

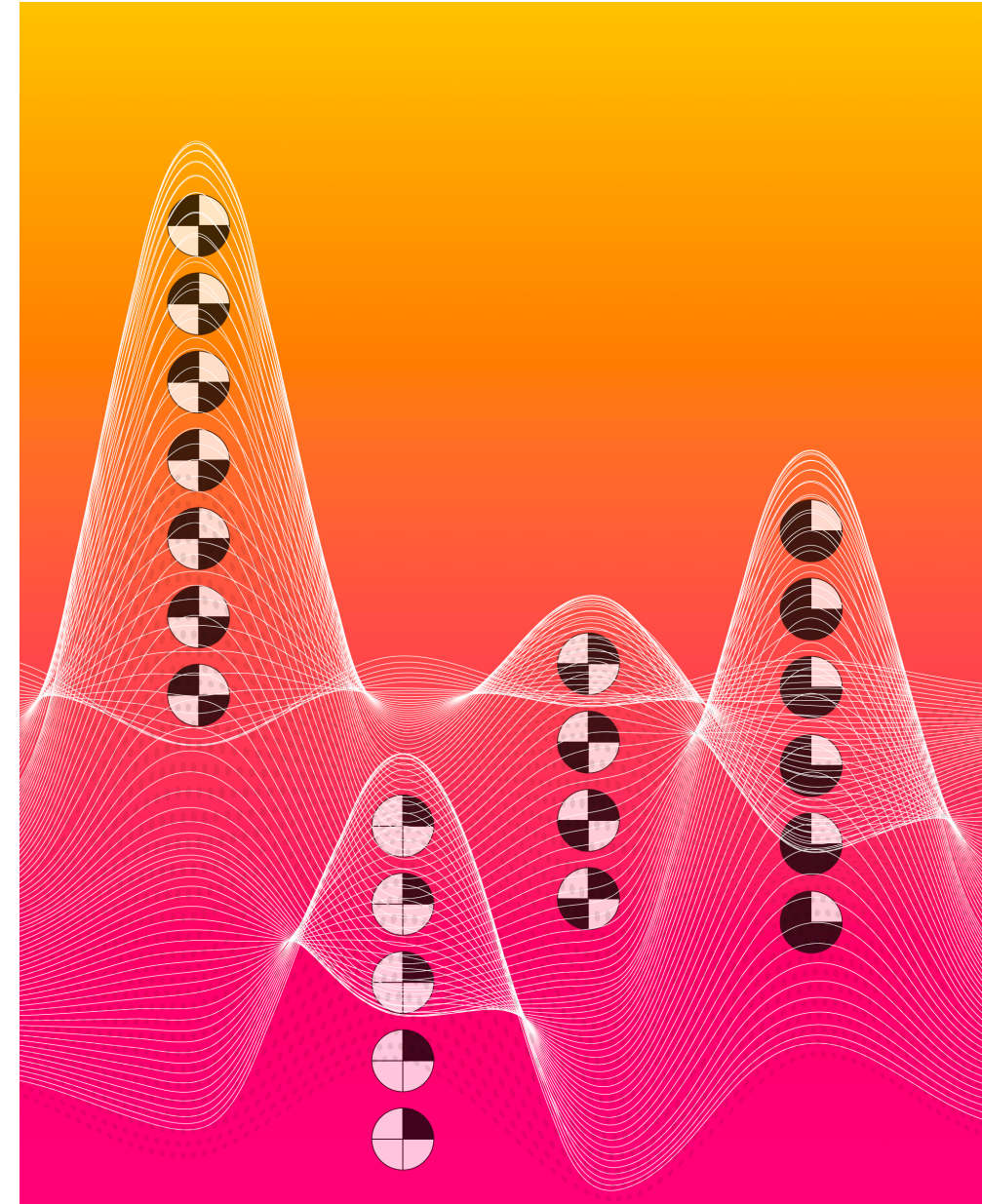
# Genetic Fuel for Epigenetic Heterogeneity in Acute Myeloid Leukemia

March 23<sup>rd</sup>, 2021

Sheng Li

The Jackson Laboratory for Genomic Medicine

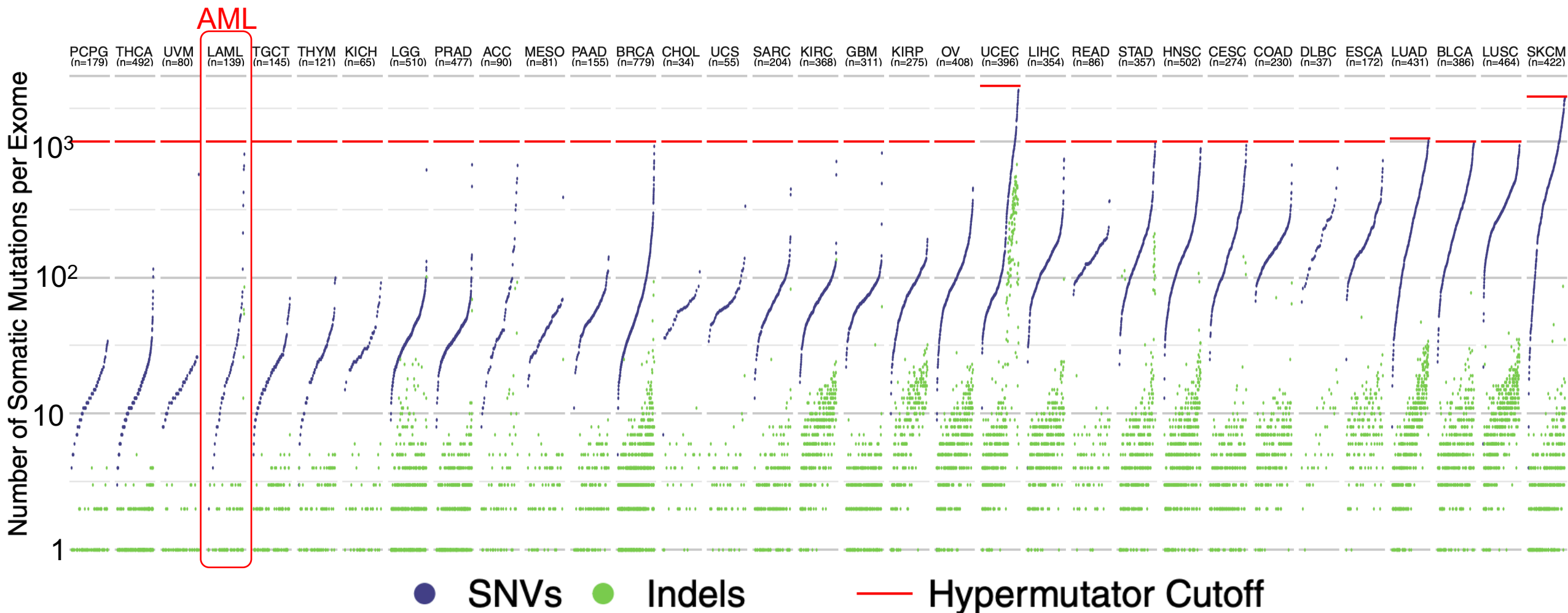
The Jackson Laboratory Cancer Center



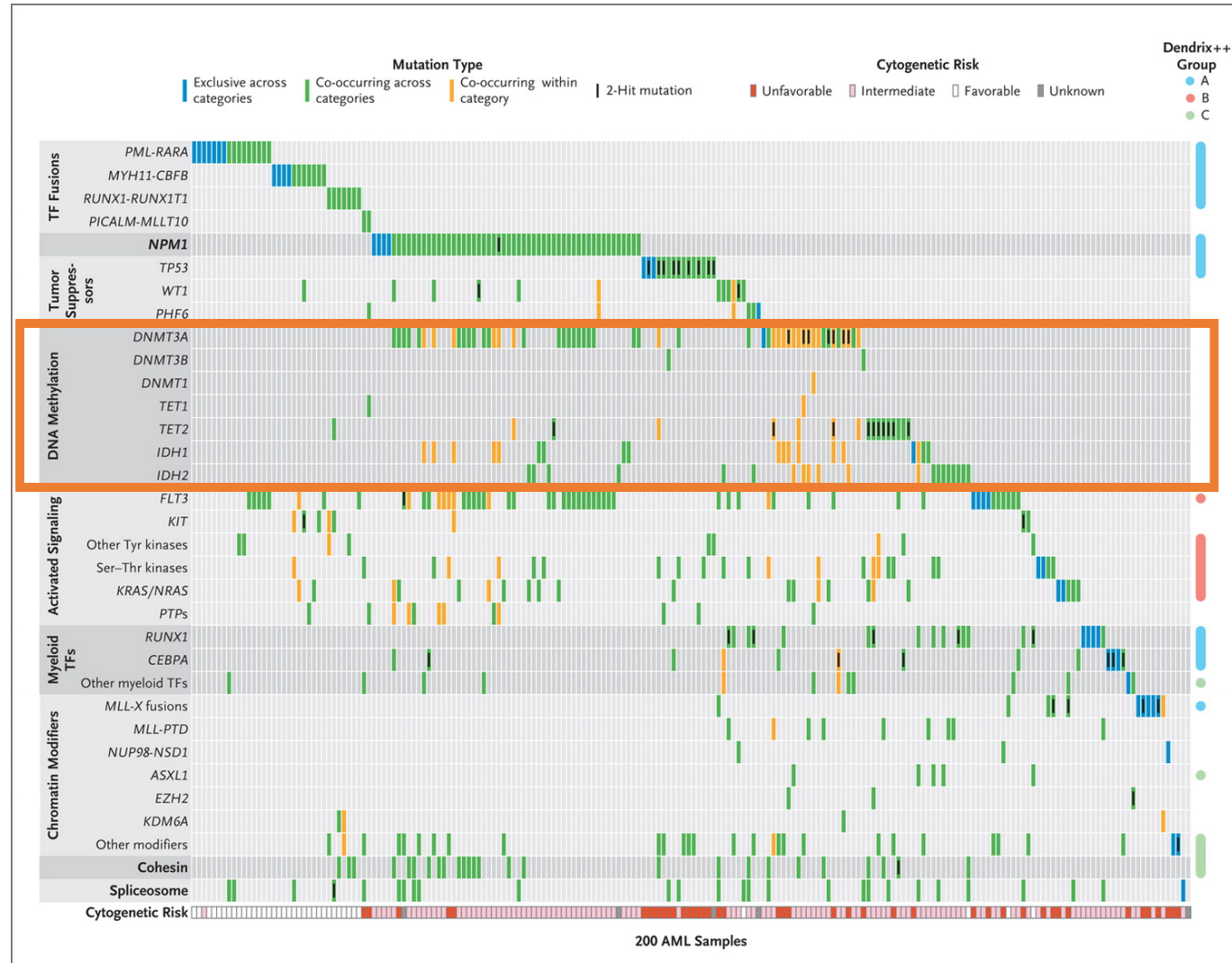
# Acute myeloid leukemia (AML) is heterogeneous disease

- An aggressive blood cancer starts in the bone marrow: morphologic, cytogenetic, and clinical heterogeneity
- In 2020, ~ 20,000 new cases, ~11,000 deaths from AML in US
- 5-year survival rate: ~ 26%; relapse rate: ~50%

# Low abundance of somatic mutation burden in AML



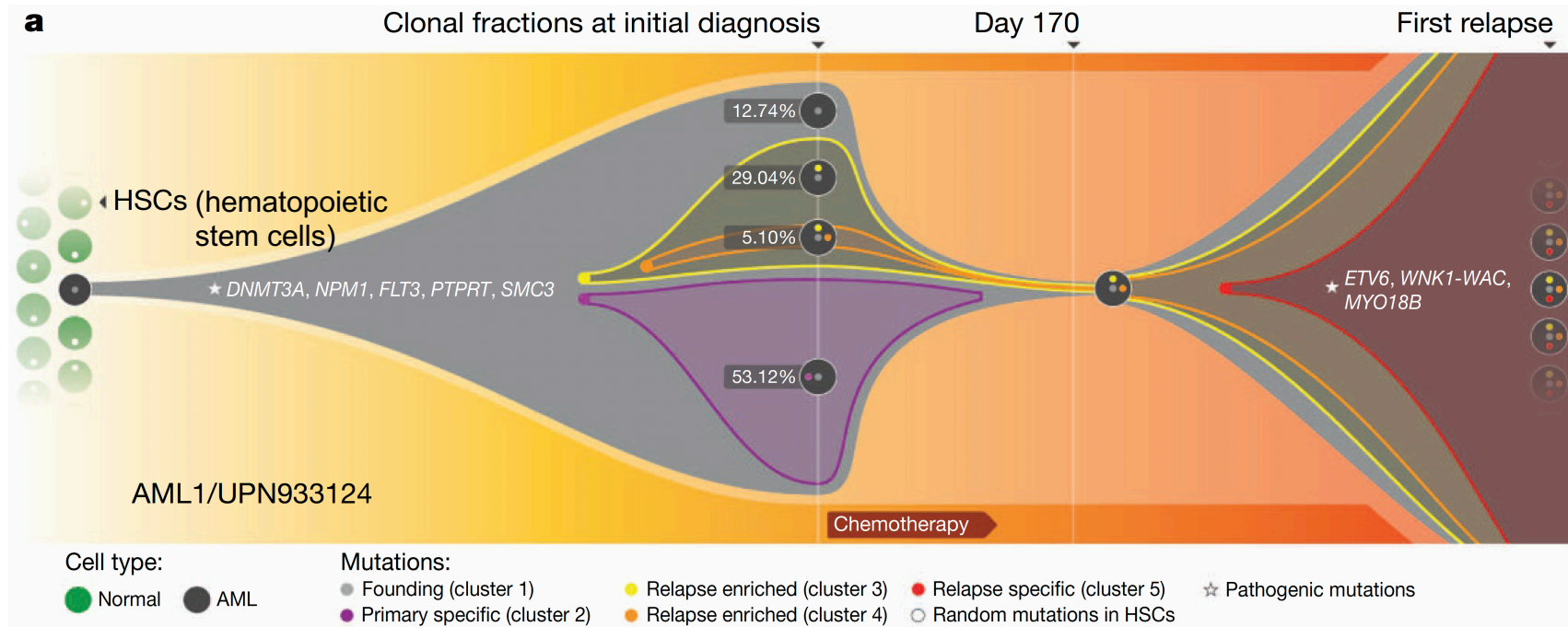
# Inter-patient genetic heterogeneity in AML and recurrent mutations in epigenetic modifiers



