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1. INTRODUCTION

The *XPO1* gene, which codes for a nuclear exportin responsible for the partitioning of macromolecules essential for cell homeostasis, represents one of the chronic lymphocytic leukemia (CLL) driver genes. In cases of *XPO1* mutations a negatively charged glutamic acid at position E571 is substituted with a positively charged lysine, thus promoting *XPO1* interaction with proteins bearing a negatively charged nuclear export signals (NES). Most of newly diagnosed CLL patients do not require therapy initially and are managed with a watch and wait strategy. CLL is characterized by a high grade of molecular heterogeneity and the analysis of gene mutations may further improve the stratification of time to first treatment (TTFT).

2. OBJECTIVES

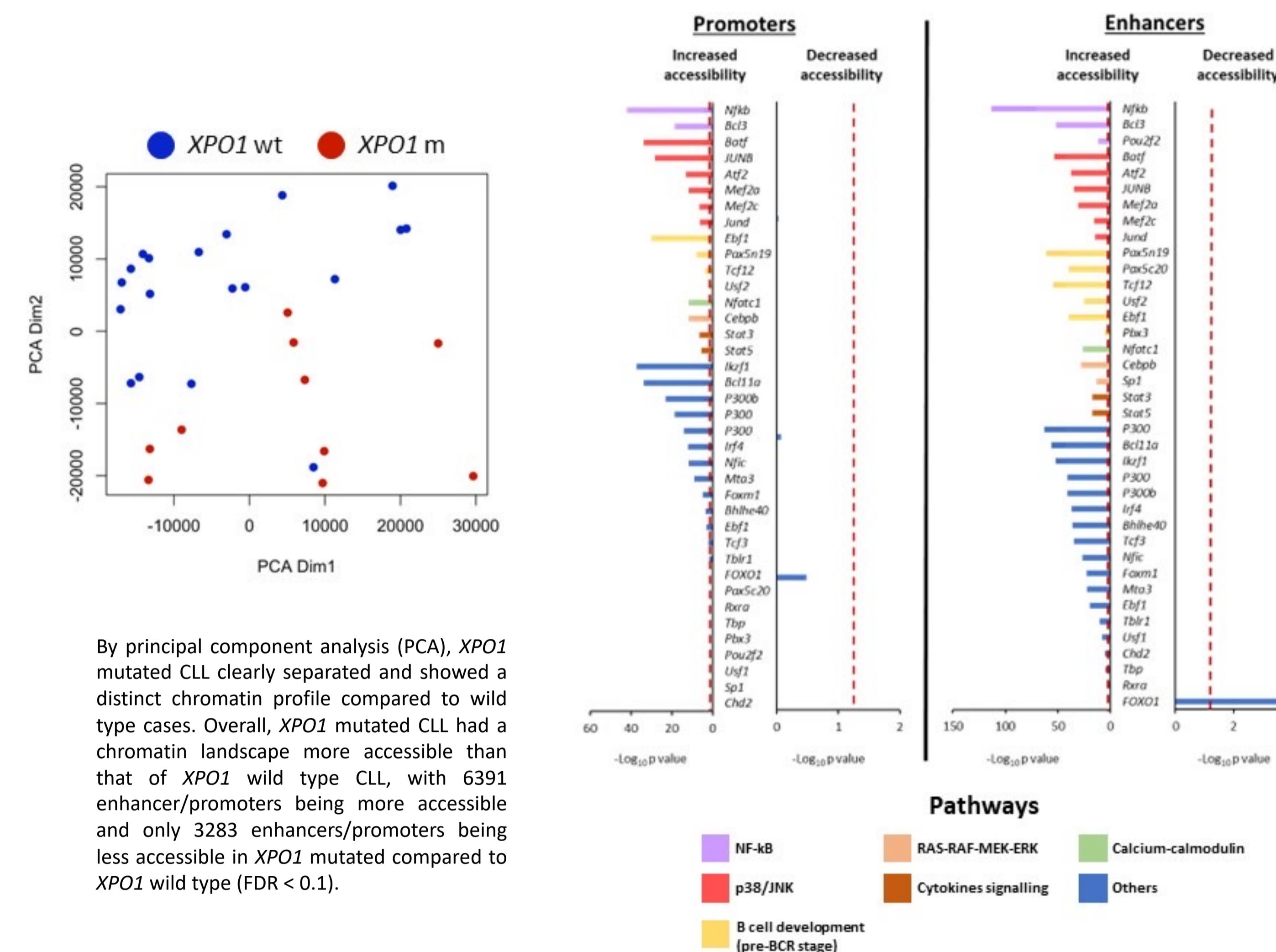
The aims of the study were:

- to characterize the transcriptomic and the epigenomic profile of *XPO1* mutant versus *XPO1* wild type CLL
- to evaluate whether *XPO1* mutations may predispose to disease progression and early treatment requirement

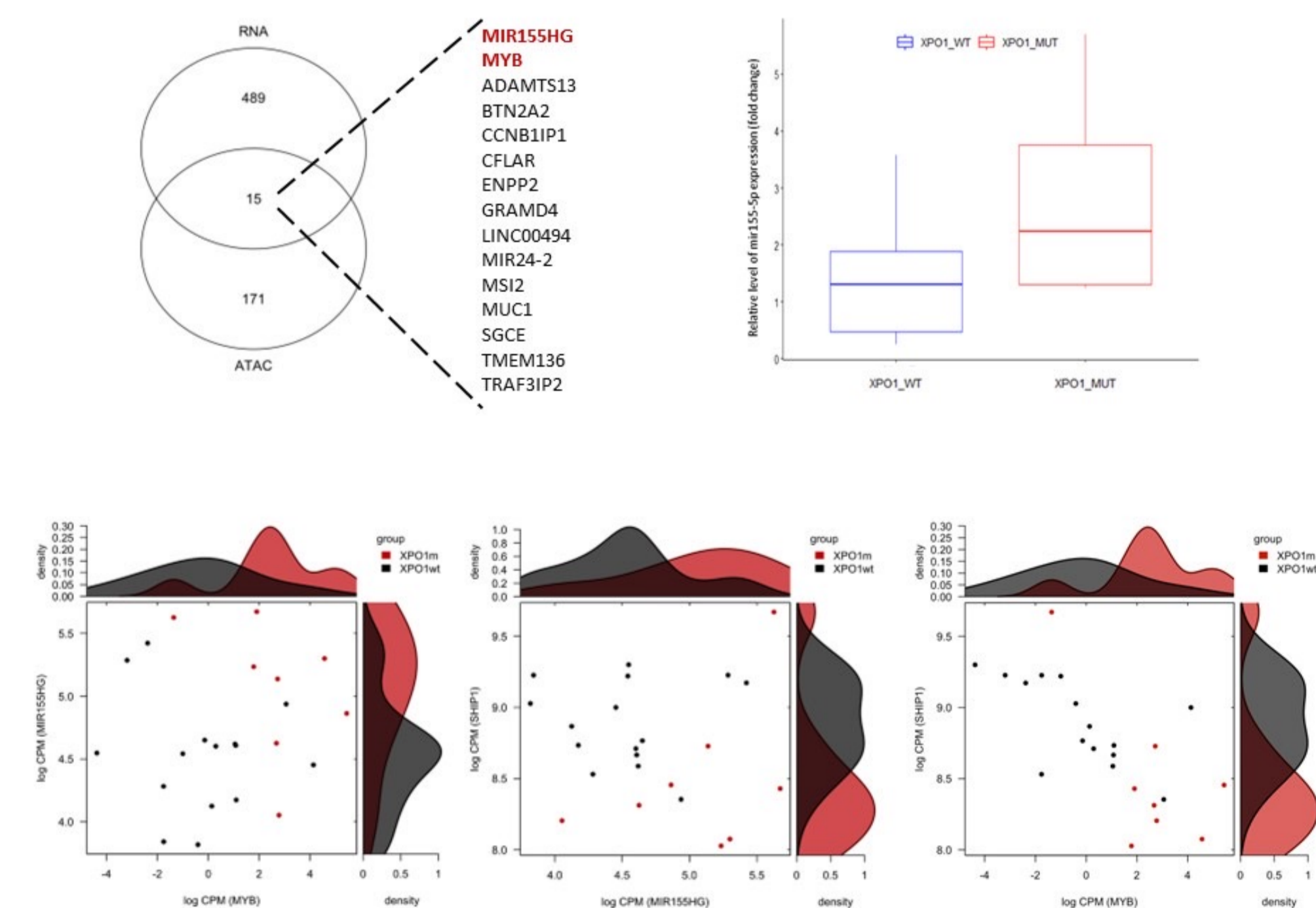
3. METHODS

- RNA-seq and ATAC-seq were performed on CD19+/CD5+ tumoral cells from 8 *XPO1* mutated CLL patients and 15 *XPO1* wild type CLL cases, matched for IGHV status, *TP53* status and FISH karyotype for comparative purposes
- RT-qPCR was used to assess miR-155-5p expression
- XPO1* mutations were detected by NGS and/or Sanger sequencing
- The primary endpoint of survival analysis was TTFT

