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INTRODUCTION

Chronic lymphocytic leukemia (CLL) is a heterogeneous disease, whose prognosis is affected by a variety of **cytogenetic abnormalities**.¹

The deletion of the short arm of chromosome 8 (**del8p**) is a rare (<5% of cases) but recurrent abnormality in CLL, which has been associated to **poor outcome**, due to higher proliferation rate, concurrent adverse genetics and ibrutinib resistance. A possible role of the **TNFRSF10A/B genes**, whose proteins induce apoptosis after their ligand TRAIL binding, has been reported.²

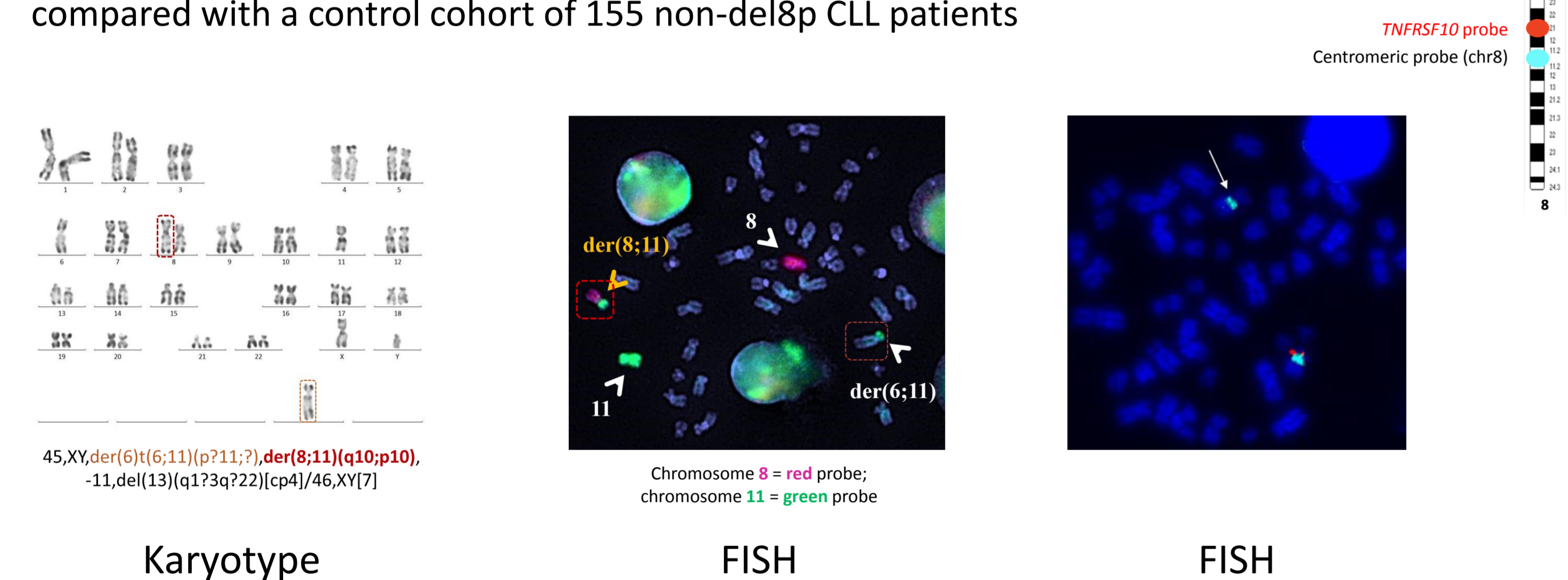
OBJECTIVE

Precise characterization of the del8p in CLL:

- Description of **associated cytogenetic abnormalities**.
- Identification of **deregulated genes** underlying CLL progression and **drug resistance**.

