Highlights from EHA

RED BLOOD CELLS AND IRON: best presentations from 21st EHA Meeting Copenhagen

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Highlights from EHA

RED BLOOD CELLS AND IRON:

- news on iron metabolism
- new therapeutic approaches for inherited anemias
- new techniques in diagnosis of red cell disorders

Iron metabolism

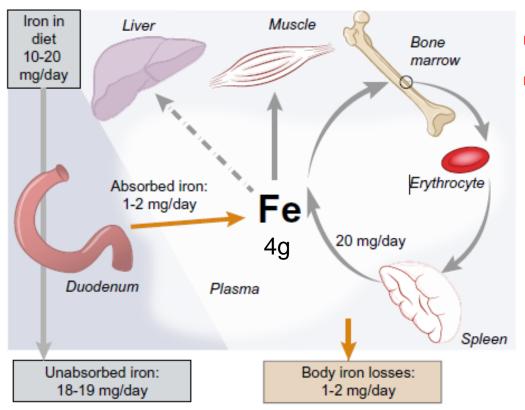
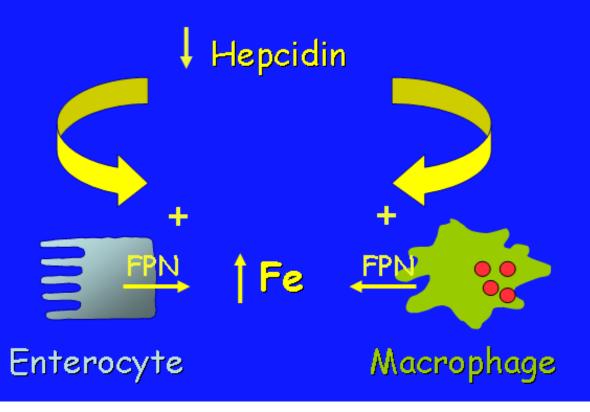


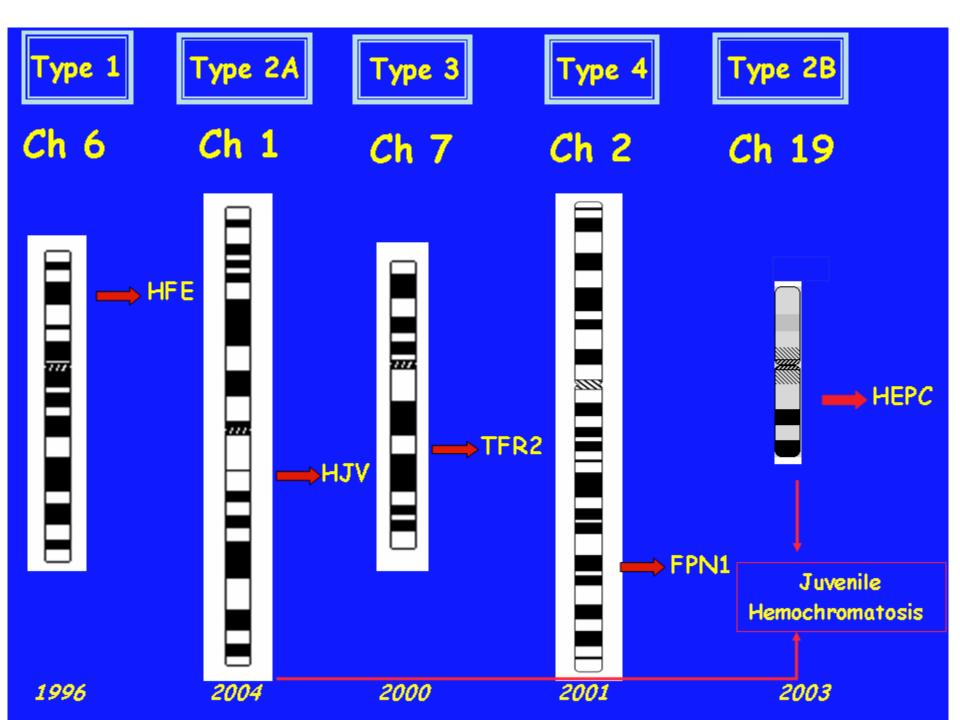
Fig. 1. Iron homeostasis. Plasma iron comes from duodenal absorption and from the spleen (iron recycling following erythrophagocytosis).