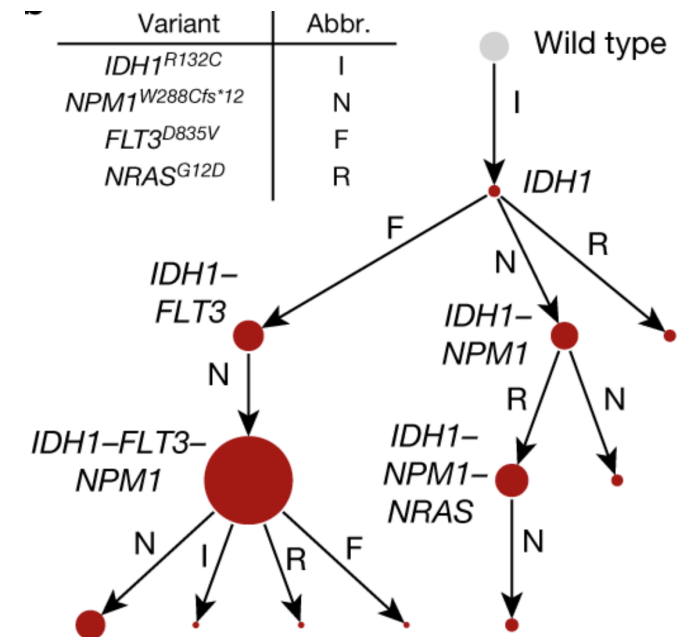


# Leukemia evolution remains a key challenge for curative therapy

Genetic heterogeneity drives cancer evolution



Bulk whole genome sequencing



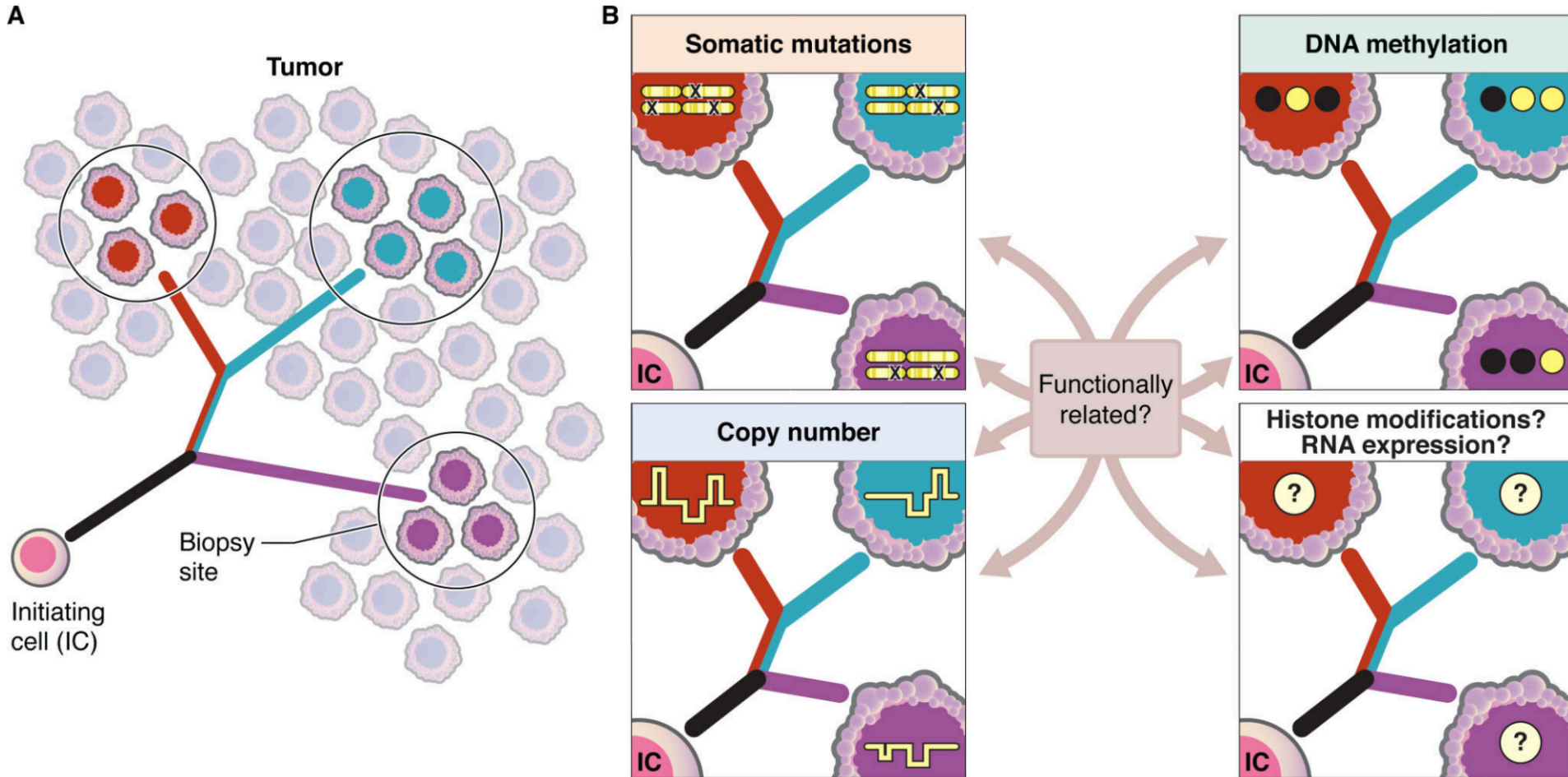
Single cell DNA sequencing



# Leukemia Evolution

*Multi-faceted propagation of heritable information*

# Multi-omics heterogeneity drives cancer evolution



# Epigenomics: instructions for activities of genes

## Genomics

Normal

CGCA**G**TCTA

Change nucleic acid



Cancer

CGCA**T**TCTA

**Genomic**  
information  
is constant

## Epigenomics – DNA methylation

Normal

CGCA**C**GCTA

Adding Methyl group



Cancer

CGCA**C**GCTA

**Epigenomic**  
information  
has plasticity

Hardware

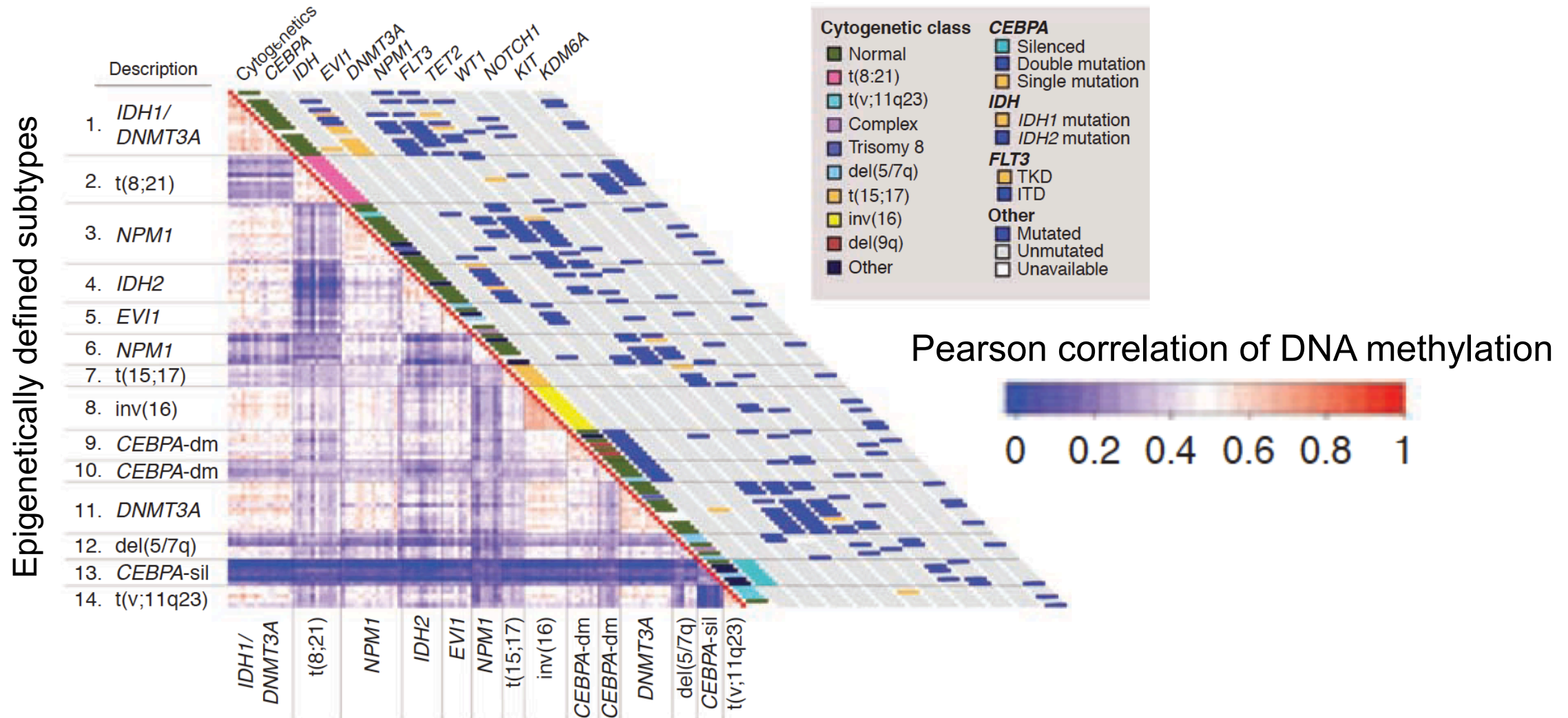


Software





# Aberrant epigenetic patterning is common and has emerged as a hallmark of AML

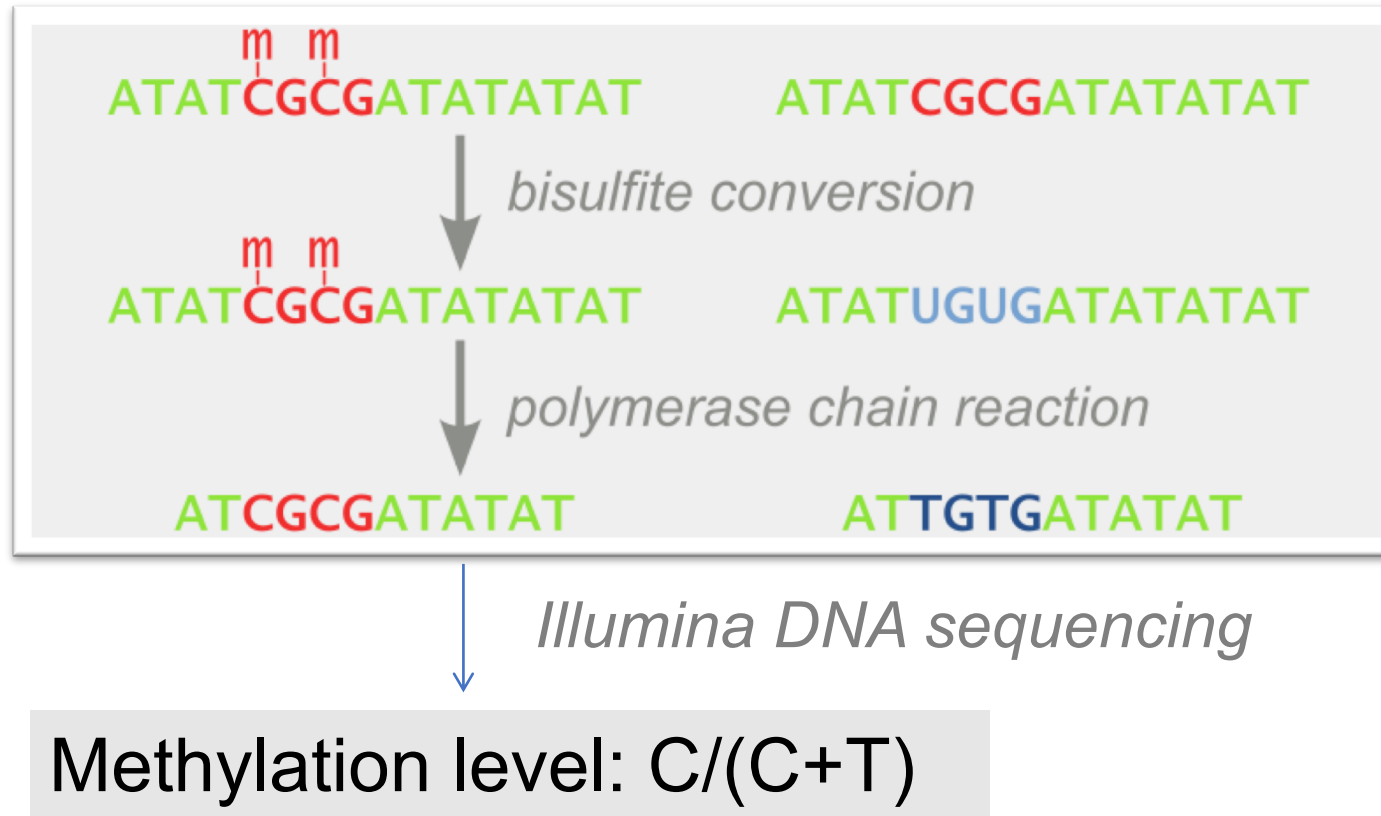


Wide-spread Abnormal DNA Methylation Landscape Across AML Patients

Glass J, et al., *Cancer Discovery*, 2017



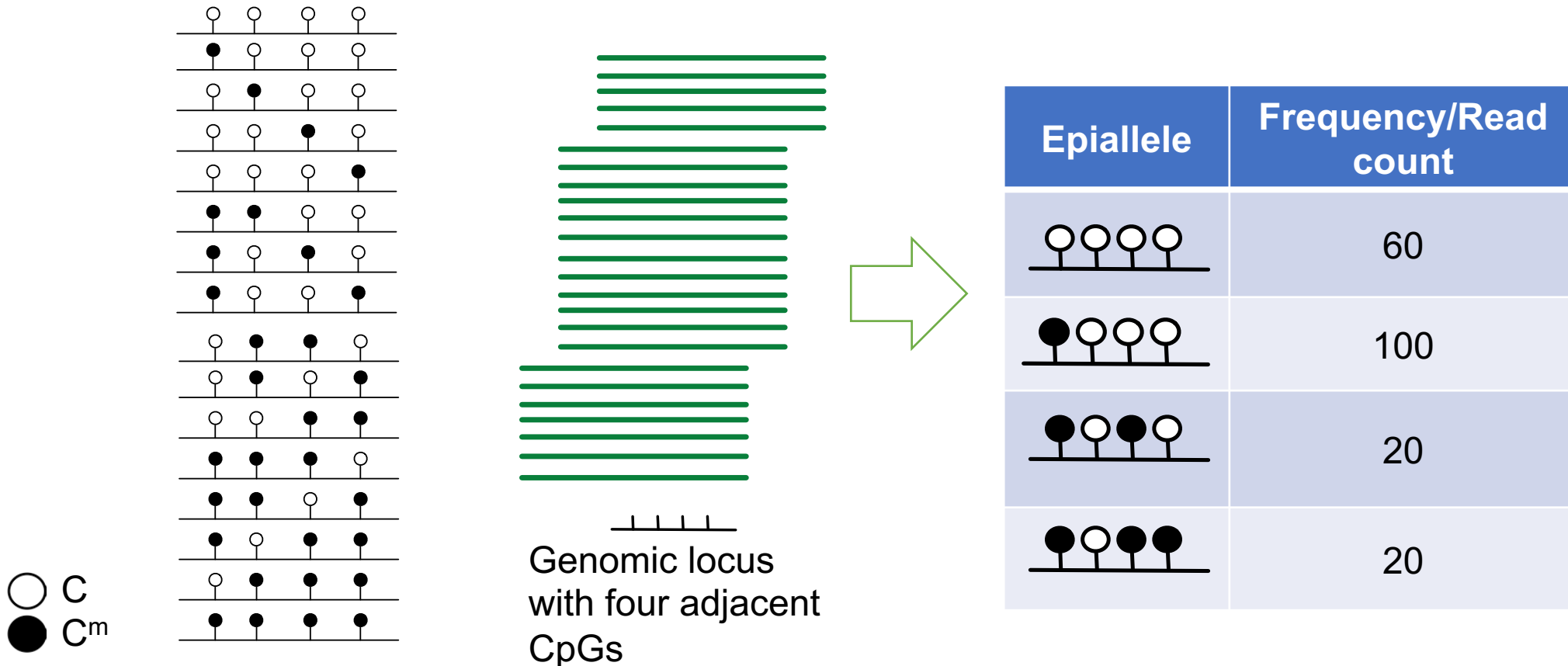
# Bisulfite sequencing for single molecule DNA methylation profiling



- Whole genome bisulfite sequencing (WGBS): 28 million CpGs
- Reduced Representation Bisulfite Sequencing (RRBS): 4-6 million CpGs