4.1 XPO1 MUTATIONS IMPACT ON CHROMATIN ACCESSIBILITY OF CLL CELLS



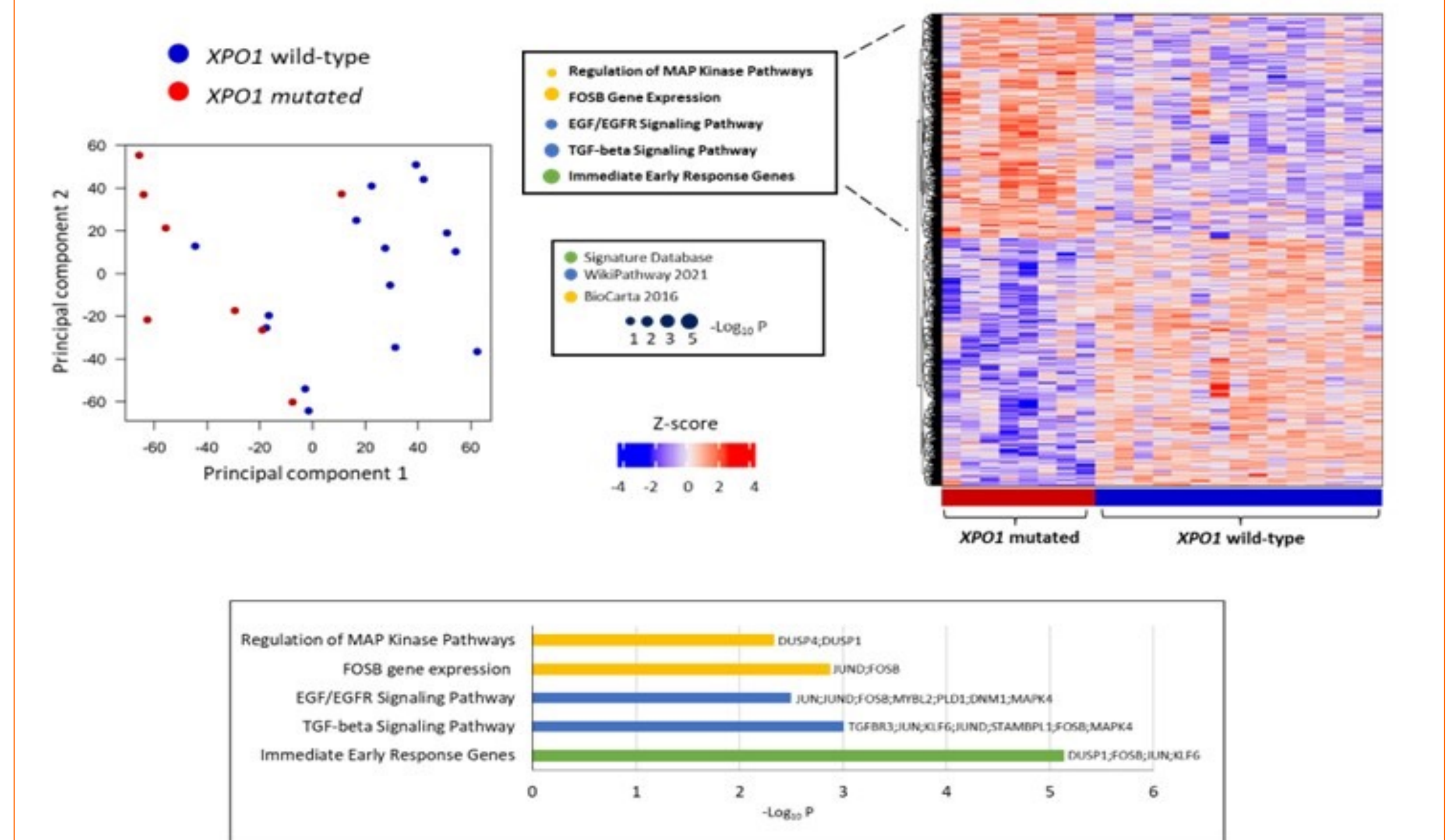
4.3 XPO1 MUTANT CLL ARE CHARACTERIZED BY UPREGULATION OF THE MIR-155/MYB PATHWAY



