

Prognostic value of expression of selected genes regulating the mitochondrial apoptosis pathway in patients with acute myeloid leukemia

Introduction

- Genetic mutations and gene expression abnormalities are identified in >97% of patients with acute myeloid leukemia (AML), leading to evasion of regulated cell death (RCD), the best-known form of which is apoptosis [1-3].
- During oncogenesis, an overexpression of anti-apoptotic proteins - **BCL-2 family proteins** occur. They determine the survival and proliferation of abnormal haemopoietic cells [4].
- The BCL-2 family consists of three subfamilies: **pro-apoptotic BH3-only members** BIM, BID, PUMA, NOXA, HRK, BMF and BAD, **proapoptotic molecules** BAX and BAK and **anti-apoptotic BCL-2 family proteins** BCL-2, BCL-X, BCL-W, MCL-1, A1, and BCL-B [Fig 1].
- In response to an apoptotic stimulus the transcription of pro-apoptotic BH3-only members is upregulated, which bind anti-apoptotic members of the BCL-2 family and inhibit their activity [5].
- In AML **apoptosis is dysregulated** and there is **increased expression of apoptosis suppressor proteins** which **stimulate oncogenesis**.

Hypothesis & Objectives

Study hypothesis

Abnormalities in the expression of apoptosis and neddylation genes can contribute to the development and resistance of leukemic cells and affect prognosis.

Primary objective

To evaluate the impact of **BIM, BID, BIK, PUMA, NOXA, BAD, BAX, BAK, BCL2, BCLX, MCL1, NEDD8, SMAC/DIABLO, CASP3** and **CASP7, TP53, CUL-1-3, 4A-B, 5, 7, 9** gene expression on the prognosis of patients with AML.