# Epigenetic alleles (epiallele)

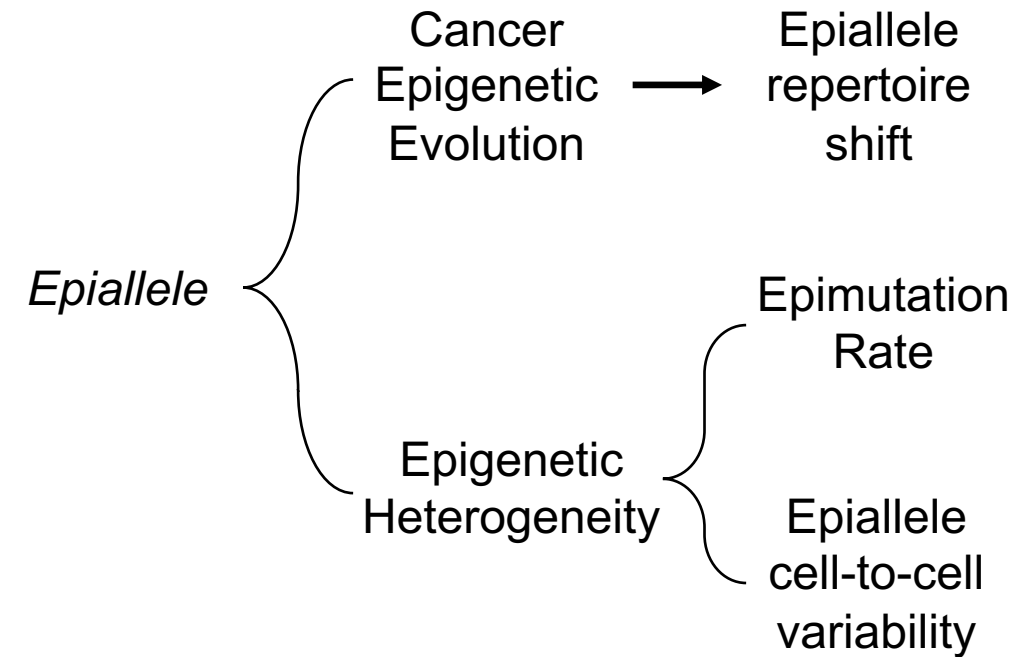
- The pattern of variation in methylation status among CpGs present in discrete sets
- Each epiallele can be tracked as a unit by virtue of the constituent CpGs being located adjacent to each other



# ***Epiallele***

- Not identical in concept to genetic clones
- Measures population diversity among individual cancer cells
- Native barcode to trace cancer evolution

# Utilize epiallele to trace cancer evolution and epigenetic heterogeneity



Landan G, et al., *Nature Genetics*, 2012

Li S, et al., *Genome Biology* 2014

Landau D, et al., *Cancer Cell*, 2014

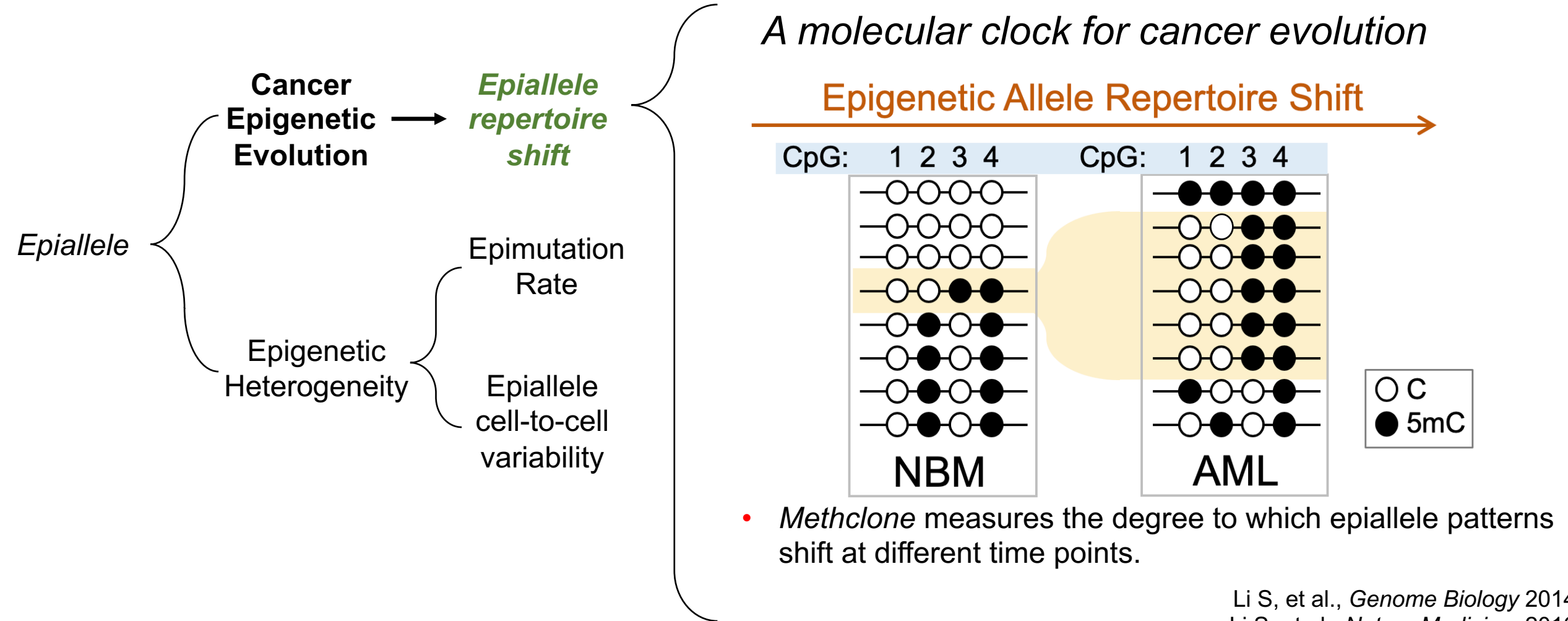
Li S, et al., *Nature Medicine*, 2016

Gaiti F, et al., *Nature*, 2019

Li S<sup>#</sup>, Chen X<sup>#</sup>, et al, *Cancer Discovery*, 2020

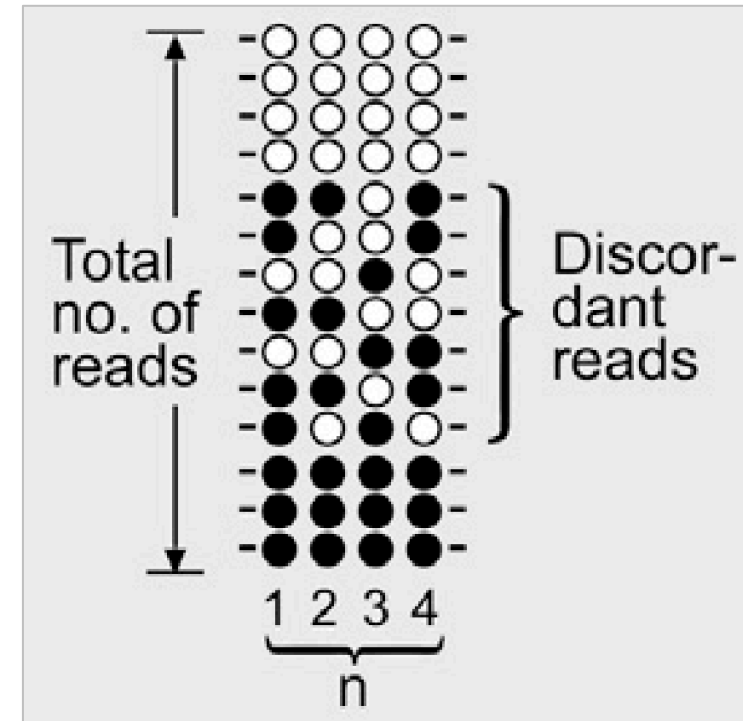
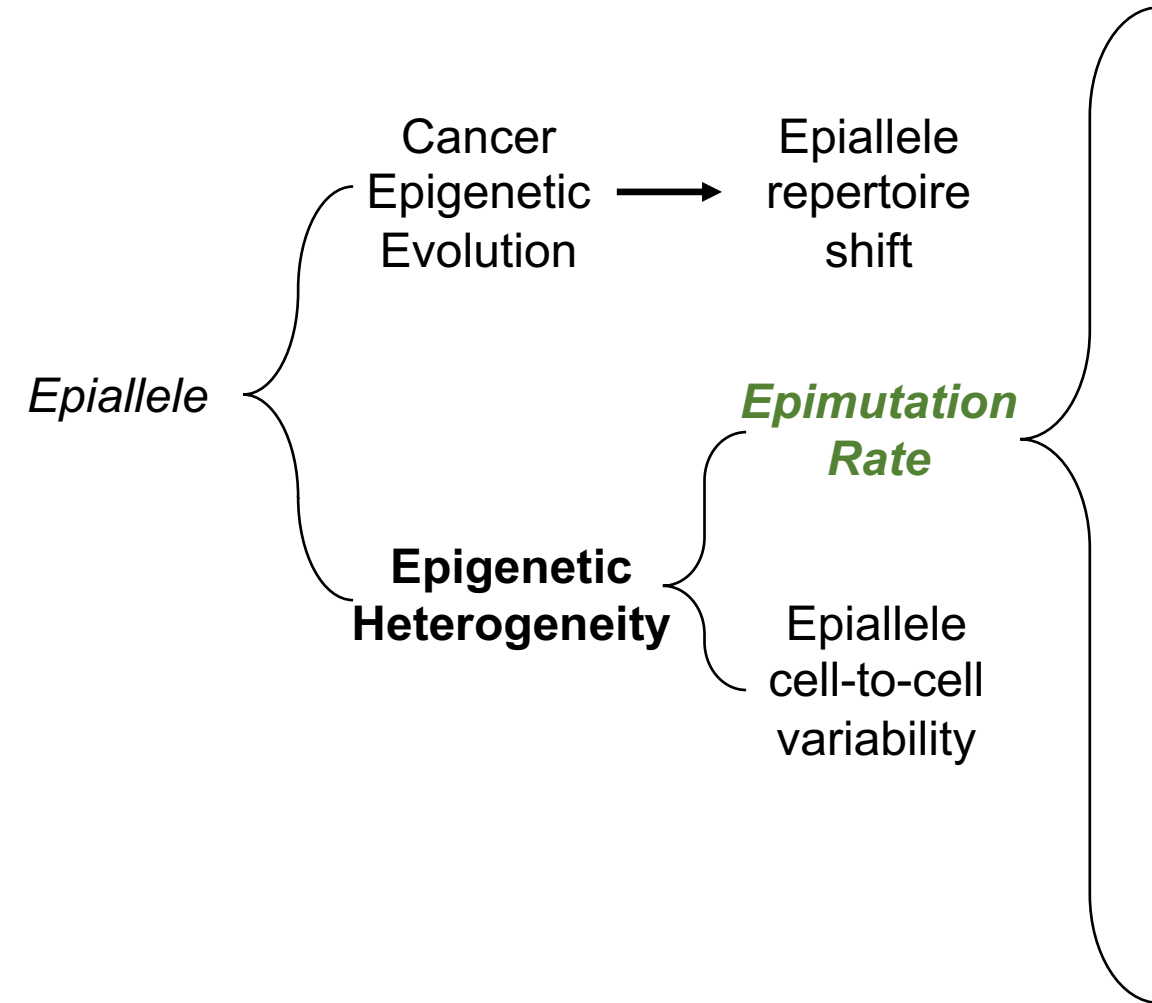
Chen X, ..., Li S, *Scientific Reports*, 2021

# Utilize epiallele to trace cancer evolution and epigenetic heterogeneity



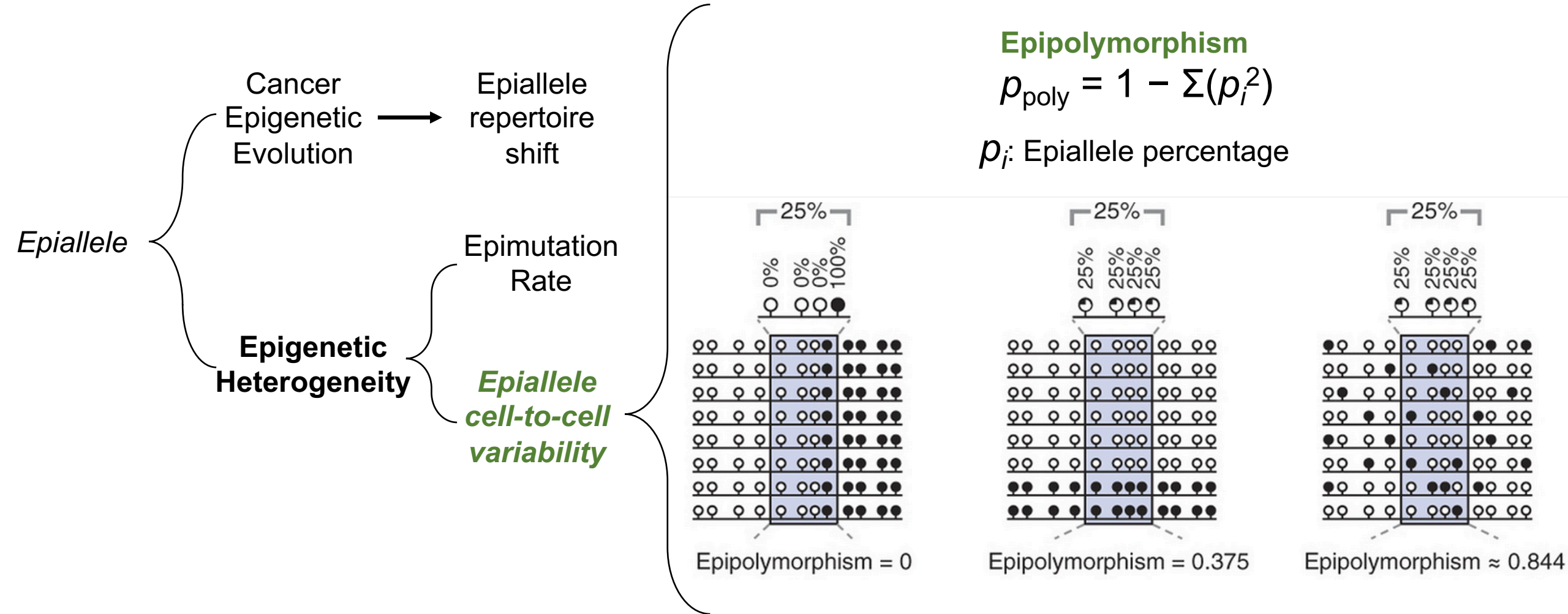


# Utilize epiallele to trace cancer evolution and epigenetic heterogeneity



$$\text{Epimutation rate} = \frac{\text{Discordant read number}}{\text{Total number of reads}}$$

# Utilize epiallele to trace cancer evolution and epigenetic heterogeneity



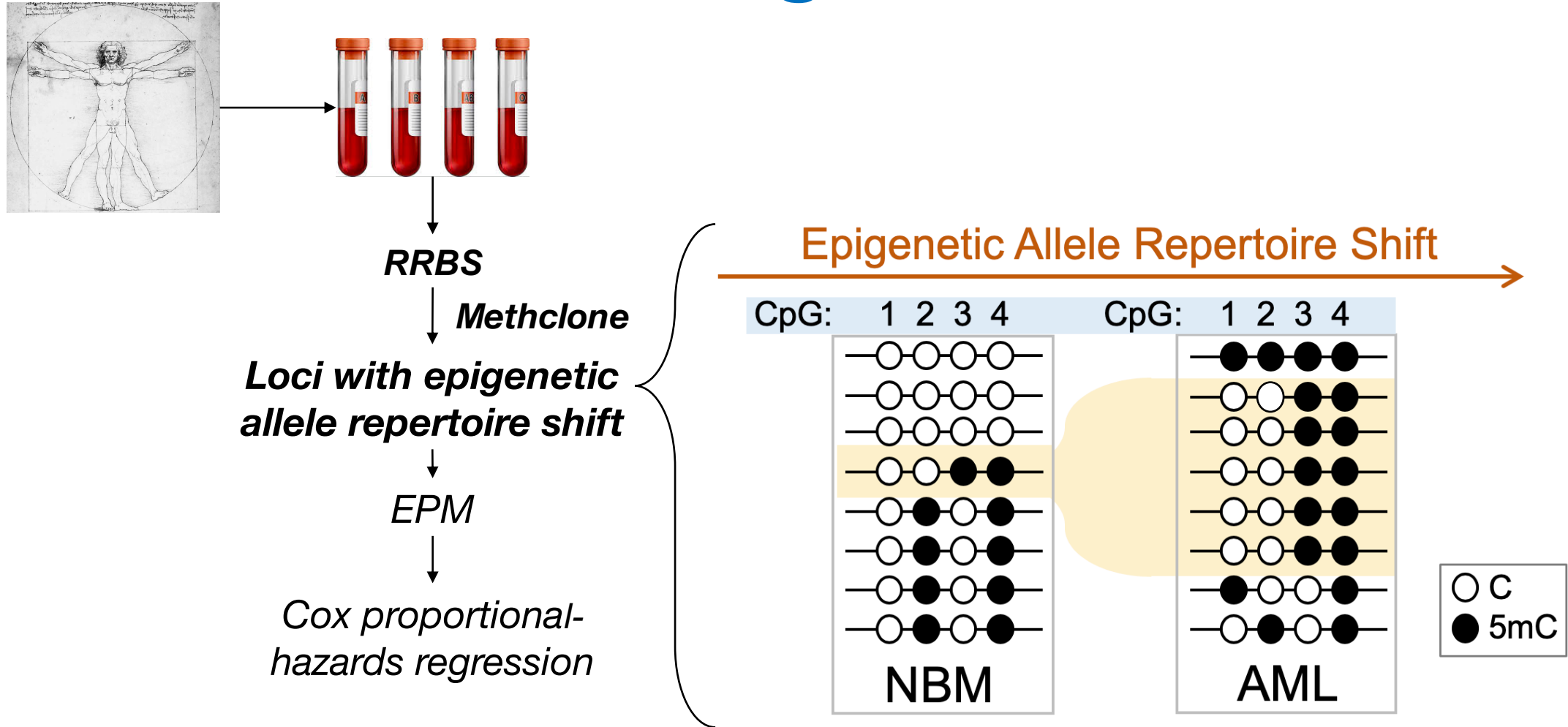
# Understanding evolution is essential for improving the efficacy of leukemia treatment and prevention

- Can epigenetic evolution and heterogeneity predict inferior clinical outcome?
- Is epiallele heterogeneity caused by the mutations or just by-product of leukemia transformation?
- Is epigenetic heterogeneity reversible?