- The total body iron content of an average male adult is about 4 g;
- Total iron
 - Red cell mass as haemoglobin –
 65%-75%
 - Muscles as myoglobin 10%
 - Storage as ferritin 10%
 - Bone marrow
 - Reticulo-endothelial cells
 - Liver (0.5-1 g)
 - Other Haem proteins 5%
 - Cytochromes, others
 - In Serum 0.1%

HEMOCHROMATOSIS MOLECULAR PATHOGENESIS

Deregulation of systemic iron homeostasis due to inadequate hepcidin production





Ferroportin disease (type 4)

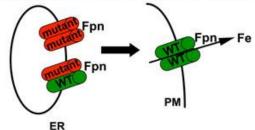
Autosomal dominant
Normal transferrin saturation
High serum ferritin
Iron increased in macrophages
Decreased iron recycling--> marginal anemia
Less clinical complications
Heterozygous mutations of the iron exporter "ferroportin"
Hepcidin levels usually not decreased

Fe JFPN Macrophage

(Some cases are similar to classic hemochromatosis)

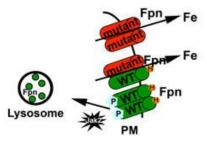
The loss-of-function and gain-of-function dichotomy clarifies how patients with a SLC40A1 mutation can develop variable iron overload diseases

A Fpn mutant does not arrive at the plasma membrane



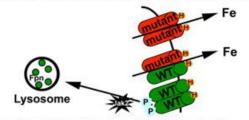
Macrophage iron loading, low to normal transferrin saturation, high serum ferritin

B Fpn mutant does not bind hepcidin



Hepatocyte iron loading, high transferrin saturation, high serum ferritin

C Fpn mutant binds hepcidin but does not get internalized



Hepatocyte iron loading, high transferrin saturation, high serum ferritin

Loss of function (type A)

Mutations affect localization of FPN to the cell membrane and/or iron export function leading to iron sequestration within the cell

Gain of function (type B)

Mutations affect the interaction between hepcidin and FPN, at the binding or signaling step, which normally leads to internalization and degradation of the FPN protein. Iron is thus continually exported from the cells to the plasma, due to increased expression of FPN protein on cell membrane.





DISSECTING THE CONTRIBUTION OF UNREGULATED MACROPHAGE IRON RECYCLING AND DIETARY IRON UPTAKE IN GENERATING SYSTEMIC IRON OVERLOAD IN HEMOCHROMATOSIS

Sandro Altamura et al.

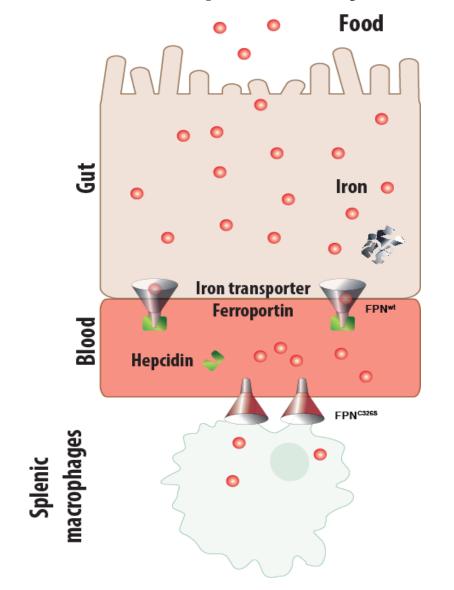
MMPU - Molecular Medicine Partnership Unit