PATIENTS AND METHODS

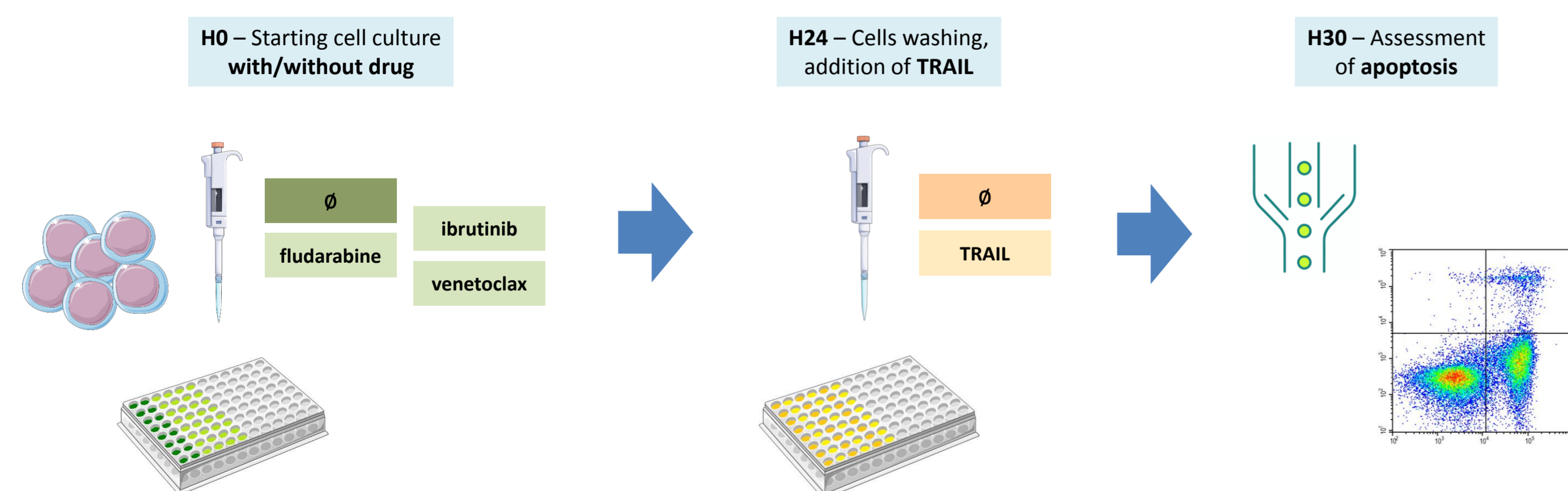
Establishing a cohort of patients with 8p deletion: **57 del8p CLL patients identified**, compared with a control cohort of 155 non-del8p CLL patients



Generation of stable **TNFRSF10A^{-/-}** and/or **TNFRSF10B^{-/-}** CRISPR/Cas9 edited OSU-CLL cell lines using the procedure described by Cao et al.³

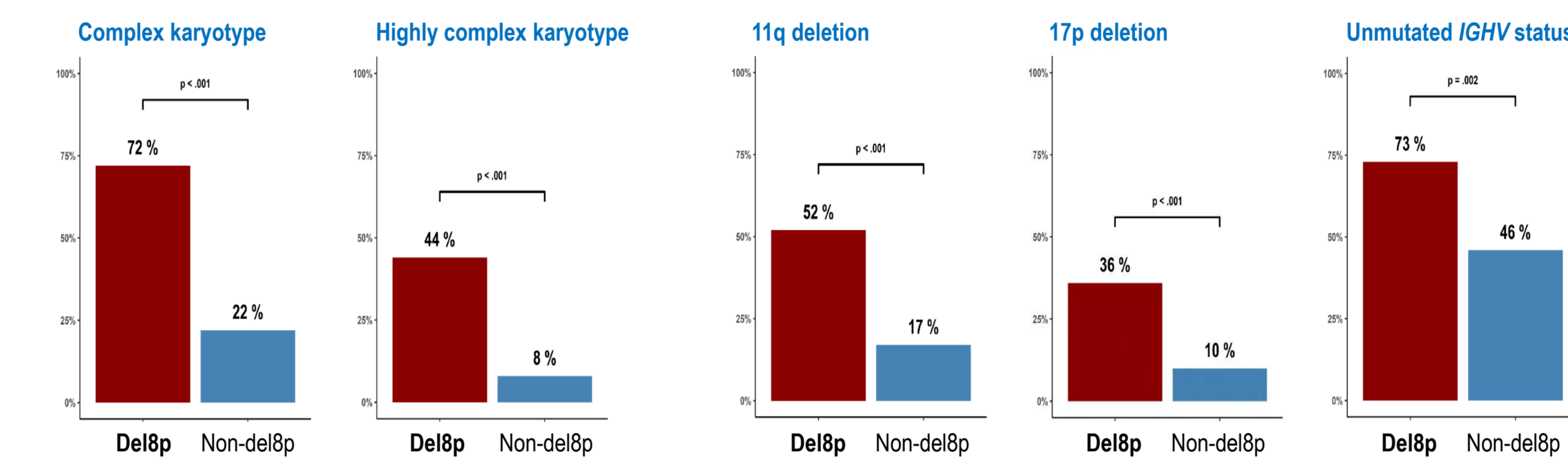
Droplet digital PCR (ddPCR) using Bio-Rad's QX200 ddPCR System; results normalized with **ABL1** gene reference.