# Understanding evolution is essential for improving the efficacy of leukemia treatment and prevention

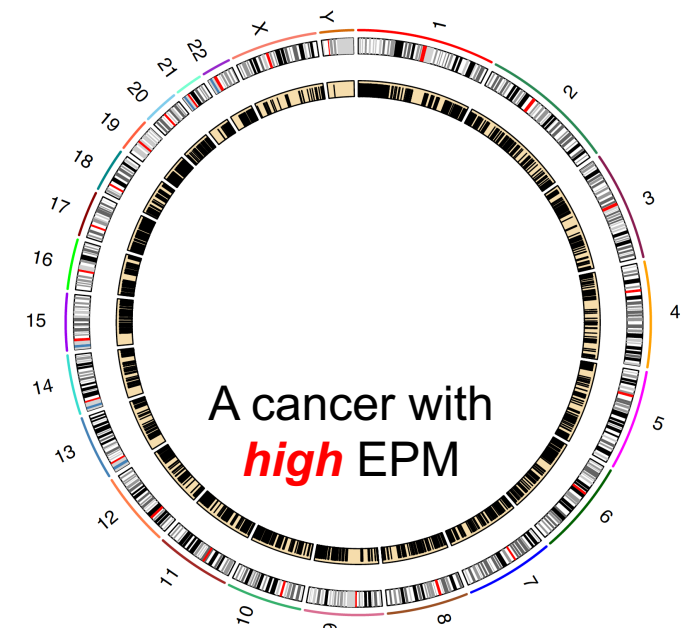
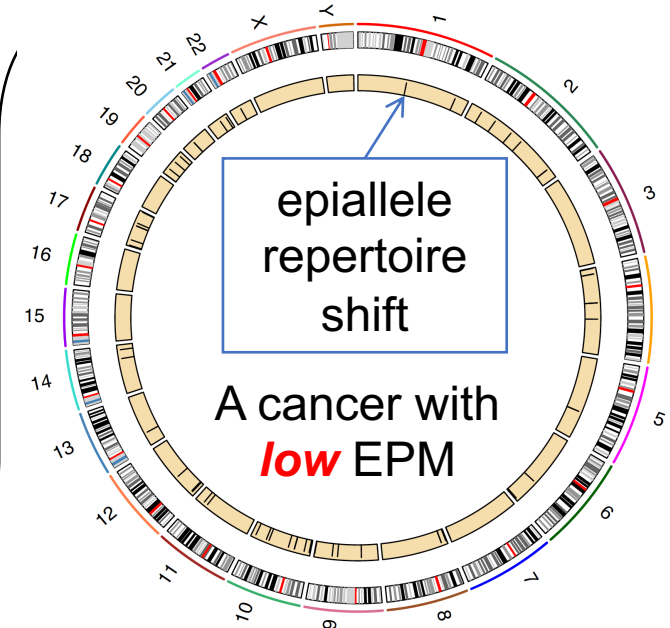
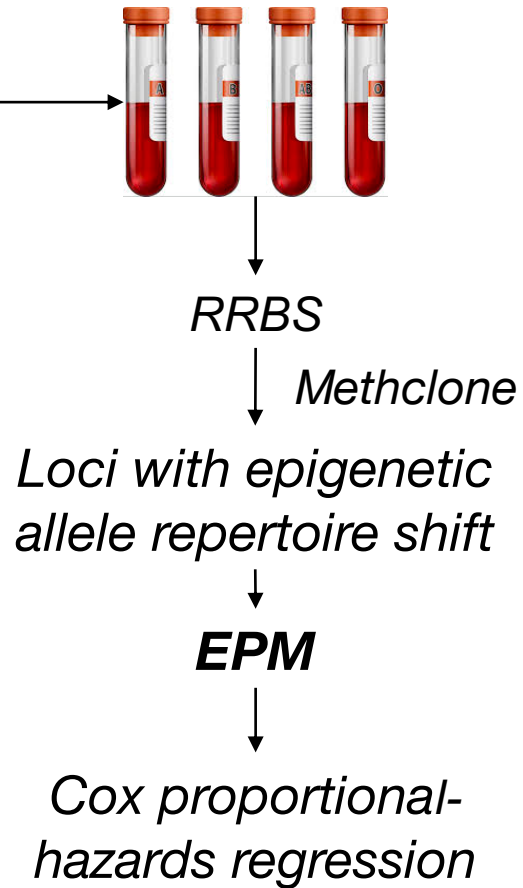
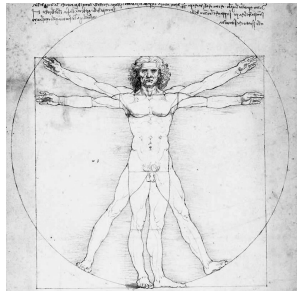
- **Can epigenetic evolution and heterogeneity predict inferior clinical outcome?**
- Is epiallele heterogeneity caused by the mutations or just by-product of leukemia transformation?
- Is epigenetic heterogeneity reversible?

# Assess the epiallele repertoire shift at diagnosis



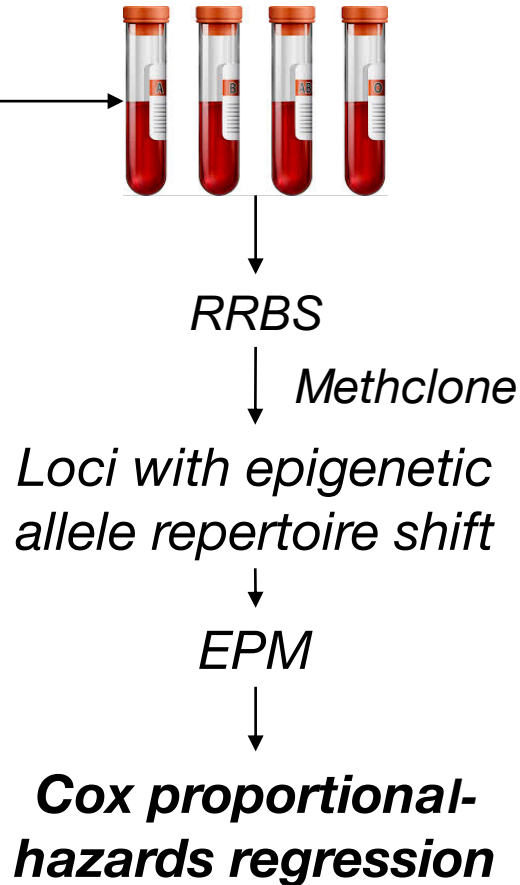
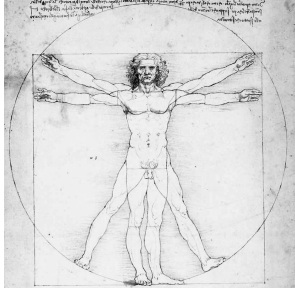


# Assess the epiallele repertoire shift at diagnosis



- EPM: number of loci with epiallele repertoire shift per million loci sequenced.

# The epiallele repertoire shift at diagnosis provides prognostic insight



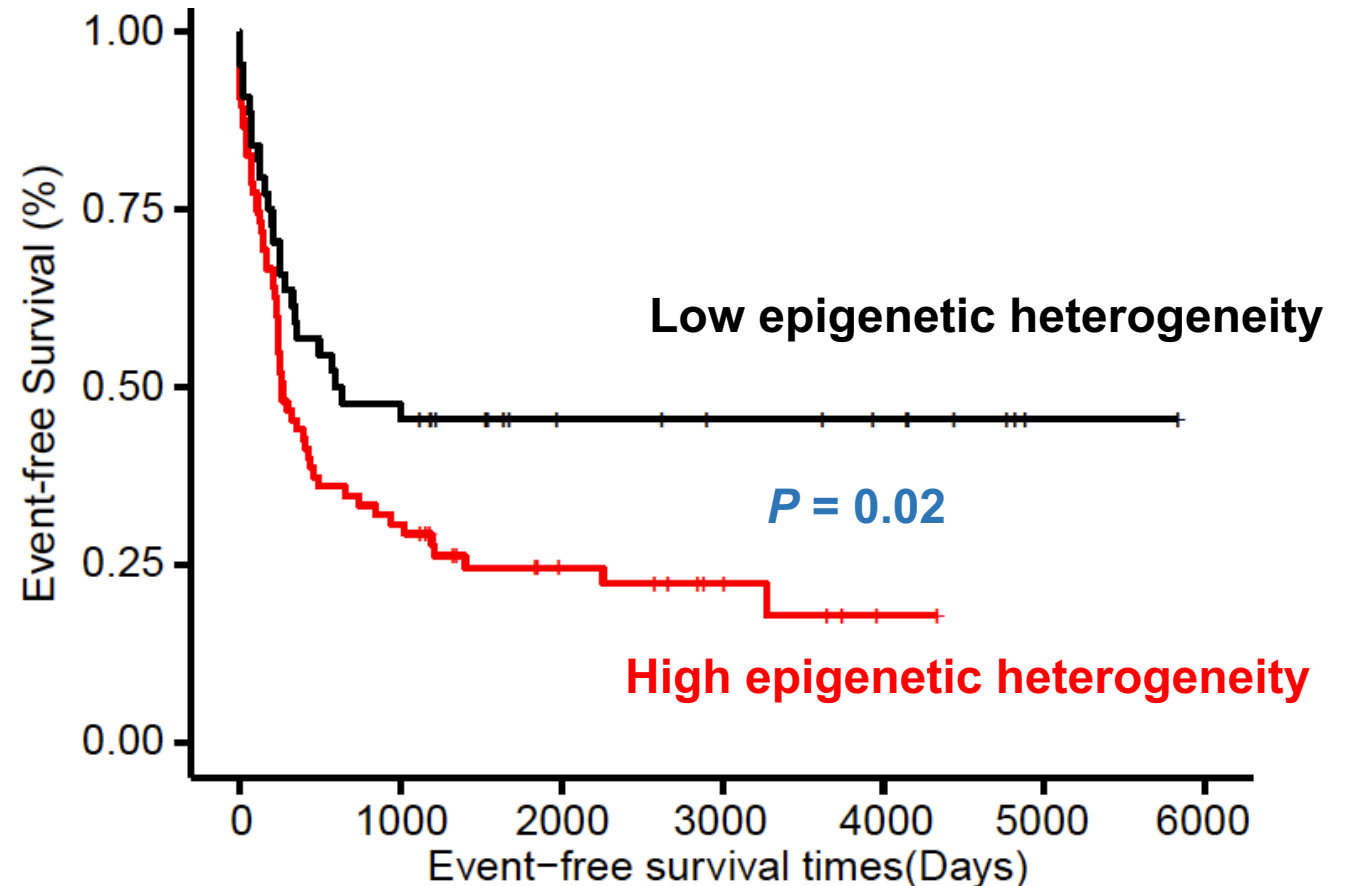
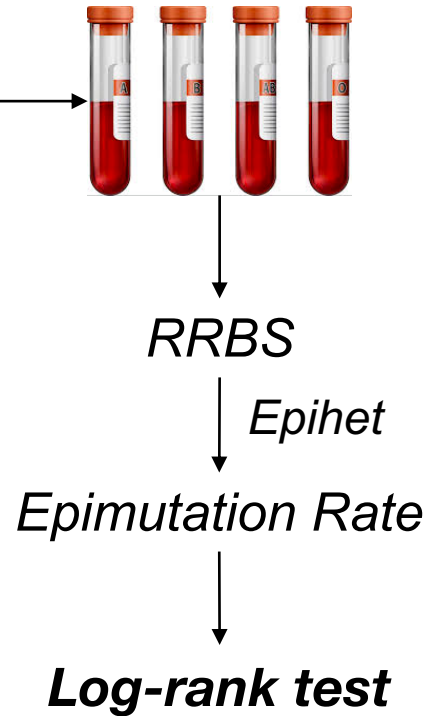
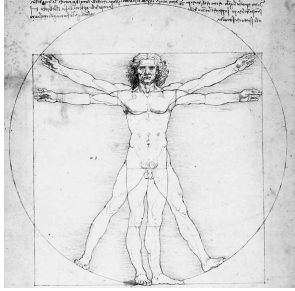
**Table 1** Multivariate analysis of EPM association with time to relapse

Variable	P value	Hazard ratio
EPM	0.024	1.559
Age	0.930	0.994
Sex	0.303	1.223
WBC count	0.339	0.999

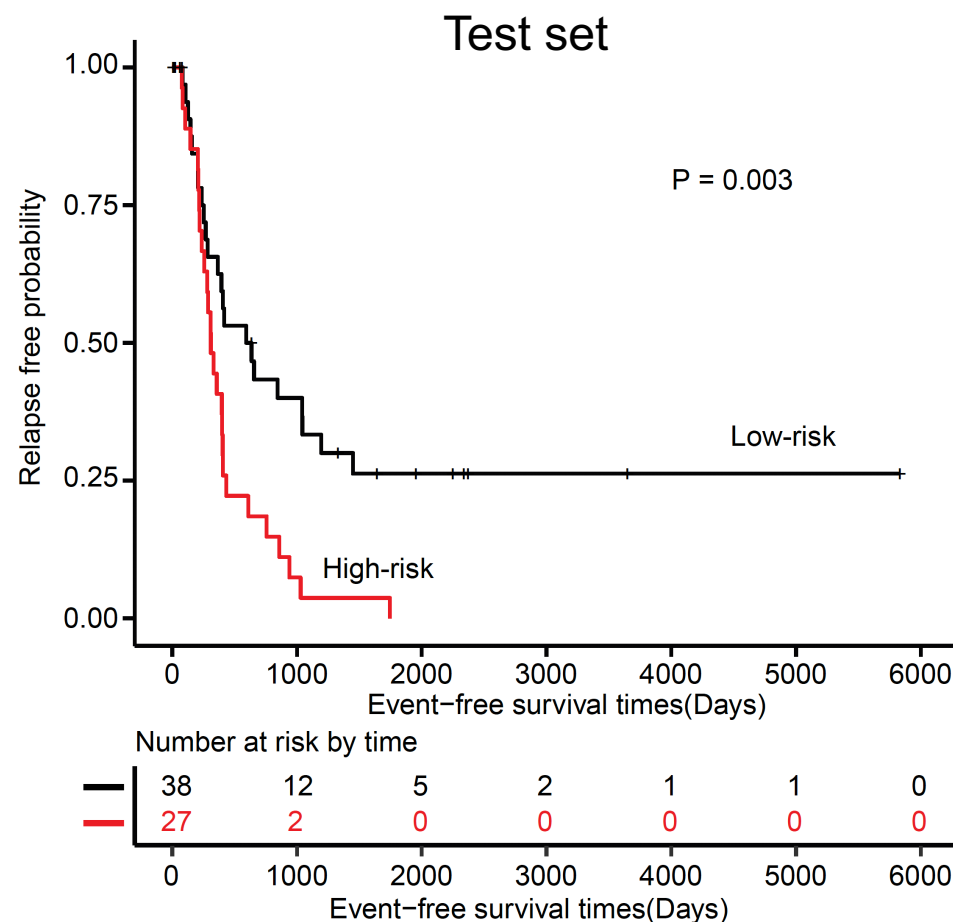
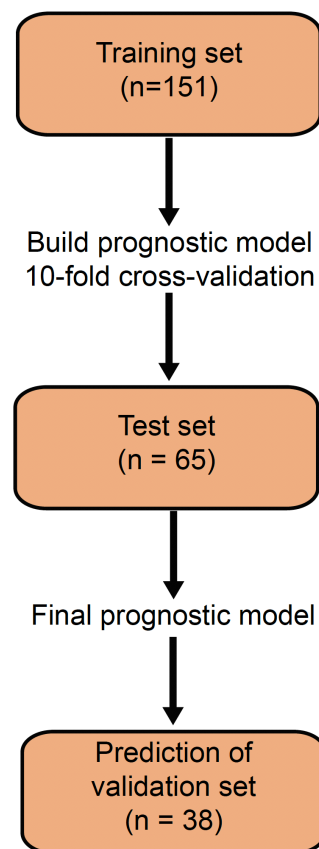
Multivariate Cox proportional-hazards regression model using relapse time as response variable to test EPM and clinical parameters as variables in the entire cohort ( $n = 127$ ).