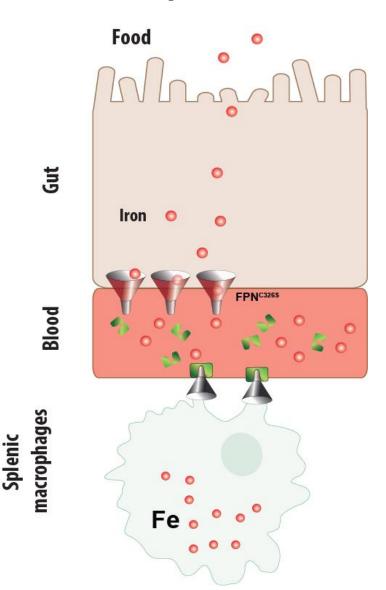
Department of Pediatric Oncology, Hematology, Immunology and Pulmonology; Children's Hospital; Heidelberg University Medical Center

Tissue-specific FpnC326S mice: Hepcidin resistant

Macrophage Specific C326S mice Fpn-flx X LyzCre

Gut Specific C326S mice Fpn-flx X VillinCre





THE PYRUVATE KINASE ACTIVATOR AG348 IMPROVES MURINE β-THALASSEMIC ANEMIA AND CORRECTS INEFFECTIVE ERYTHROPOIESIS

A Matte¹, E. Beneduce¹, A. Siciliano¹, P. A. Kosinski², A. Janin³, C. Lebouef³, A. Iolascon⁴, L. De Falco⁴, L. Dang², C. Kung², L. De Franceschi¹

¹Department of Medicine, University of Verona-AOUI Verona, Verona; Italy; ²Agios Pharmaceuticals, Inc., Cambridge, MA, USA ³Inserm, U1165, Université Paris 7- Denis Diderot, AP-HP, Hôpital Saint-Louis, F-75010, Paris, France; ⁴CEINGE and Dept. of Biochemistry, University of Naples, Naples; Italy

EHA- 8-12 June 2016

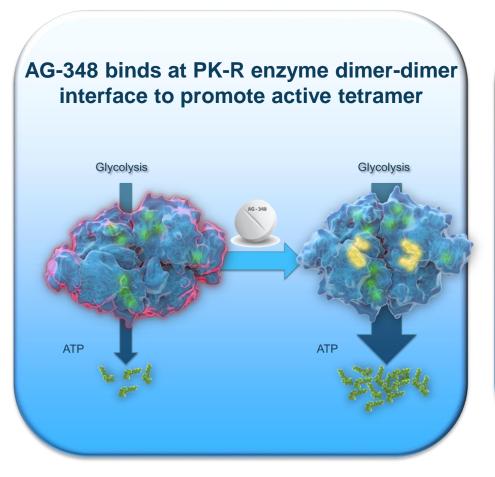
β-Thalassemic Syndromes are Worlwide Distributed Hereditary Red Cell Disorder and is a Model of Pathological Erythropoiesis

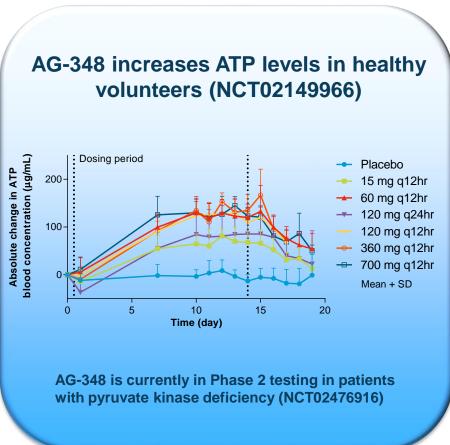
- 7% of global population is a carrier for severe hemoglobinopathies and β thalassemias are one of the most common inherited red cell disorders
- β thalassemias are characterized by <u>absent</u> or reduced synthesis of β globin chains, resulting in accumulation of <u>free</u> α-chain and free pathological heme.