Cell apoptosis measured by flow cytometry, using standard **annexin V / PI staining** protocol.
Sequential approach:

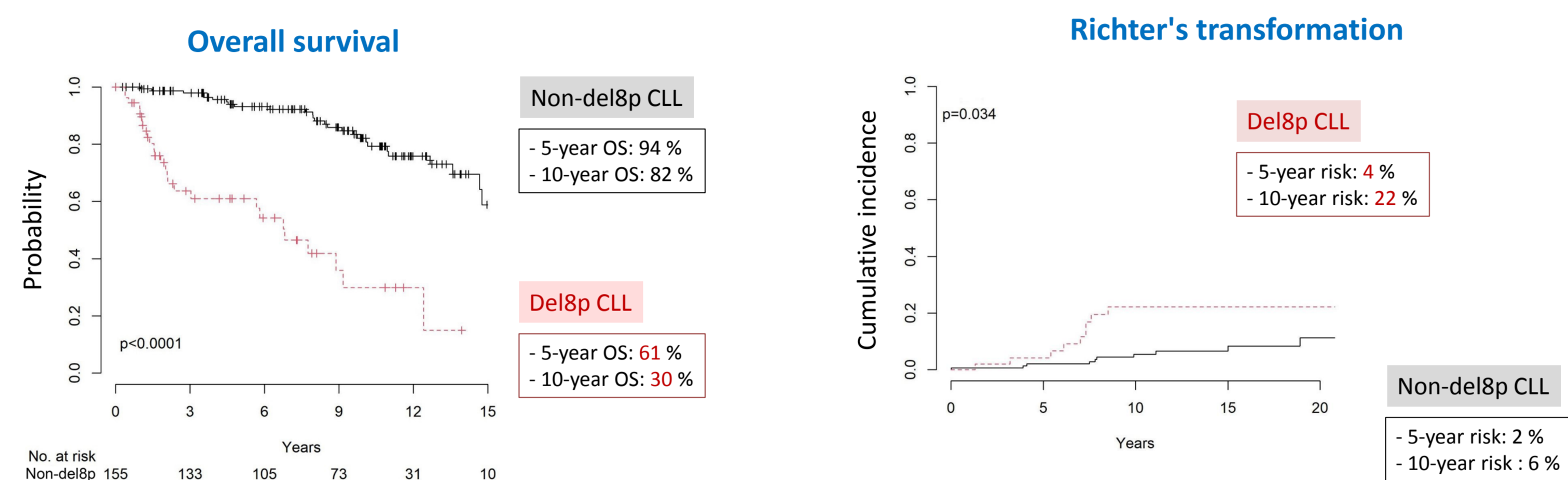