- EPM: number of loci with epiallele repertoire shift per million loci sequenced.

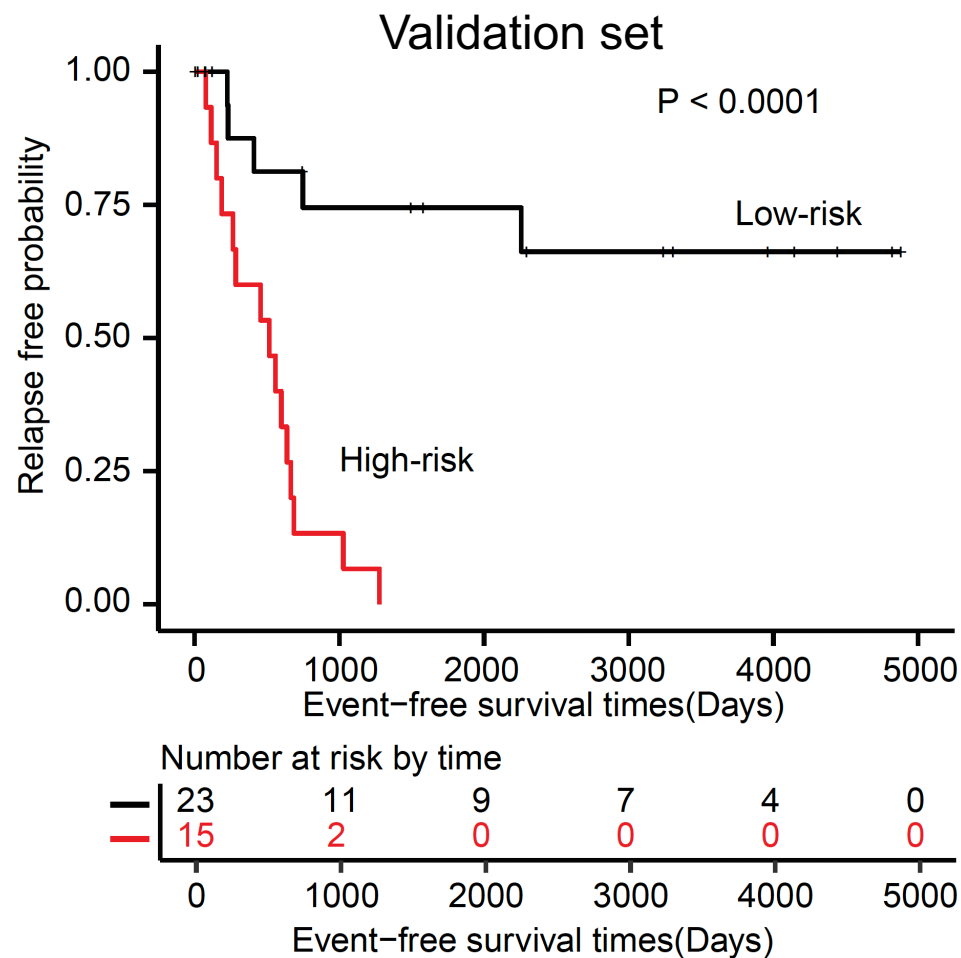
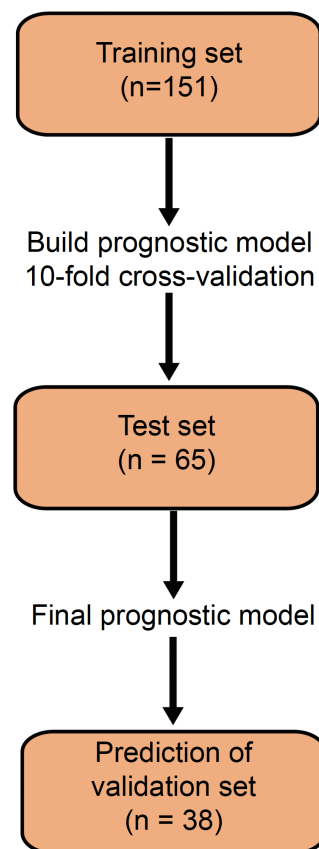
# Epigenetic heterogeneity provides prognostic insight



# An epiallele prognostic classifier predicts clinical outcome in AML



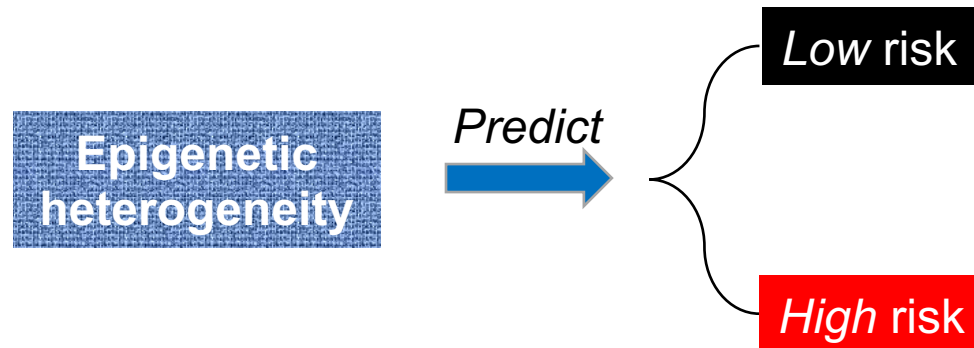
# An epiallele prognostic classifier predicts clinical outcome in AML





# Summary I

- **Epigenetic evolution and heterogeneity can predict inferior clinical outcome**
  - The epiallele repertoire shift and epimutation rate at diagnosis provide prognostic insight.
  - The first epiallele prognostic classifier predicts clinical outcome in AML

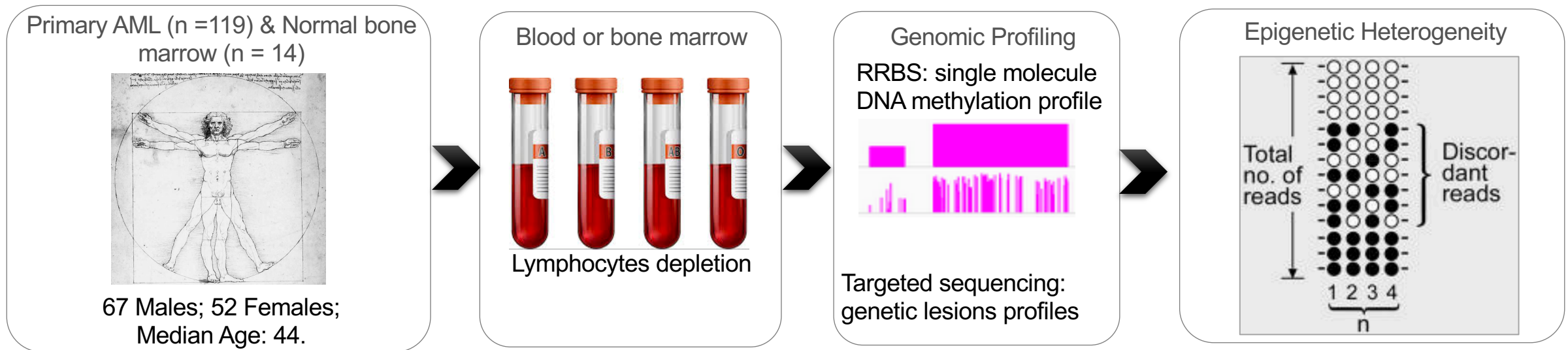


# Understanding evolution is essential for improving the efficacy of leukemia treatment and prevention

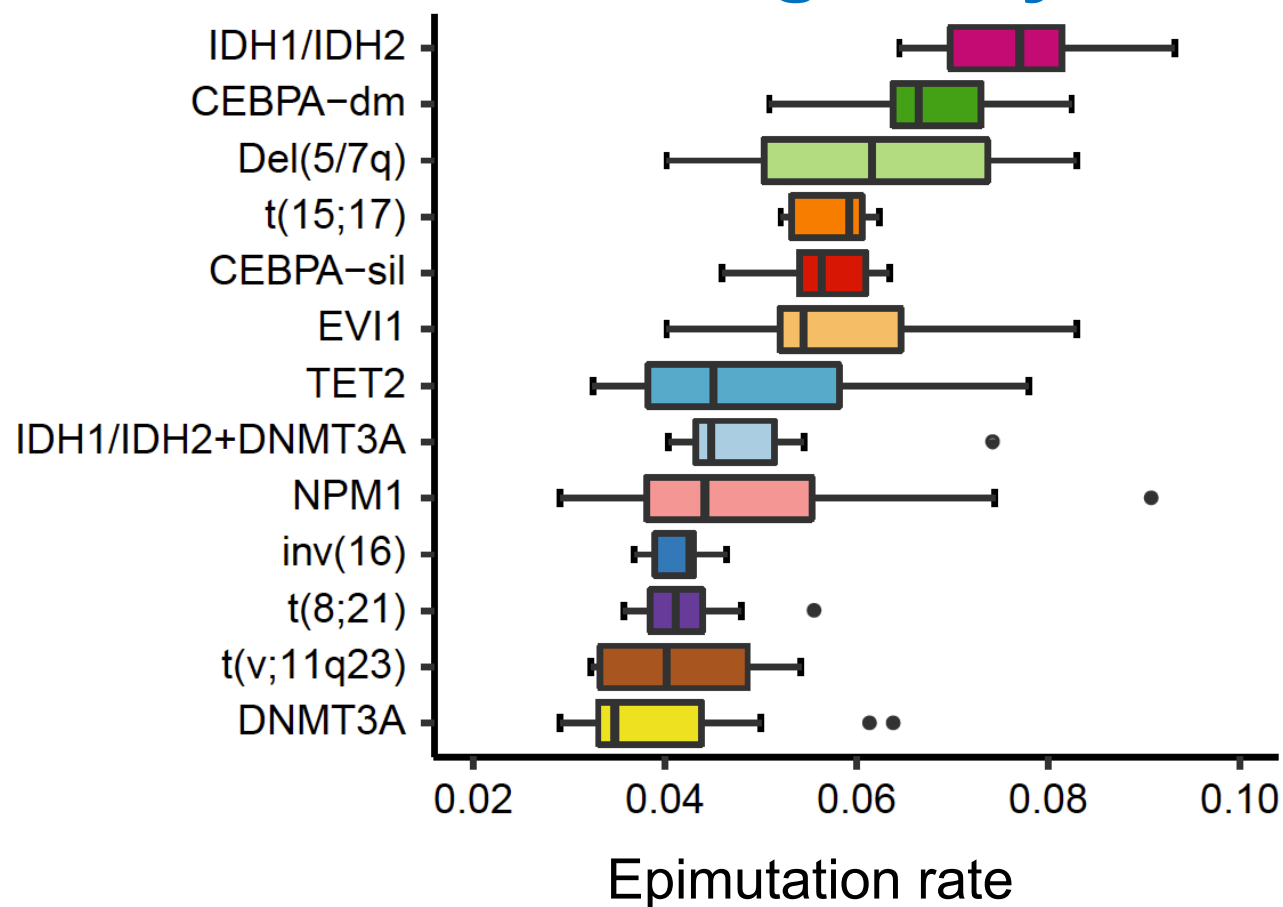
- Can epigenetic evolution and heterogeneity predict inferior clinical outcome?
- **Is epiallele heterogeneity caused by the mutations or just by-product of leukemia transformation?**
- Is epigenetic heterogeneity reversible?

# What are the driving forces of epigenetic heterogeneity in primary AML?

**Hypothesis:** particular somatic mutations, especially those affecting epigenetic modifiers induce epigenetic heterogeneity