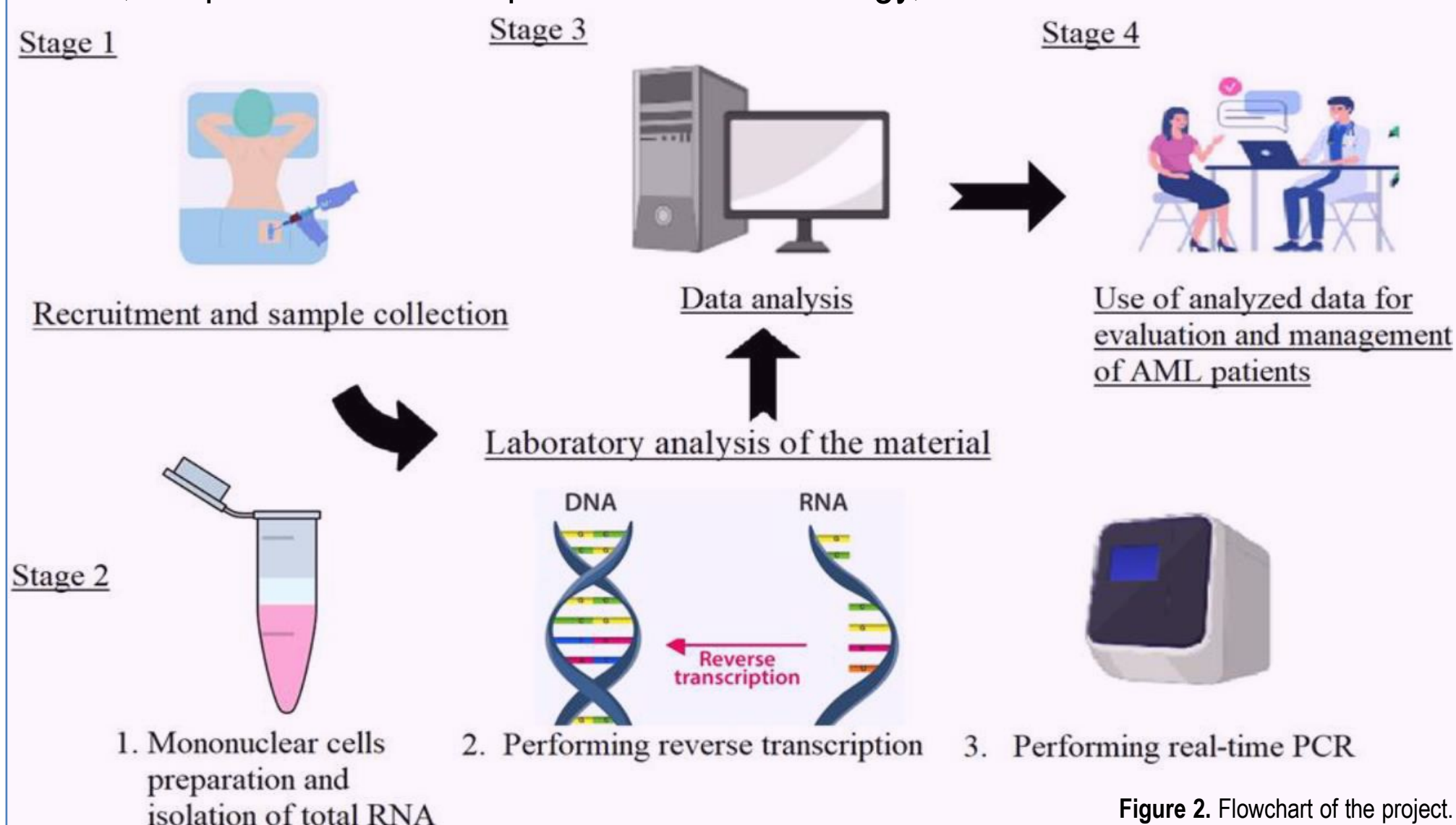
Secondary objectives

- Evaluation of differences in **prognosis** between patients with low and high expression of the respective apoptosis genes.
- Evaluation of the usefulness of apoptosis gene expression determination **as new prognostic marker in AML**, which may optimise therapeutic management.
- Correlation of apoptosis gene expression **with previously recognized prognostic factors**.
- An attempt to select a group of patients who could **potentially benefit from apoptosis-based drugs**.

Material & Methods

1) Collection of the research population

- A prospective, single-centre study, including 86 patients with newly diagnosed AML, hospitalized in the Department of Hematology, Lodz.



2) Laboratory tests

- The testing sample is an aspirate of approx. 10 ml bone marrow.
- Based on statistical analysis, I selected the reference genes **MRPL19** and **PPIA**.
- The genes I chose to analyze are **BIM, BID, BIK, PUMA, NOXA, BAD, BAX, BAK, BCL2, BCLX, MCL1, NEDD8, SMAC/DIABLO, CASP3, 7, TP53, CUL-1-5, 7, 9**.
- The expression of apoptosis and neddylation-related genes was determined in duplicates in samples from bone marrow using Real-Time PCR. The normalization was performed by $\Delta Ct = Ct(\text{reference}) - Ct(\text{mRNA of interest})$. The $\Delta\Delta Ct$ method was used to calculate fold changes (FC) in mRNA expression.

3) Analysis of collected data

- Completion of patient recruitment and laboratory analysis is scheduled for 08.2024 after that, I will carry out statistical analysis of the obtained results and start work on the first original paper in the field of my research.
- So far, I have published a review article as part of my doctoral thesis. (Krawiec K., Strzałka P., Czernicka M., et al. Targeting Apoptosis in AML: Where Do We Stand? *Cancers*. 2022; 14(20):4995. doi: 10.3390/cancers14204995, IF: 6.575.)

