

It Takes Two

Special ID Grand Rounds
April 6, 2017

Dilek Ince, MD
Laura Whitmore, PhD

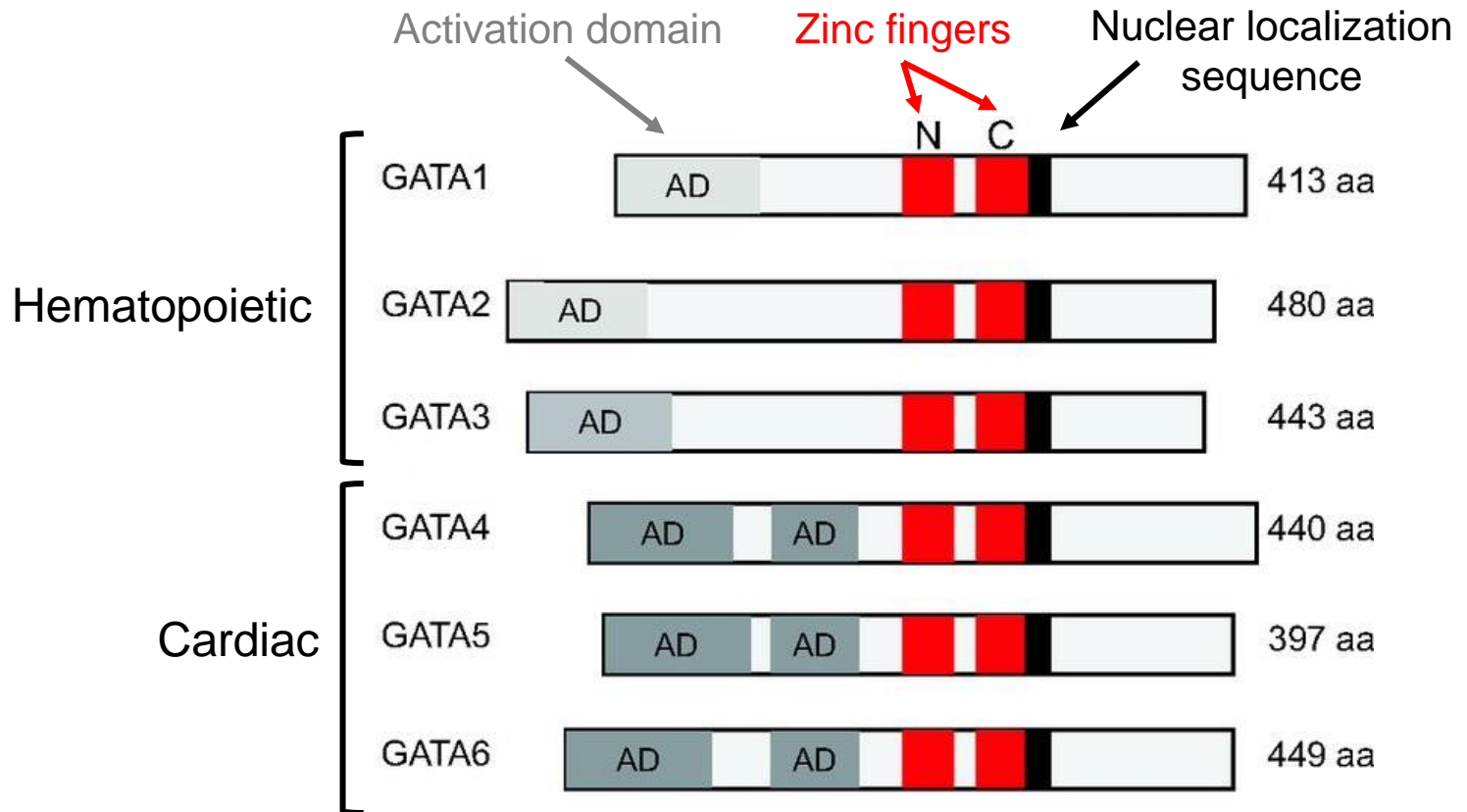
1. What is the role of GATA2?