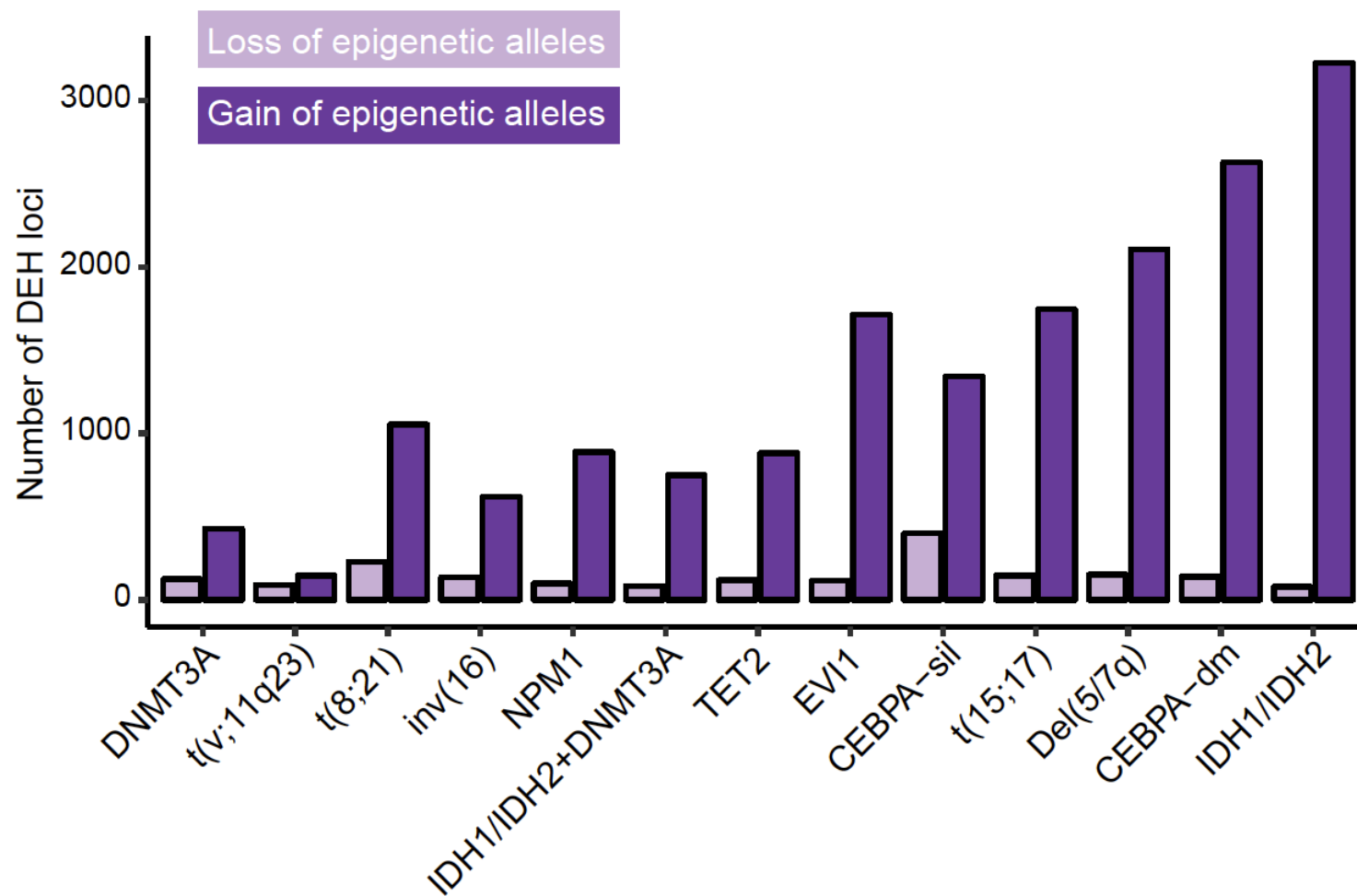


# AML subtypes represent various levels of epigenetic heterogeneity



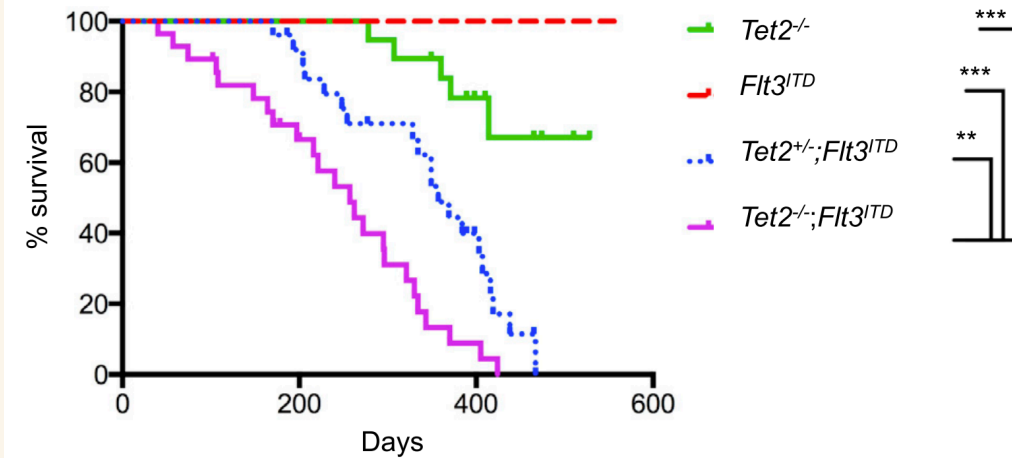
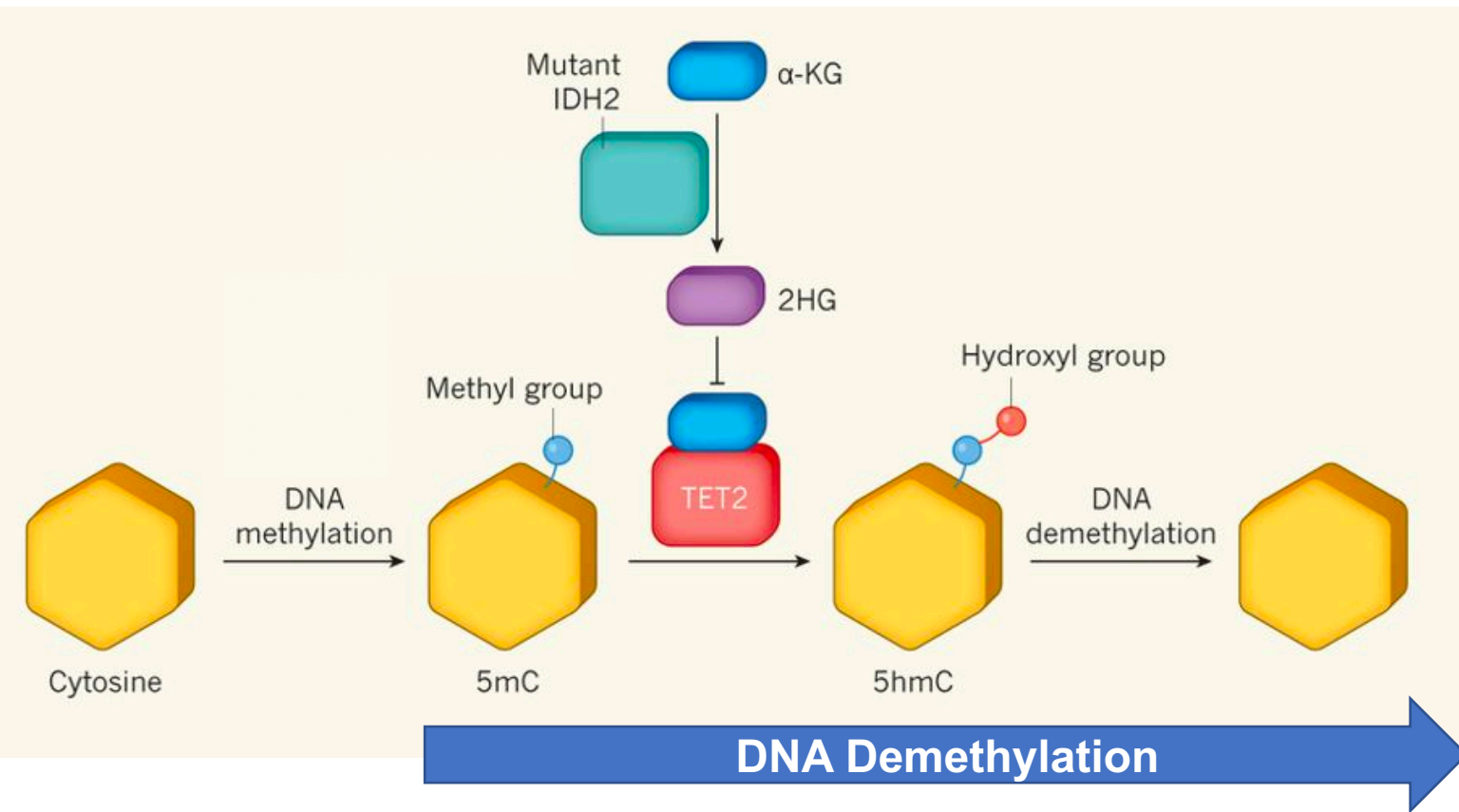
- Epigenetic heterogeneity is directly linked to specific mutations

# AML exhibits dominantly increased epigenetic heterogeneity loci than normal bone marrow



DEH Loci: Loci with Differential Epigenetic Heterogeneity

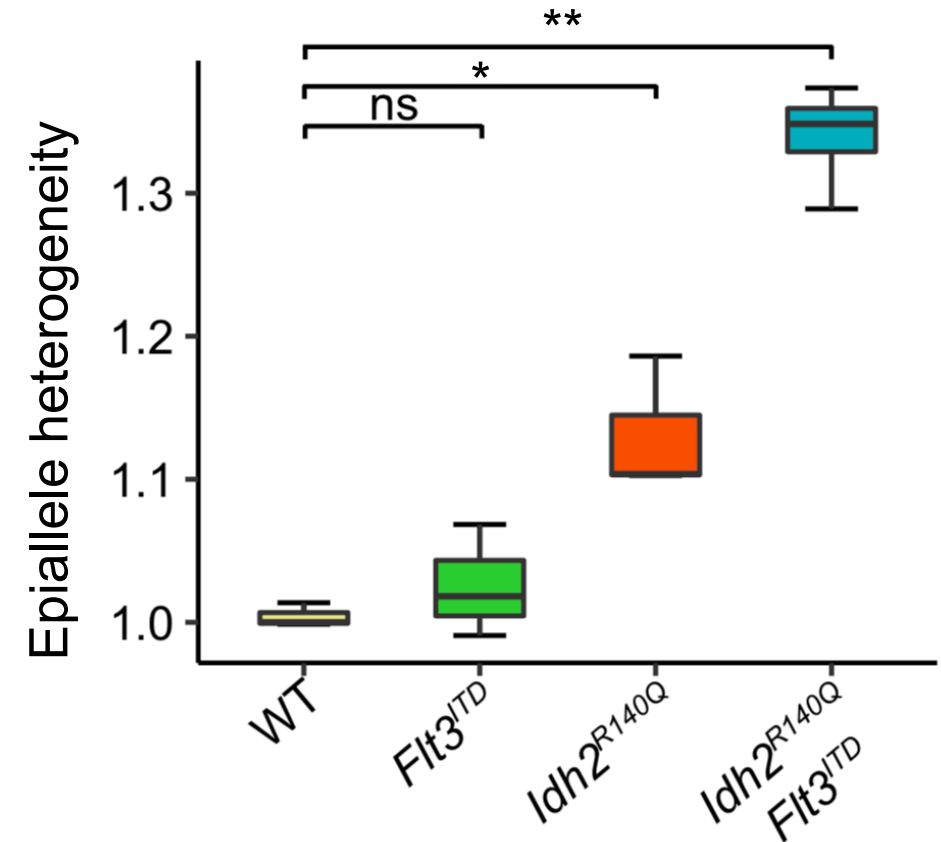
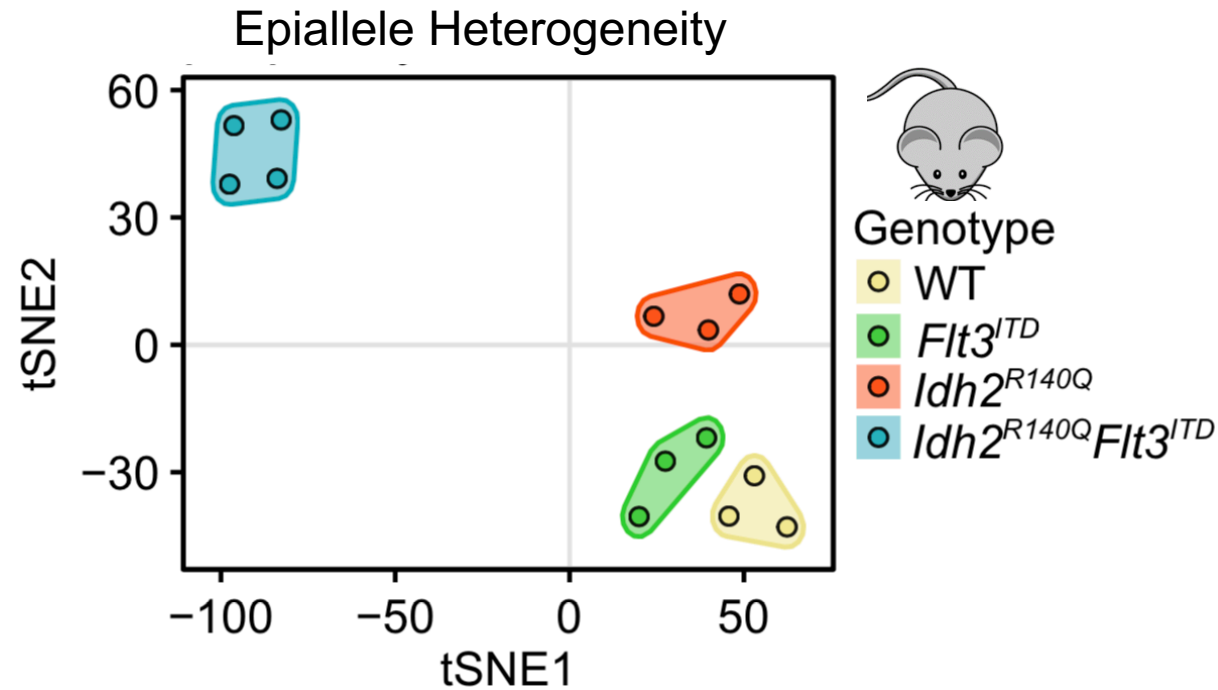
# Is epiallele heterogeneity caused by the mutations or just by-product of leukemia transformation?



IDH2: Isocitrate dehydrogenase

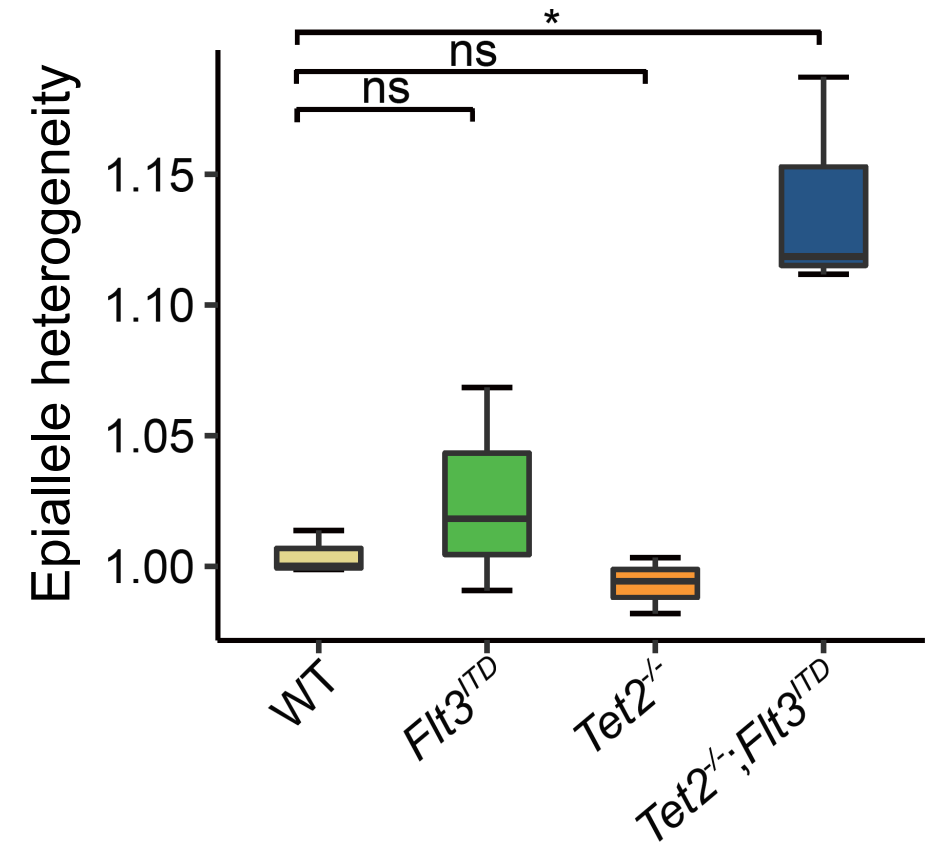
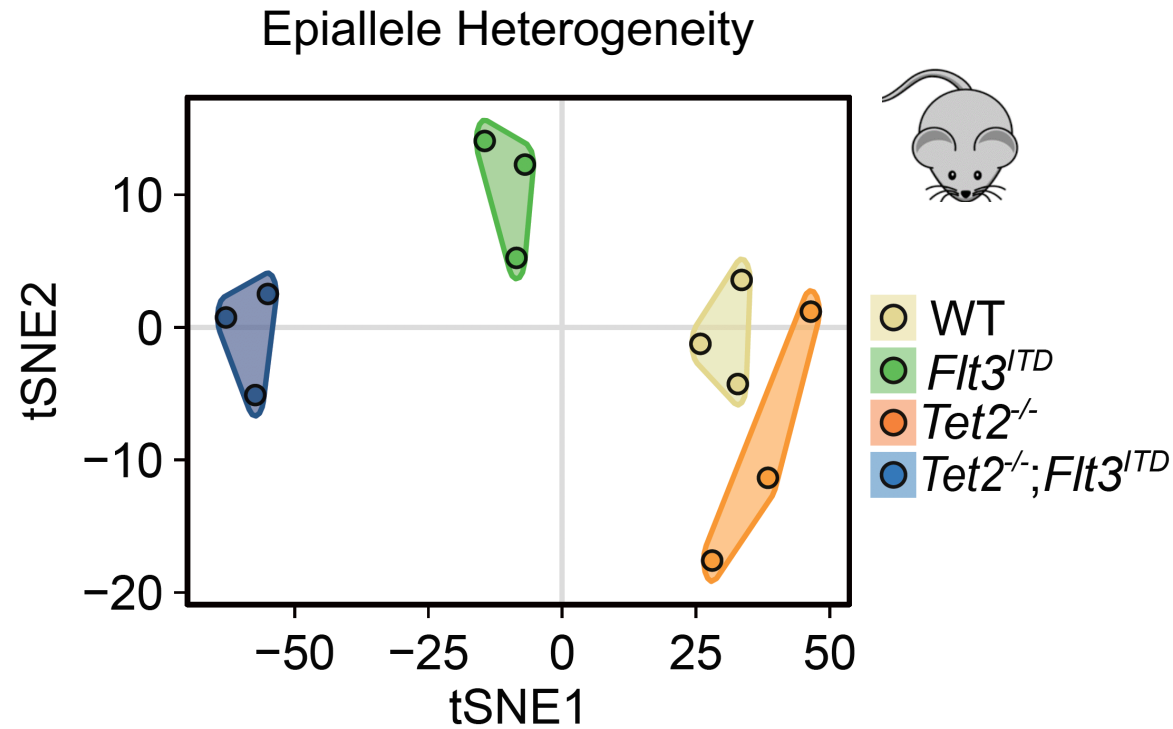
TET2: Methylcytosine dioxygenase