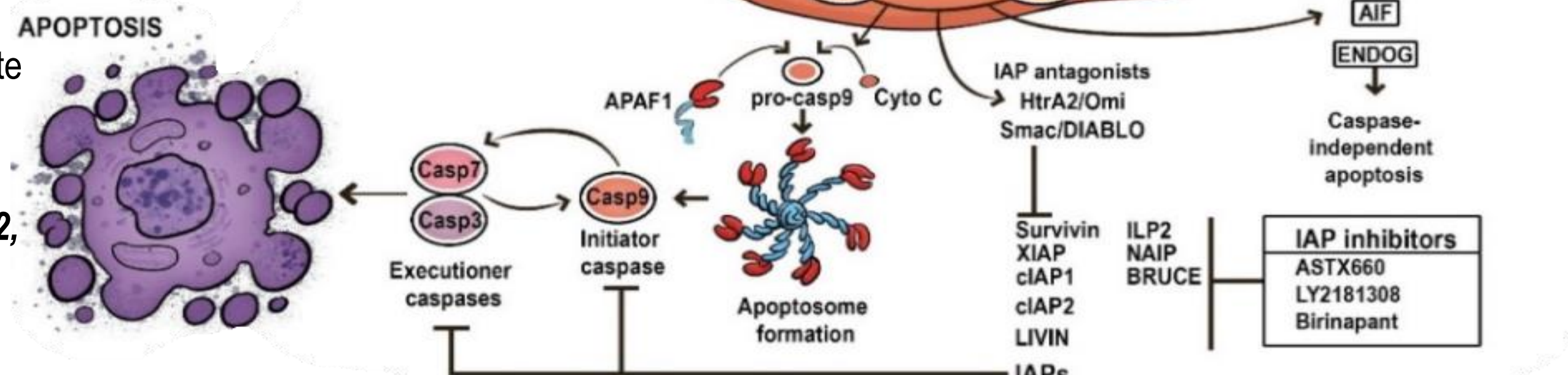


Figure 1. The pathways of apoptosis. Arrows represent activation and T bars represent inhibition. (Krawiec K., Strzałka P., Czernicka M., et al. Targeting Apoptosis in AML: Where Do We Stand? *Cancers*. 2022; 14(20):4995)

Results

- The median follow-up was 10.3 months (95% CI: 7.8-14.4). The median OS in the study cohort was 12.9 months (95% CI: 6.7-16.1).
- Our preliminary results showed a significant **upregulation of antiapoptotic genes** compared to **proapoptotic and neddylation genes** (FC=11.0, $p < 0.001$, FC=2.7, $p < 0.001$, respectively) in AML patients.