RESULTS

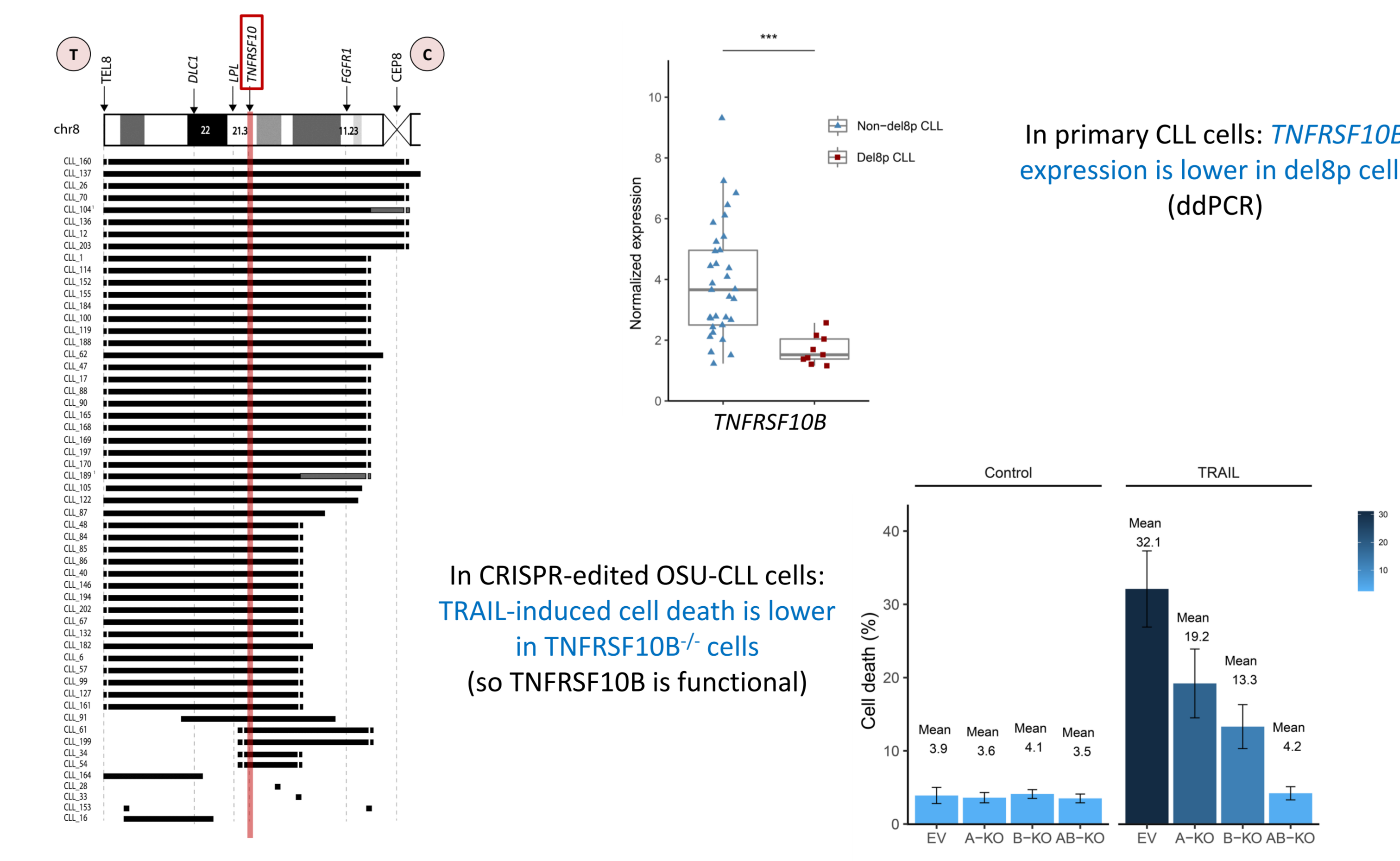
1 Del8p is significantly associated with poor prognostic factors