# Cooperation between somatic mutations lead to enhanced epiallele heterogeneity prior to leukemic transformation



- Methylomes data: LSK (lin<sup>-</sup>Sca<sup>+</sup>cKit<sup>+</sup>) cells from **healthy** (non-leukemic) mice

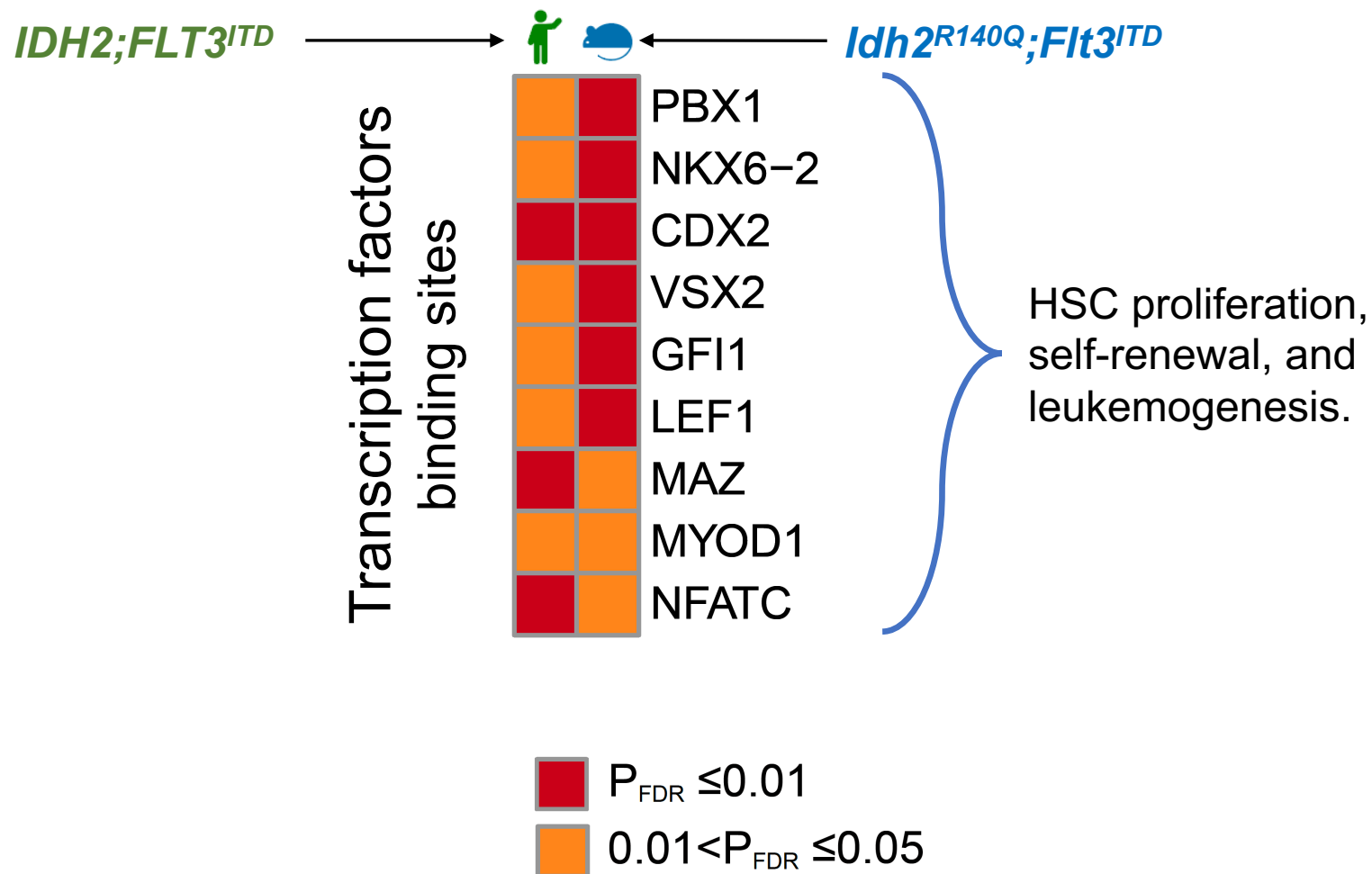
# Cooperation between somatic mutations lead to enhanced epiallele heterogeneity prior to leukemic transformation



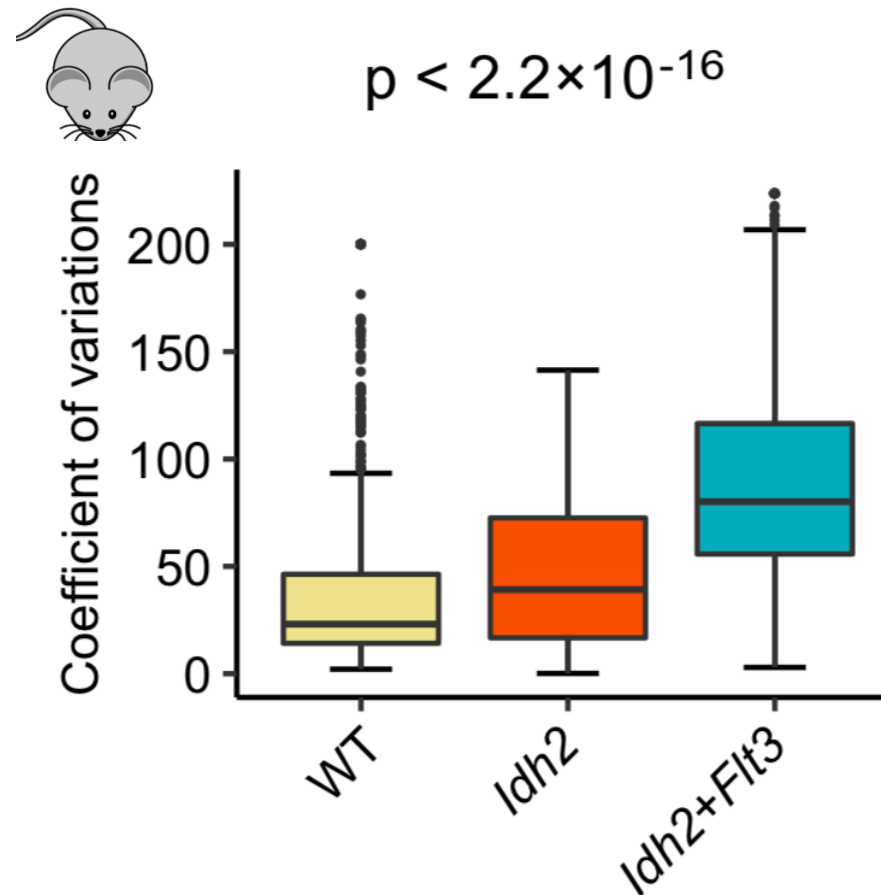
- Methylomes data: LSK (lin<sup>-</sup>Sca<sup>+</sup>cKit<sup>+</sup>) cells from **healthy** (non-leukemic) mice



# Epialleles arising in humans and mice may affect similar transcription factors with relevance to AML biology

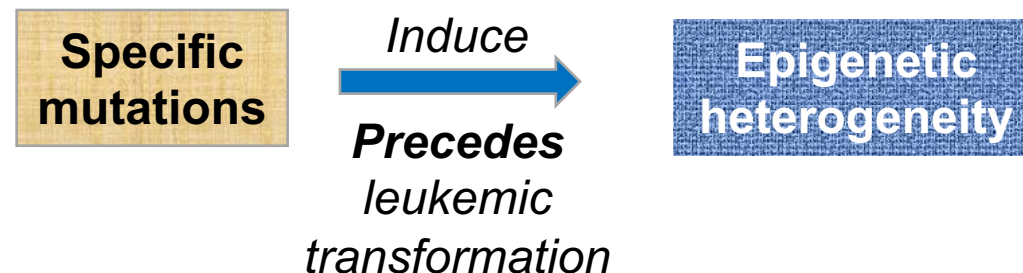


# Transcriptional hyper-variability is linked to epigenetic allele diversity



## Summary II

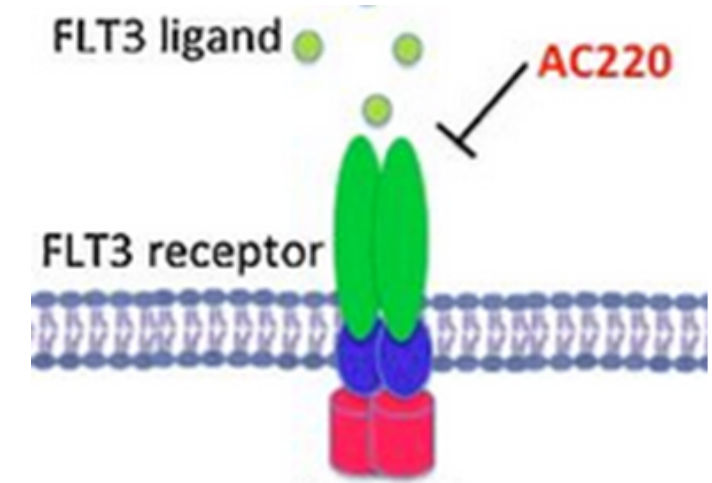
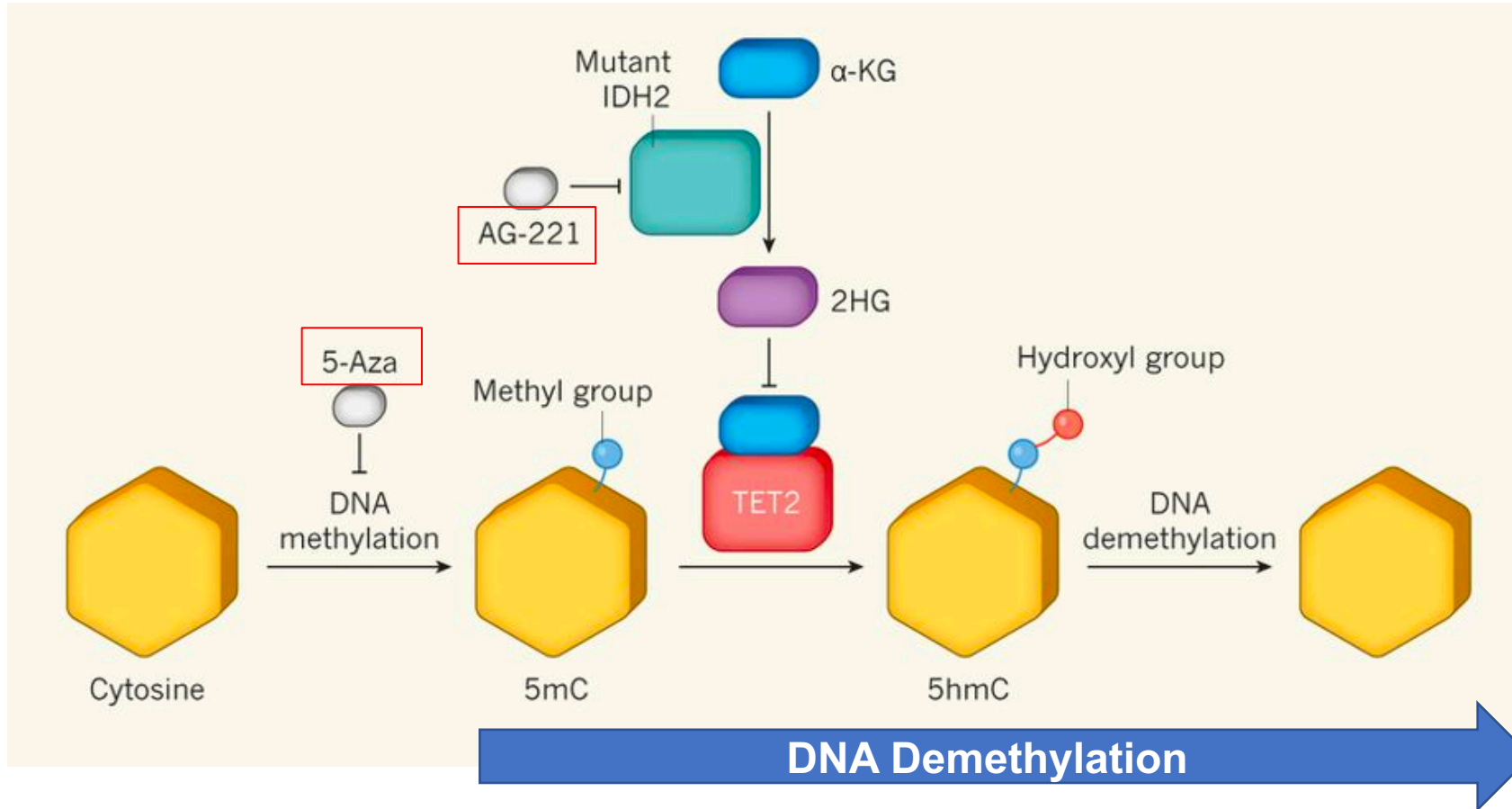
- **Somatic mutations are the driving force of epigenetic heterogeneity**
  - Genetically and epigenetically defined AML subtypes associate with specific levels of epigenetic heterogeneity
  - Somatic mutations cooperate to induce epigenetic heterogeneity before leukemic transformation. Thus, it is not a by-product of the transformation.
  - Transcriptional hyper-variability is linked to epigenetic heterogeneity



# Understanding evolution is essential for improving the efficacy of leukemia treatment and prevention

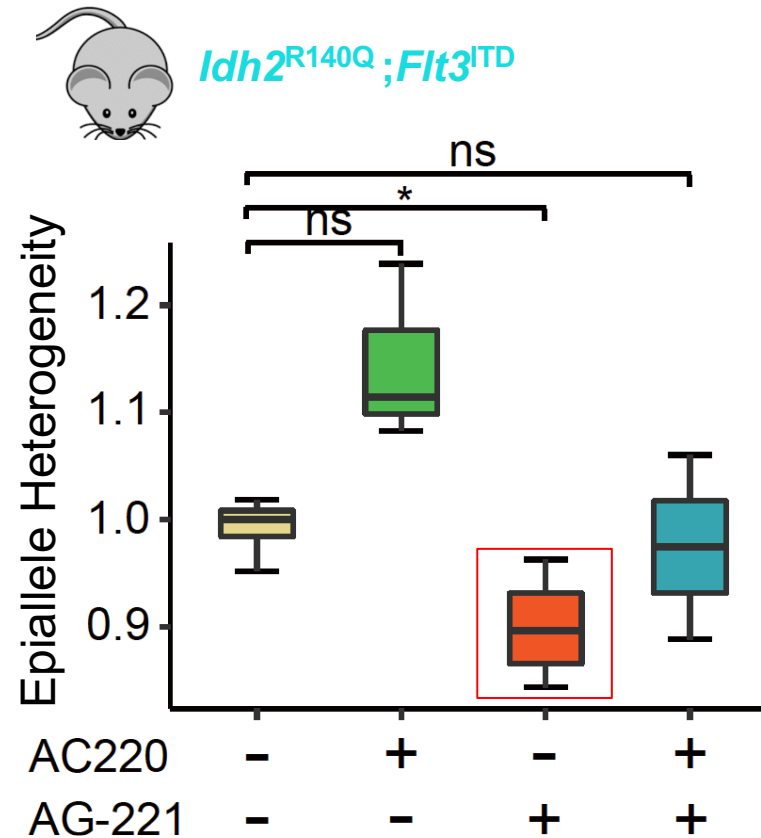
- Can epigenetic evolution and heterogeneity predict inferior clinical outcome?
- Is epiallele heterogeneity caused by the mutations or just by-product of leukemia transformation?
- **Is epigenetic heterogeneity reversible?**