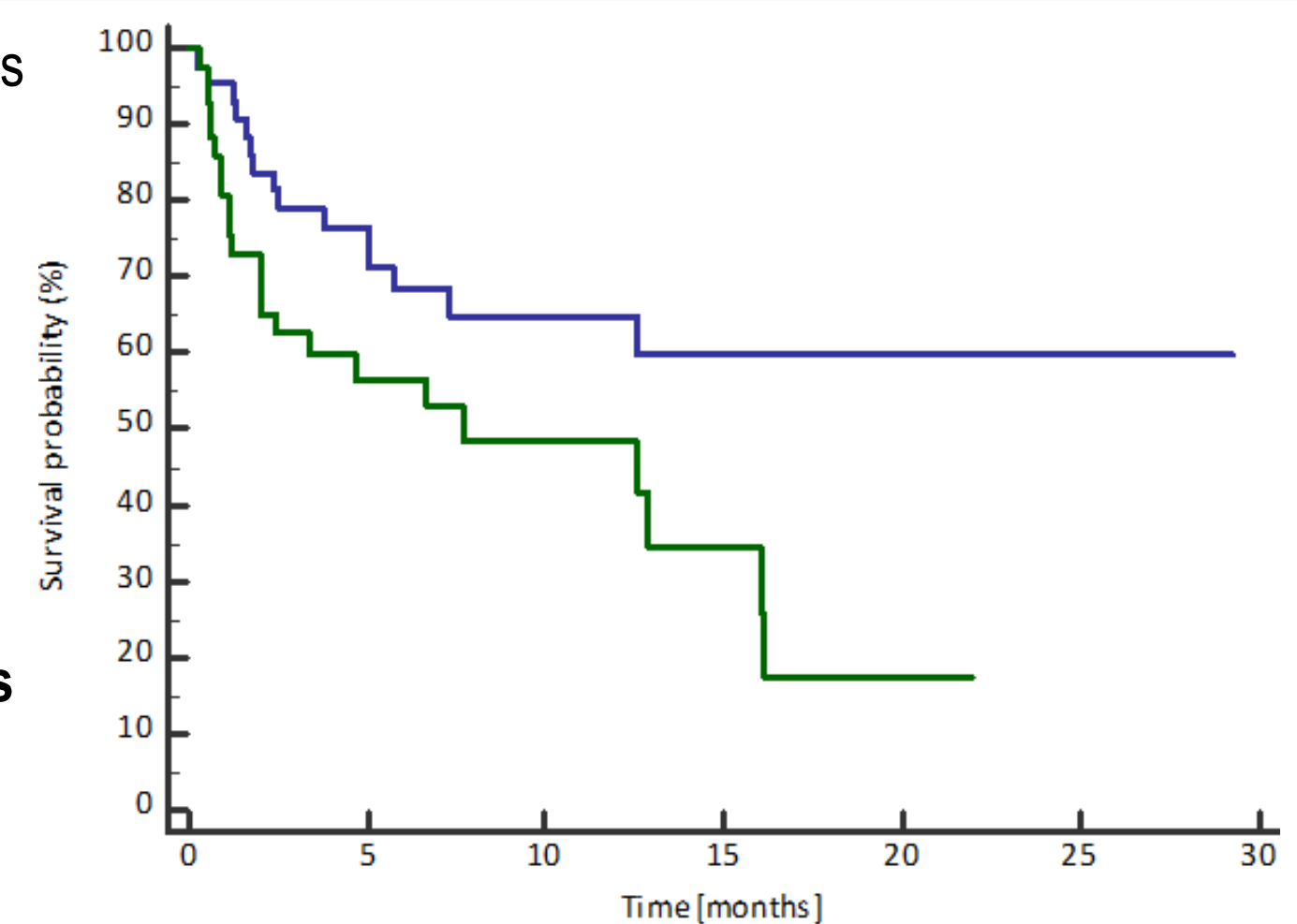


Figure 3. Kaplan-Meier curves for overall survival depending on **BIK** expression, $p=0.021$; blue line – **BIK** expression below median, green line – above median.

- In univariate Cox regression analysis, **BIK** expression (HR 1.2, 95%CI: 1.01-1.43, $p=0.041$), **wtTP53** expression (HR 0.61, 95%CI: 0.42-0.86, $p=0.005$), initial albumin level (HR 0.33, 95%CI: 0.17-0.62, $p=0.001$), age (HR 1.03, 95%CI: 1.00-1.06, $p=0.02$), and intensive treatment (HR 0.26, 95%CI: 0.12-0.57, $p=0.001$) were factors influencing the outcome.
- In the multivariate model for OS, **higher expression of BIK** (HR 1.27, 95%CI: 1.06-1.53, $p=0.011$) retained its significant negative impact, while **wtTP53** maintained the protective effect on OS (HR 0.56, 95%CI: 0.38-0.87, $p=0.008$) in the context of established prognostic factors.