GATA2

2. Why do *Gata2* mutations make patients prone to certain infections and hematologic malignancies?

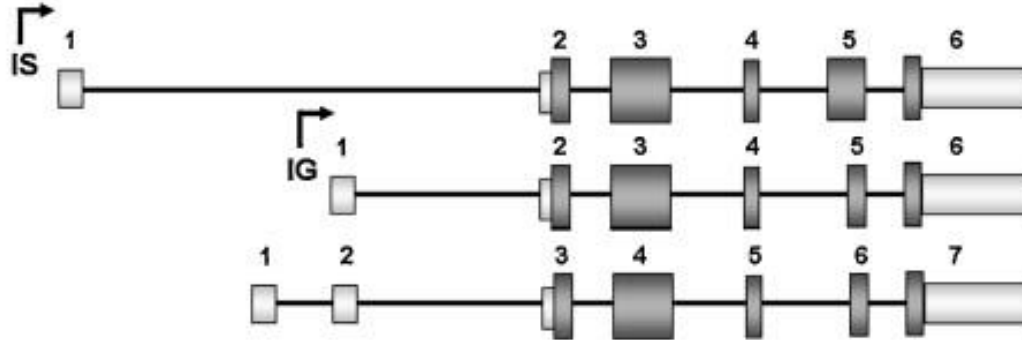
GATA transcription factors

- 6 human GATA transcription factors
- Bind to DNA consensus sequence (A/T)GATA(A/G)
- Mediated through two Cys4 zinc fingers (Cys-X₂-Cys-X₁₇-Cys-X₂-Cys)



GATA2 structure and expression

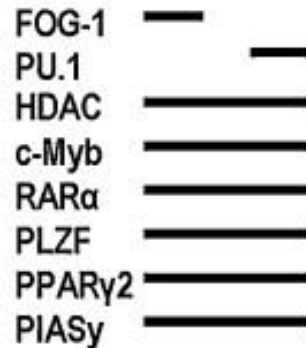
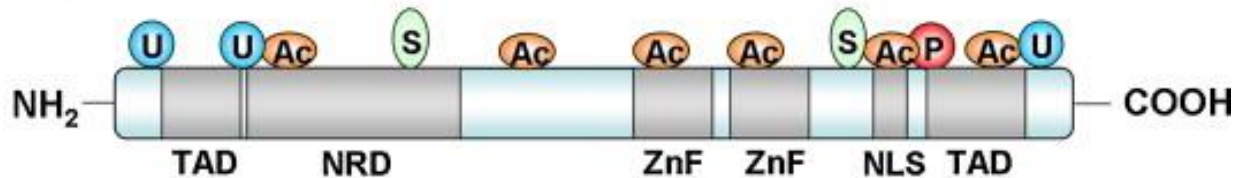
GATA2 genomic structure



Multiple transcripts:

- Hematopoietic cells & CNS
- Also in endothelial cells, placenta, fetal liver, and fetal heart
- Unknown (recently reported in NCBI database)