Potentiation of Endogenous Anti-oxidant Systems as Novel Therapeutic Strategy in β-thalassemia

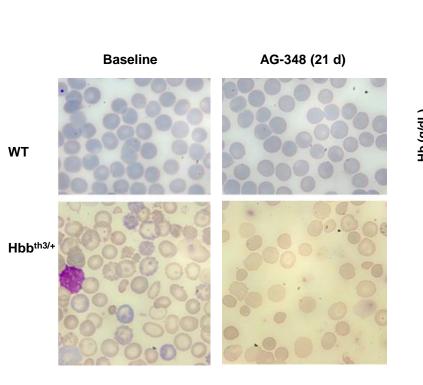
- In β-thalassemia, exogenous anti-oxidants have been largely studied to limit ROS cytotoxity and ineffective erythropoiesis
- Potentiation of endogenous anti-oxidant systems might be a novel interesting therapeutic strategy to face chronic and severe oxidative stress such as in β-thalassemia.

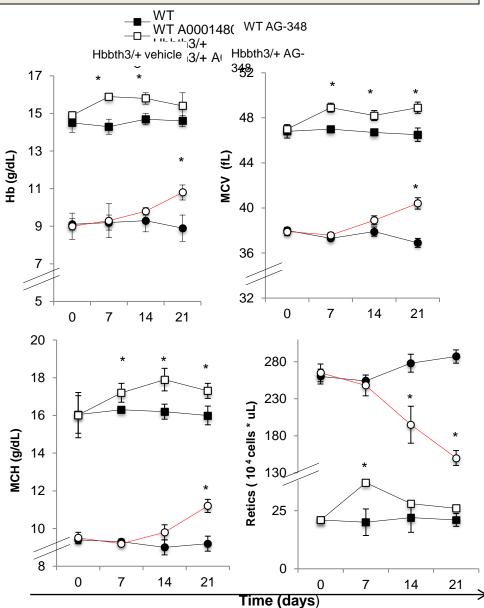
AG-348: Allosteric activator of the red cell isoform of pyruvate kinase (PK-R)





AG-348 treatment significantly ameliorates anemia in a mouse model of β-thalassemia





Conclusions

- **♦ In β thalassemic mice, AG-348:**
 - Reduces ineffective erythropoiesis, extramedullar erythropoiesis, Erfe expression and ROS levels
 - Increases Hb levels, reduces reticulocyte count and circulating erythroblasts
 - Significantly increases RBC survival
 - Reduces liver iron overload and increases Hamp
- AG-348 might represent a novel therapeutic approach in clinical management of anemia in β thalassemic syndromes.