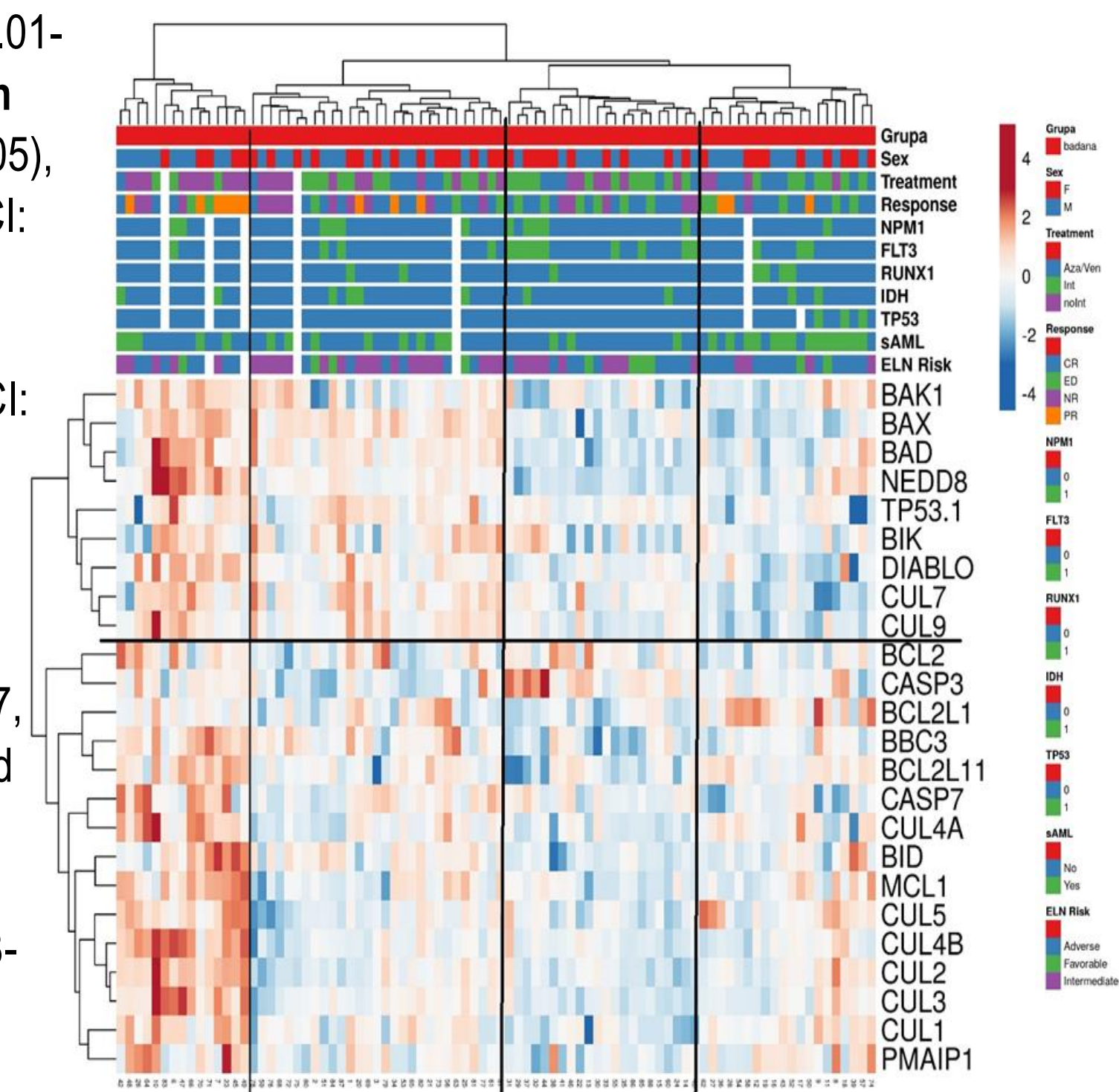


Figure 4. Heatmap of the studied mRNA expression with clustering according to clinical variables.