GATA2 protein structure

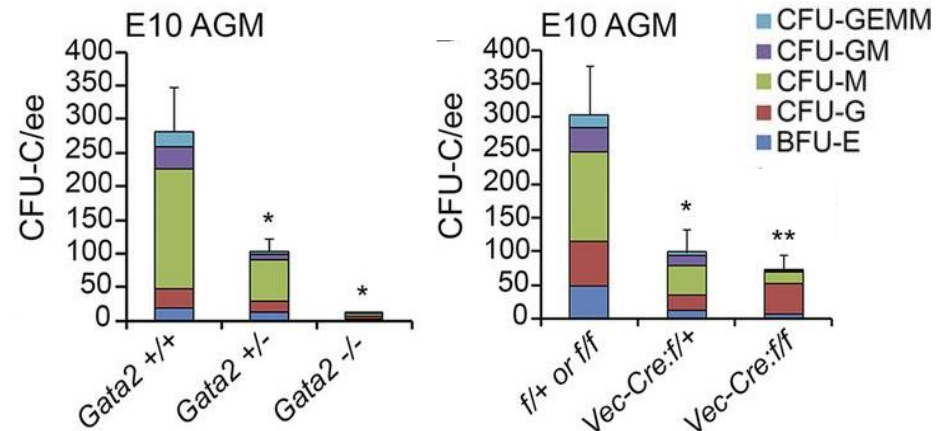


- Extensive post-translational modification alters transcriptional activity
 - Nuclear localization
 - Cofactor recruitment
 - Protein stability
- Zn fingers mediate binding between specific DNA sequences and cofactor complexes

GATA2 is required for HSC generation and survival

- GATA2 is pivotal in the endothelial to hematopoietic transition that produces the first adult HSCs
- Homozygous knockout of *Gata2* is lethal due to the failure of hematopoiesis

AGM – aorta-gonad-mesonephros



CFU-GEMM – Granulocyte, erythrocyte, macrophage, megakaryocyte

CFU-GM – Granulocyte, macrophage

CFU-G – Granulocyte

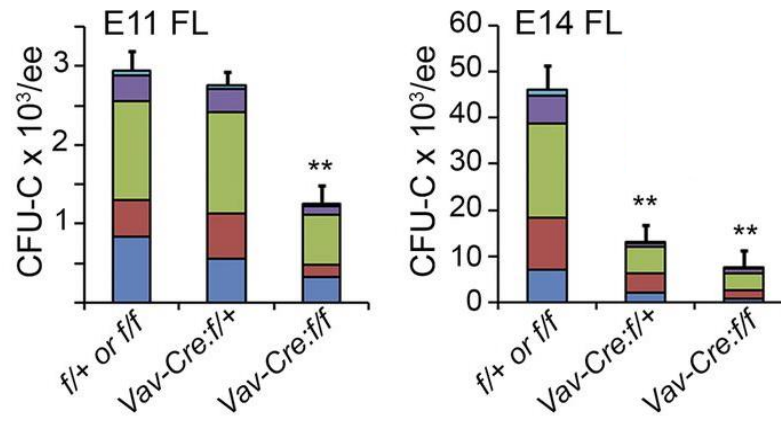
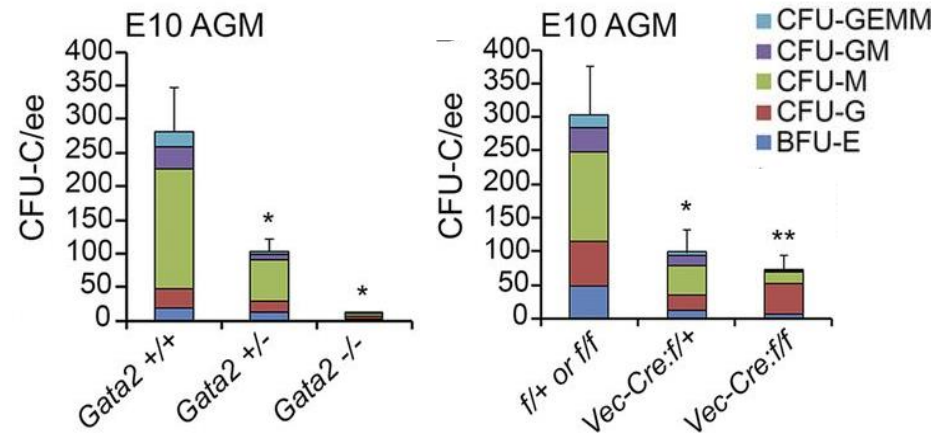
CFU-M – Macrophage