# Can epigenetic therapy reverse intra-tumor epigenetic heterogeneity?



ac220: FLT3<sup>ITD</sup> inhibitor  
ag221: mutant IDH2 inhibitor  
5-Aza: hypomethylating agent

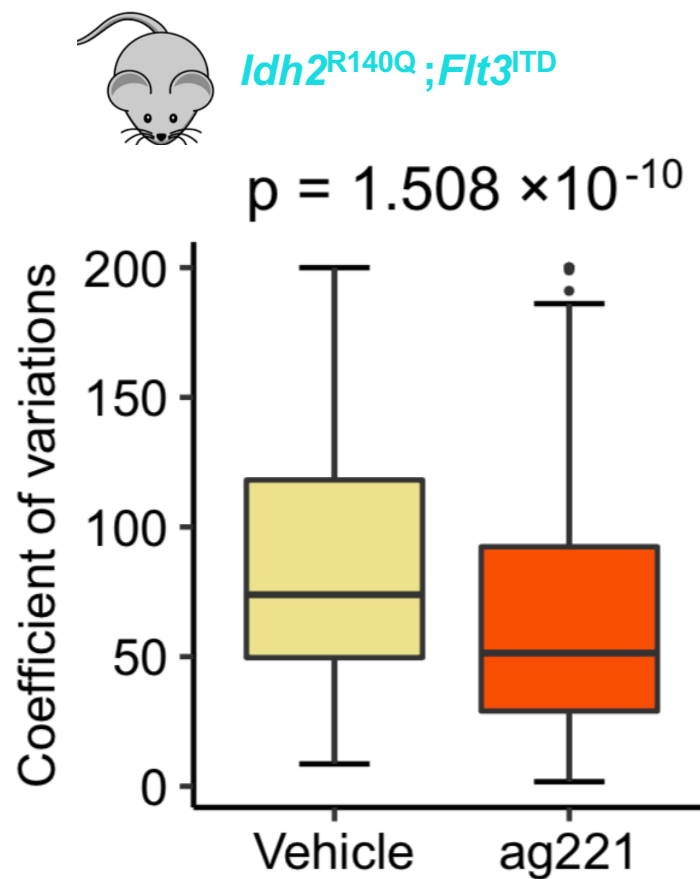
# Can epigenetic therapy reverse intra-tumor epigenetic heterogeneity?



ac220: FLT3<sup>ITD</sup> inhibitor  
ag221: mutant IDH2 inhibitor

- Mutant IDH2 inhibitor can suppress epiallele heterogeneity

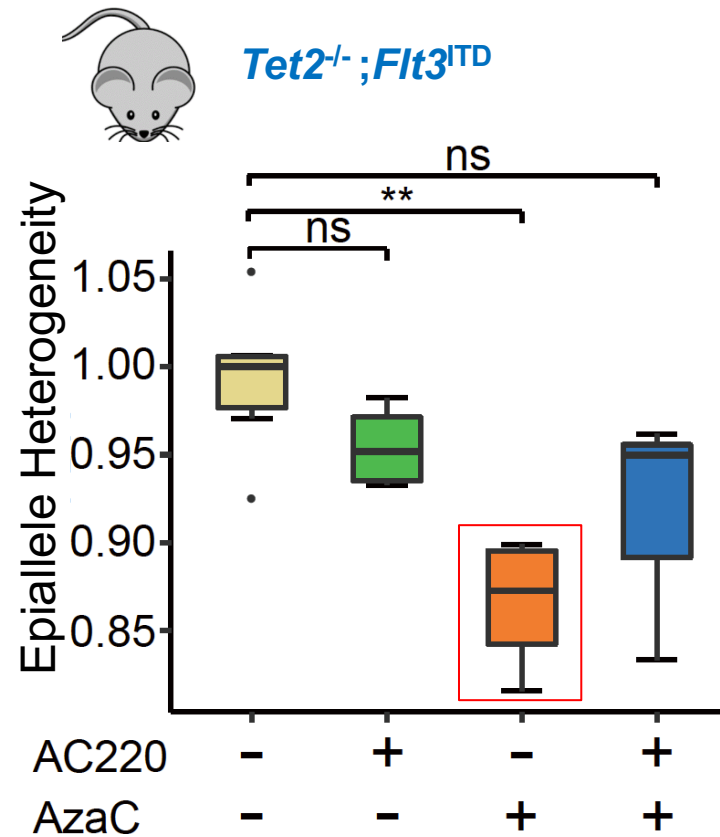
# Can epigenetic therapy reverse transcriptional hyper-variability?



ag221: mutant IDH2 inhibitor

- Mutant IDH2 inhibitor can suppress transcriptome heterogeneity

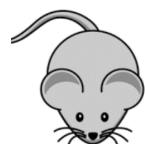
# Can epigenetic therapy reverse intra-tumor epigenetic heterogeneity?



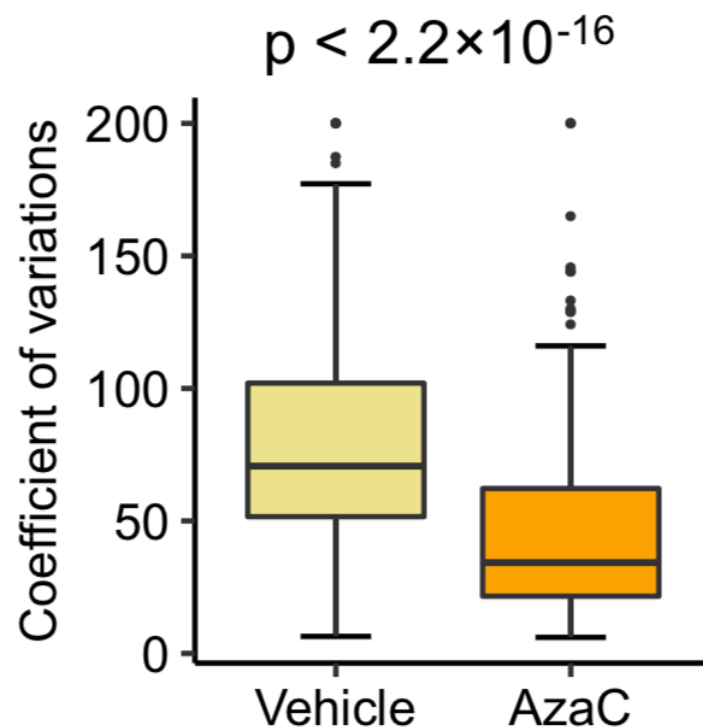
- DNA methyltransferase inhibitor can suppress epiallele heterogeneity



# Can epigenetic therapy reverse transcriptional hyper-variability?



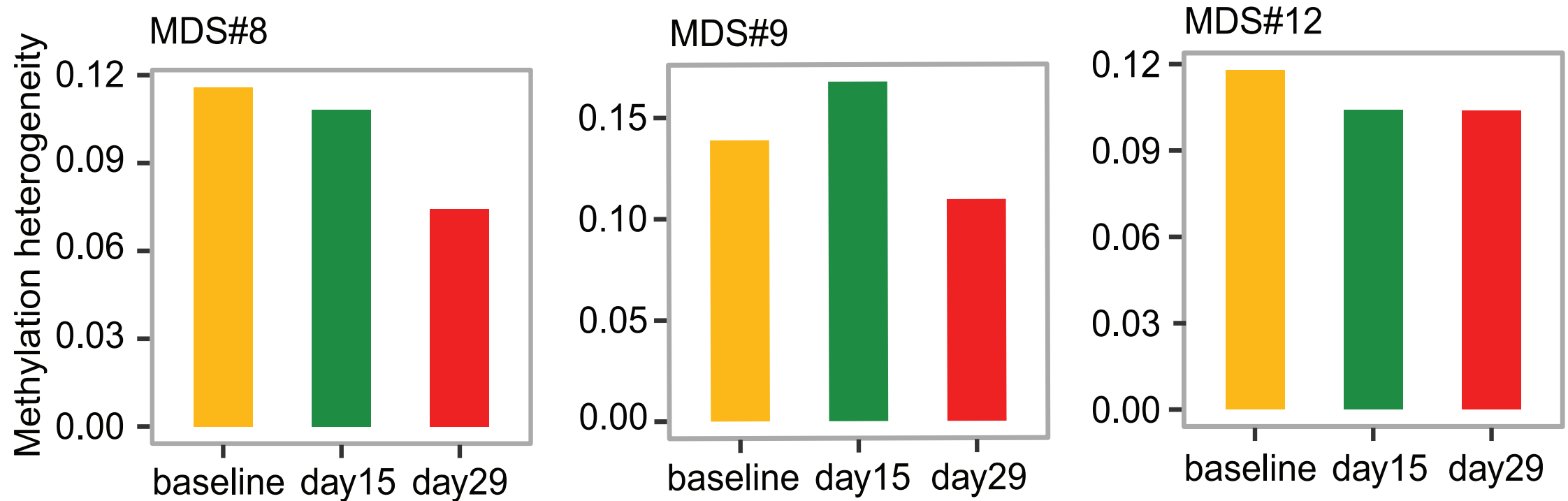
*Tet2<sup>-/-</sup>; Flt3<sup>ITD</sup>*



5-Aza: hypomethylating agent

- DNA methyltransferase inhibitor can suppress transcriptome heterogeneity

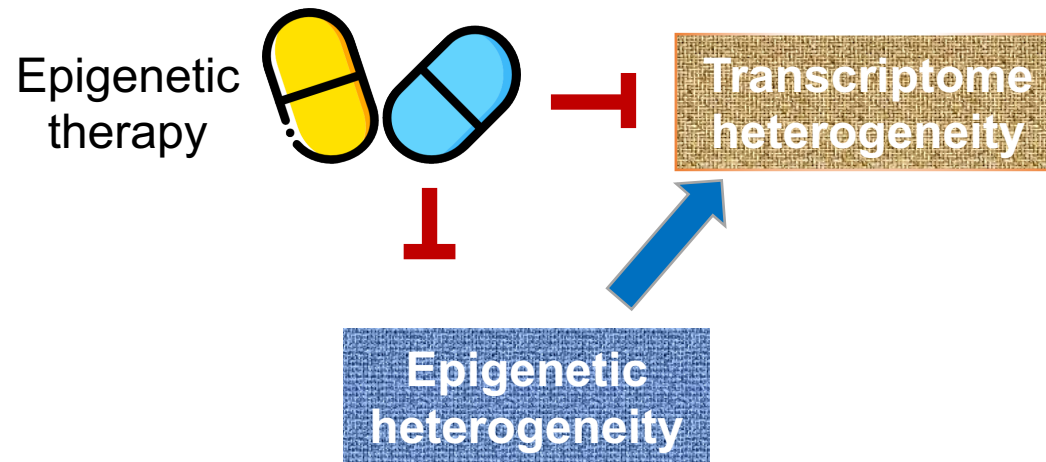
# Can epigenetic therapy reverse intra-tumor epigenetic heterogeneity in human?



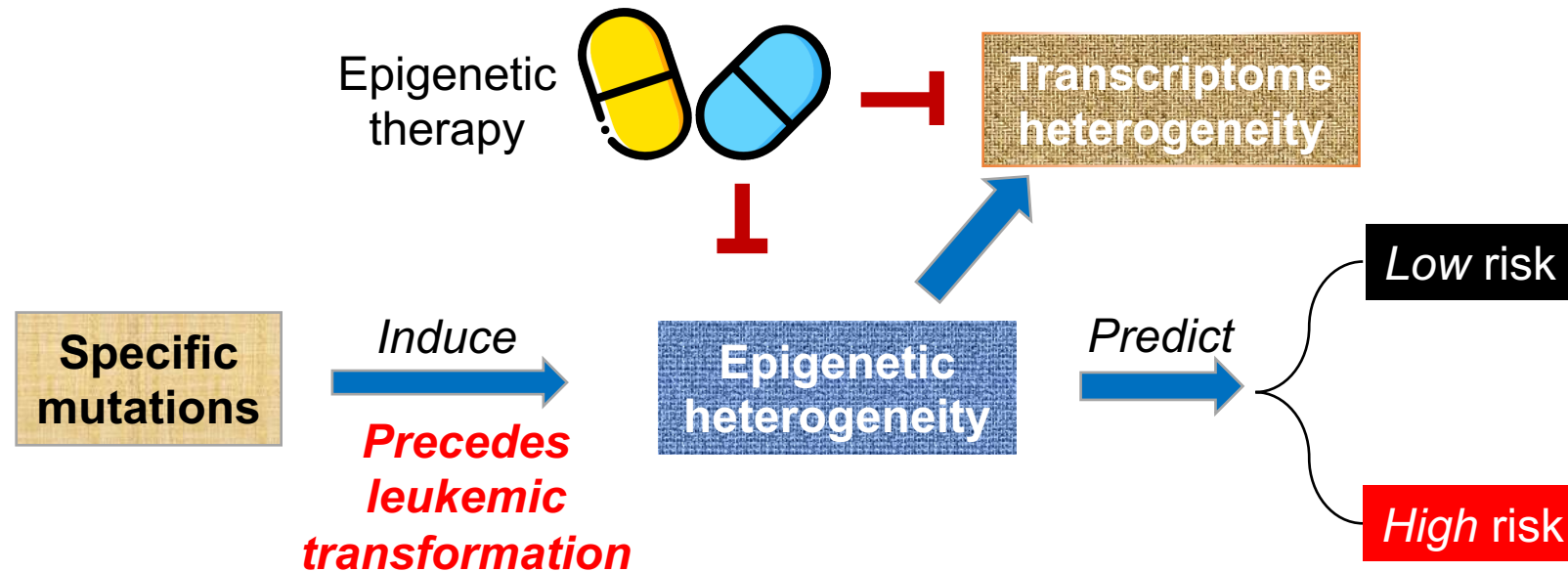
MDS: myelodysplastic syndrome  
AML can develop in patients with MDS

# Summary III

- **Epigenetic heterogeneity is reversible pharmaceutically**
  - Epigenetic therapy can suppress epigenetic allele diversity.
  - Transcriptional heterogeneity associated with epialleles decreased significantly after epigenetic therapy.



# Wrap-up



- Epigenetic evolution and heterogeneity can predict inferior clinical outcome
- AML recurrent somatic mutations are the driving force of epigenetic heterogeneity
- Epigenetic heterogeneity is reversible pharmaceutically

# Next Steps

- Does epigenome evolution drive genome evolution? And if so, what are the key intrinsic factors mediating this process?
- Can we prevent cancer genome evolution by reverse epigenome evolution?
- Can epigenome heterogeneity be used as biomarker to monitor cancer initiation?

# New Platforms to Study Intra-tumor Heterogeneity

- Single-cell multi-omics sequencing
  - Single-cell RNA-seq
  - Single-cell ATAC-seq
- Single-molecule long-read sequencing
  - Nanopore sequencing
  - Long-range epiallele detection
- 3D genome sequencing
  - Hi-C (Sub-Compartment Identifier)
  - ChIA-PET (ChIA-PIPE)