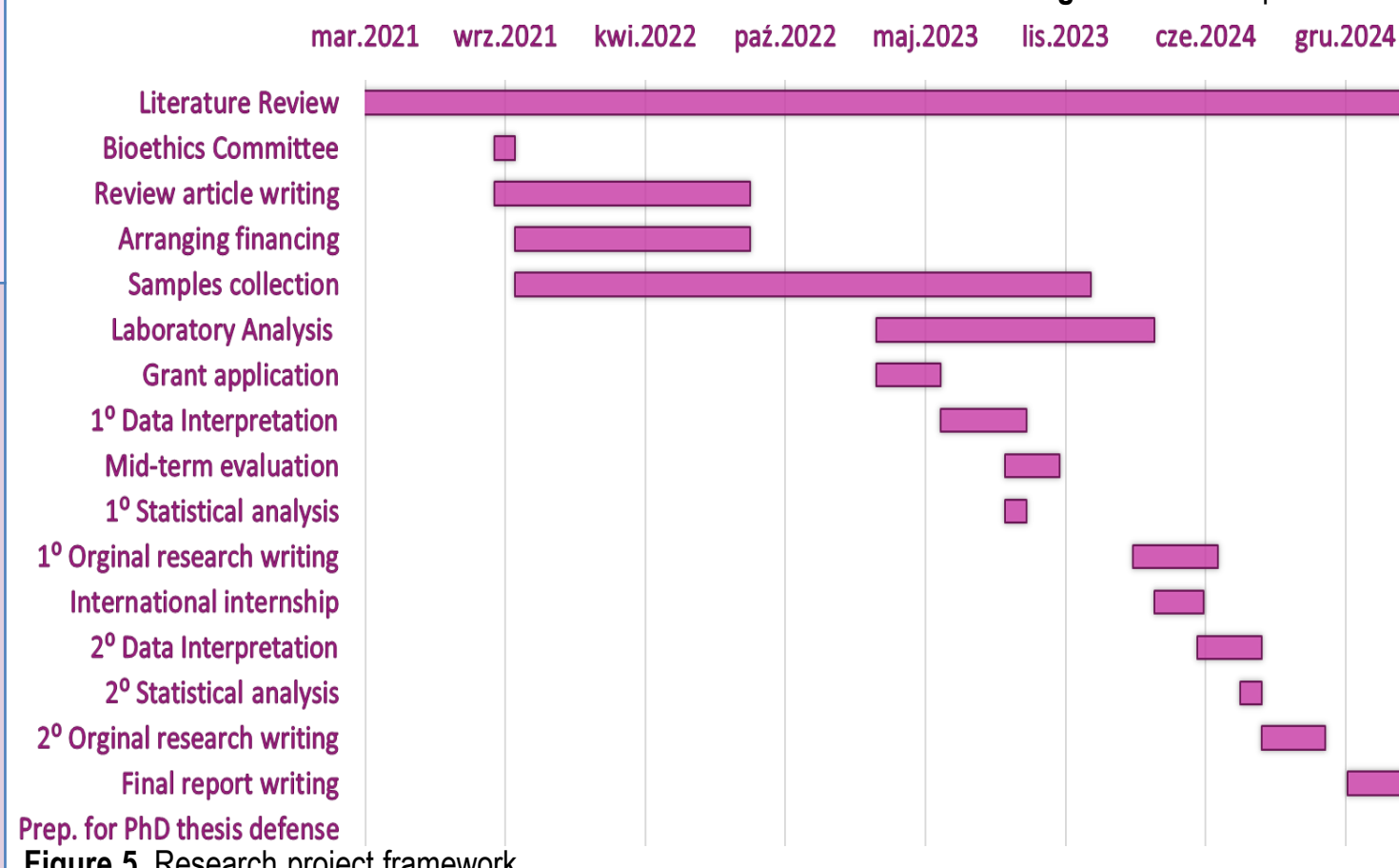


Figure 5. Research project framework.

CONCLUSIONS: Our study revealed dysregulation of apoptosis genes and indicated that both **BIK** and **wtTP53** may be potential prognostic factors in AML. Our preliminary results did not prove significant differences in the effect of neddylation gene expression levels on the prognosis of AML patients, thus further research is needed.