BFU-E – Burst forming unit-erythroid

GATA2 is required for HSC generation and survival

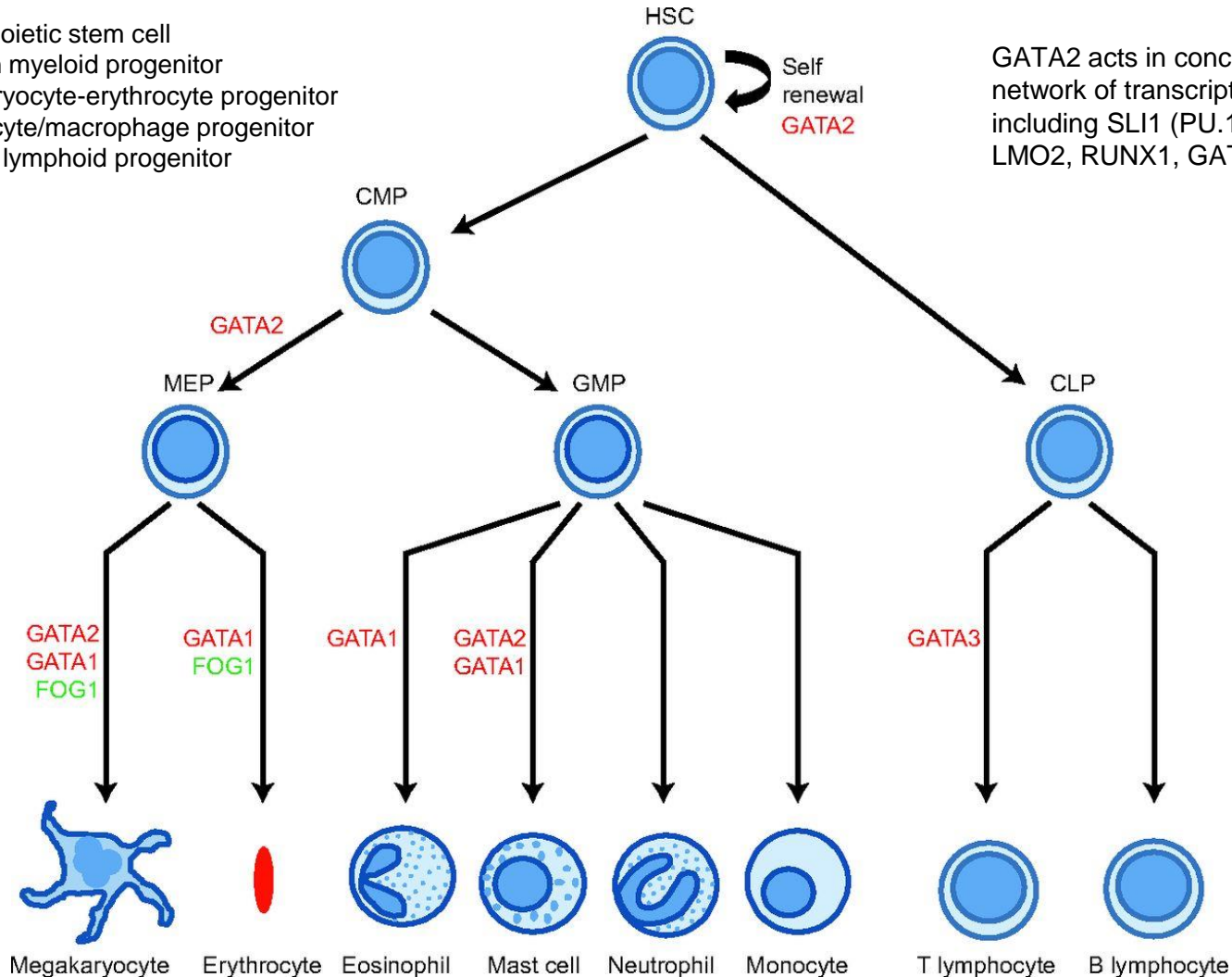
- GATA2 is pivotal in the endothelial to hematopoietic transition that produces the first adult HSCs
- Homozygous knockout of *Gata2* is lethal due to the failure of hematopoiesis