Genetic heterogeneity of Inherited

Hemolytic Anemias



Anemia



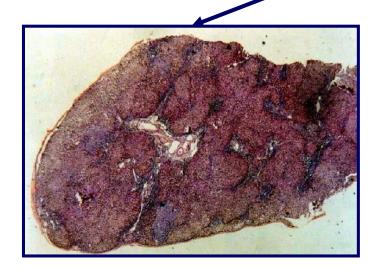
Jaundice



Splenomegaly

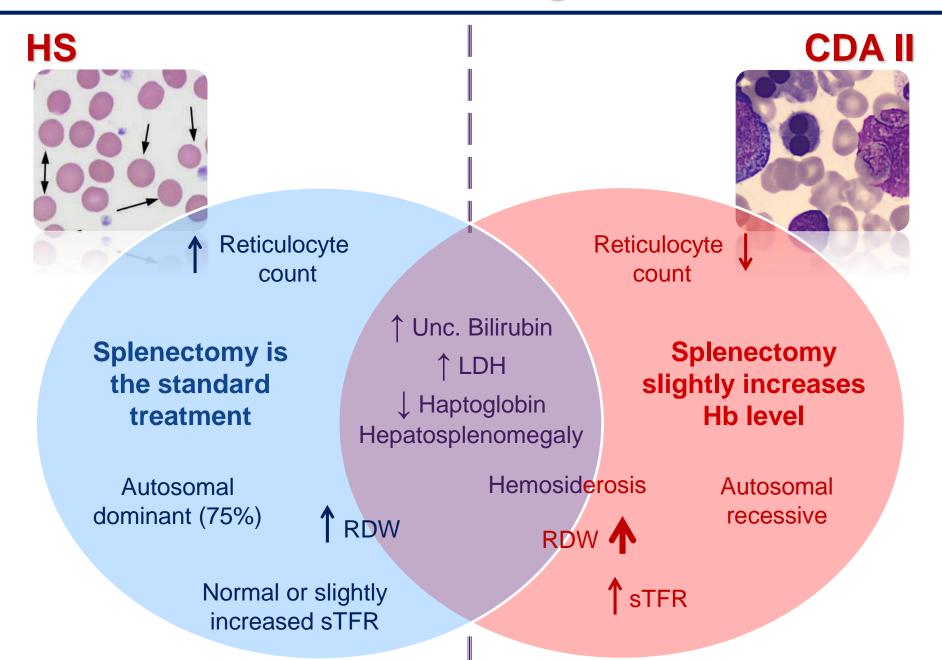


Gallstones

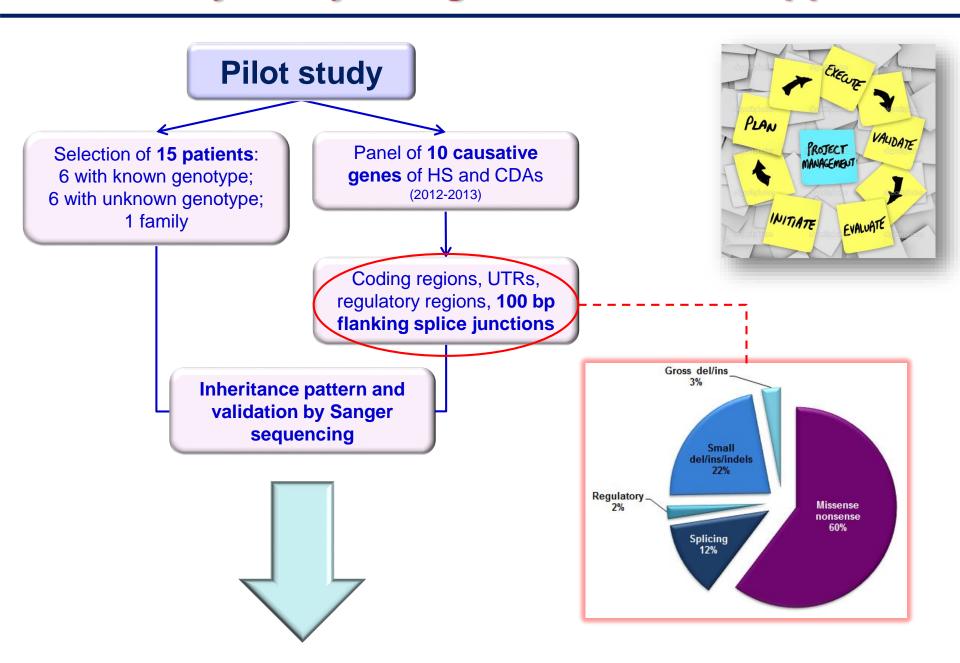


Iron overload

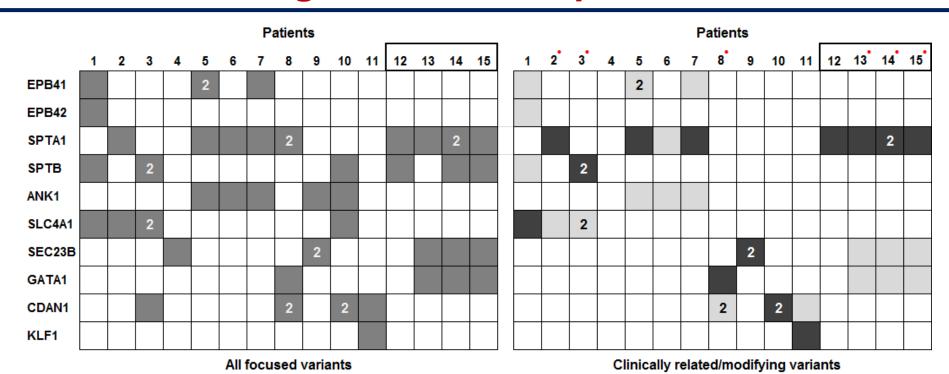
Differential diagnosis



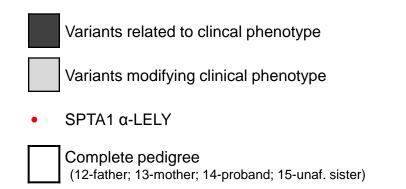
Preliminary study design for DD: tNGS approach



Variants in clinical report of targeted-NGS-based diagnosis for HHA patients



Total variants	62-122
Off-target gene variants	0-2
Target gene variants	55-105
Intronic and regulatory gene variants	48-92
Coding gene variants	5-13







P743. RedPlex: a targeted next generation sequencing-based diagnosis for patients with hereditary hemolytic anemias

Roberta Russo^{1,2}, Immacolata Andolfo^{1,2}, Francesco Manna^{1,2}, Antonella Gambale^{1,2}, Piero Pignataro^{1,2}, Gianluca De Rosa², Achille Iolascon^{1,2}



Department of Molecular Medicine and Medical
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 ² CEINGE Advanced Biotechnologies, Napoli, Italy



P743. RedPlex: a targeted next generation sequencing-based diagnosis for patients with hereditary hemolytic anemias

Gene panel design

SureDesign (https://earray.chem.agilent.com/sured esign/)

Panel of 34 causative or candidate genes of HAMDs and CDAs

Panel of **34 causative/candidate genes** of anemias due to red cell membrane defects and CDAs



