refinement of established prognostic parameters in AML
- Substantiate the clinical utility of transcriptomics in informing the practice of precision medicine in leukaemia patients

# **Healthcare Implications of Project**

- This project provides proof-of-concept that RNA sequencing contributes to unique information to inform clinical management
- Genome (DNA) sequencing provide 1<sup>st</sup> dimension of information
- **Transcriptome (RNA)** provides an indispensable 2<sup>nd</sup> dimension, i.e. functional genomics
- Cancer classification is incorporating transcriptomic information
- Prime time to strengthen our efforts in functional genomic investigations to harness multi-omic information to empower practice of precision medicine



## Acknowledgement

- Cytogenetics and Genomics Laboratory, QMH
- Prof. Jason WH Wong, SBS, HKU
- Prof. SY Leung, SClinMed, HKU
- Prof. Anskar YH Leung, SClinMed, HKU
- Prof. H Sun, Chemical Pathology, CUHK
- Fundings
  - Health and Medical Research Fund, Health Bureau, HKSAR Government
  - Hong Kong Blood Cancer Foundation
  - Centre for Oncology and Immunology under the Health@InnoHK Initiative, funded by the ITC, HKSAR Government
  - Theme-based Research Scheme (T12-702/20-N), University Grants Committee, HK