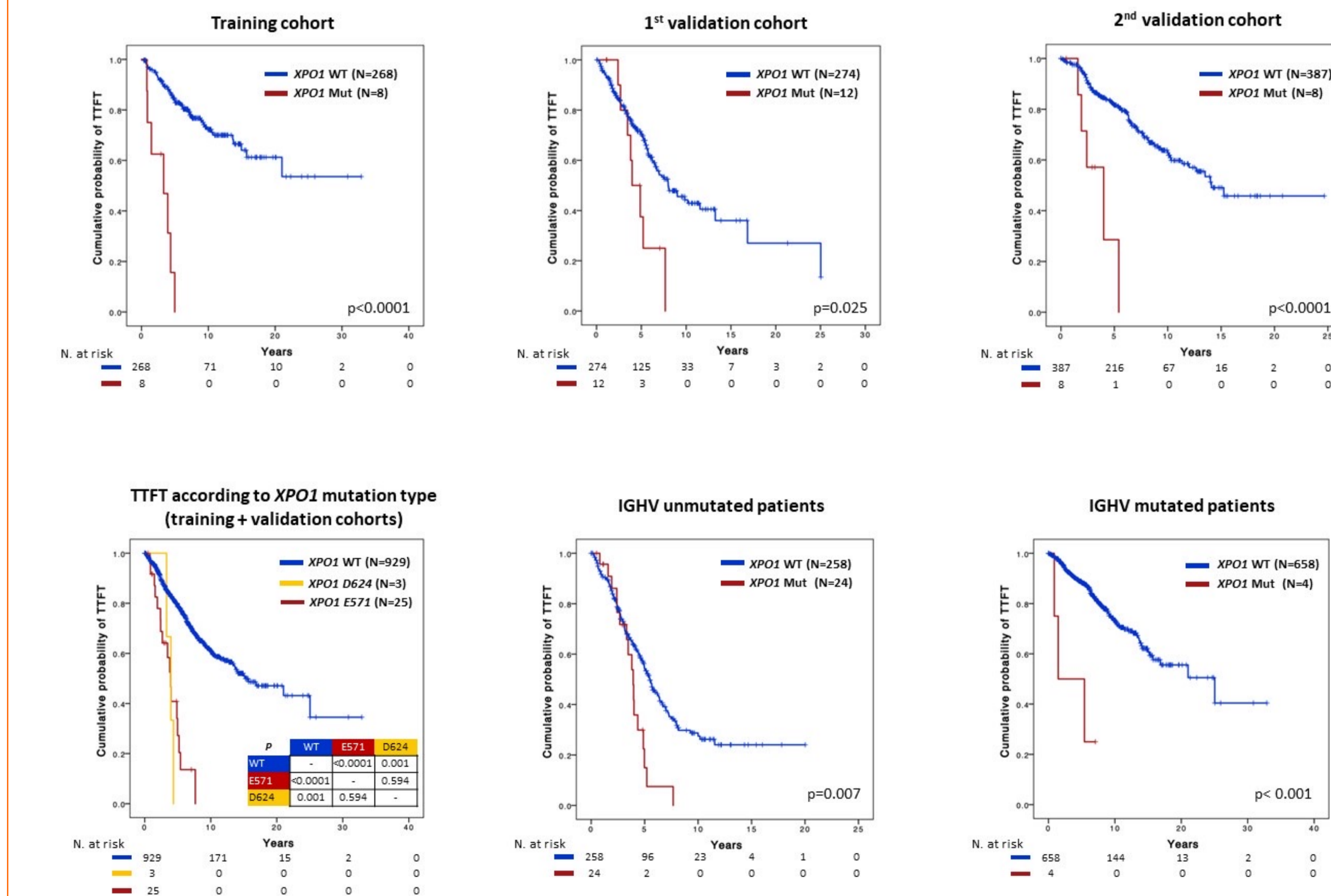
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4. RESULTS

4.2 THE TRANSCRIPTOME OF XPO1 MUTATED CLL CELLS IS ENRICHED IN MAPK AND INFLAMMATION SIGNALING GENES



4.4 XPO1 MUTATIONS ASSOCIATE WITH SHORTER TTFT IN EARLY STAGE CLL PATIENTS



5. CONCLUSIONS

- XPO1* mutations represent an independent predictor of shorter time to first treatment in early stage CLL
- XPO1* mutations, conceivably through increased miR-155 levels, may enhance BCR signaling leading to higher proliferation and shorter TTFT in early stage CLL.