2 Del8p CLL patients have a poor outcome

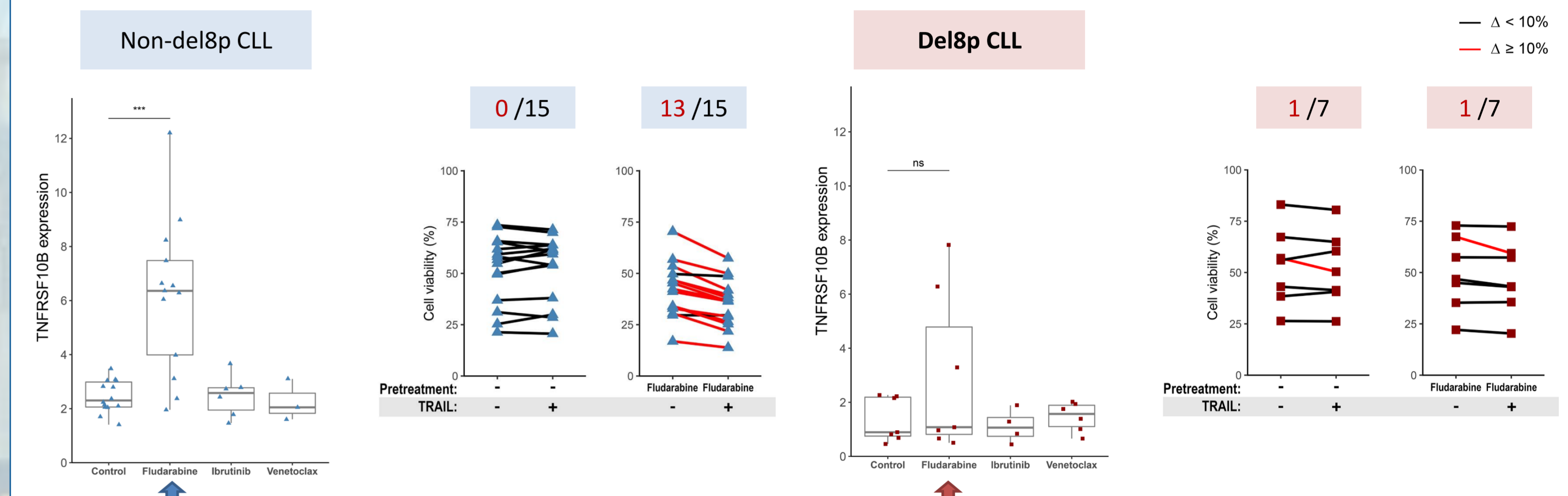


3 One copy of TNFRSF10B gene is lost in 91% (51/56) of del8p CLL patients

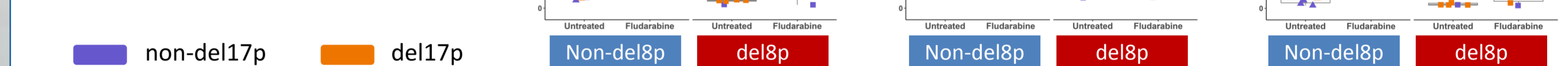


RESULTS

4 Fludarabine significantly increases TNFRSF10B expression and therefore TRAIL induced cell mortality in non-del8p CLL samples, but not in del8p CLL samples



5 del8p interferes with the p53-dependent gene expression induced by fludarabin



CONCLUSIONS

Del8p is a rare but recurrent chromosomal abnormality in CLL, associated with **poor prognostic factors** (such as complex and highly complex karyotypes, del11q, del17p, unmutated IGHV status), **short TTF and OS**, and risk of RT.

Interestingly, del8p CLL treated with fludarabine-based regimens had a shorter next treatment-free survival (10y: 3.7% vs 21.5% without new treatment, p=.002) and a shorter OS (10y: 45.9% vs 81.6%, p<.001) compared to non-del8p CLL, including CLL with mutated IGHV. We demonstrate that **TNFRSF10B** plays an important role in fludarabine resistance in CLL, *in vivo* and *in vitro*.

Our results argue for the assessment of del8p before choosing a fludarabine-based therapy.

ACKNOWLEDGEMENTS



REFERENCES

1. Hallek et al., 2018, Blood
2. Burger et al., 2016, Nat Commun.
3. Cao et al., 2016, Nucleic Acids Res.

CONTACT INFORMATION

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