Target enrichment and sequencing

ROIs: coding regions, UTRs, regulatory regions, 100 bp flanking splice junctions Sequencing: Illumina NextSeq 500

- ✓ Target regions : 538
- ✓ Total Amplicons: 8874
- ✓ Target Bases Analyzable: 239.59 kbp
- ✓ Target Coverage: 99.9 %



Bioinformatic analysis

SureCall software

Exclusion of variants with:

- MAF > 0.01
- strand bias > 0.90



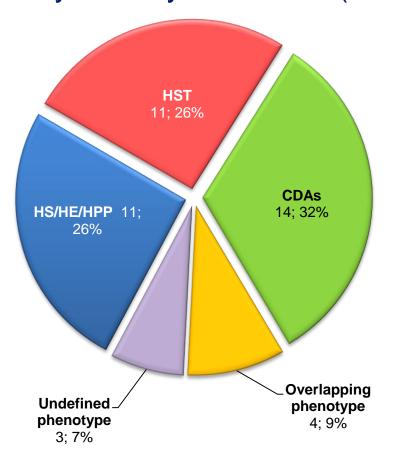
Variant selection

Prioritization by prediction tools: PolyPhen2, SIFT, HSF

Prioritizated variants were confirmed by Sanger sequencing and by the analysis of inheritance pattern

P743. RedPlex: a targeted next generation sequencing-based diagnosis for patients with hereditary hemolytic anemias

Distribution of diagnostic suspicions among **43** patients with hereditary hemolytic anemia (HHA) enrolled in RedPlex study



- CDAs, Congenital Dyserythropoietic
 Anemias:
- ✓ HST, Hereditary Stomatocytosis;
- ✓ HS, Hereditary Spherocytosis;
- HE, Hereditary Elliptocytosis;
- ✓ HPP, Hereditary Pyropoikilocytosis.
- ✓ The term "overlapping phenotype"
 refers to those patients exhibiting
 clinical picture shared among different
 conditions.





Thanks for your attention



Anemias: Diagnosis and treatment in the Omics Era

Important dates:

Registration: September 15th

Case submission: September 15th

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