AGM – aorta-gonad-mesonephros
FL – fetal liver



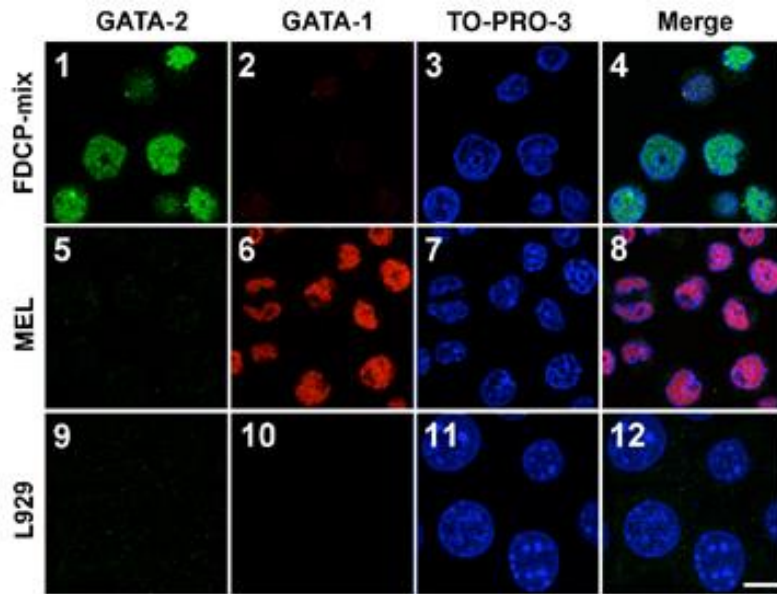
GATA2 is required for the development of specific cell lineages

HSC - hematopoietic stem cell
CMP - common myeloid progenitor
MEP - megakaryocyte-erythrocyte progenitor
GMP - granulocyte/macrophage progenitor
CLP - common lymphoid progenitor



GATA2 acts in concert with a large network of transcription factors, including SLI1 (PU.1), FLI1, SCL, LMO2, RUNX1, GATA1, and CEBP α

GATA2 is replaced by GATA1 during erythropoiesis

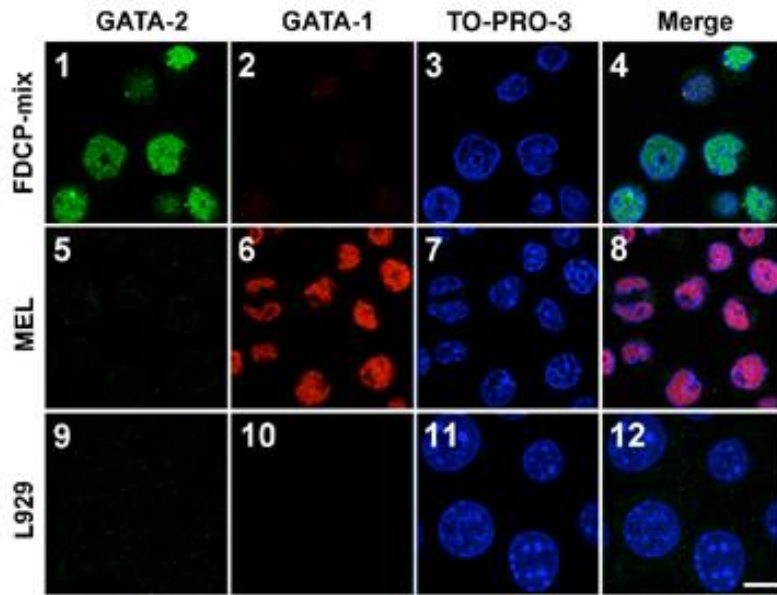


FDCP (factor-dependent cell Paterson) **mix cells** – murine multipotent hematopoietic progenitors

MEL (mouse erythroleukemia cells) – transformed erythroid cells

Anguita et al. EMBO J. 2004;23:2841-2852

GATA2 is replaced by GATA1 during erythropoiesis

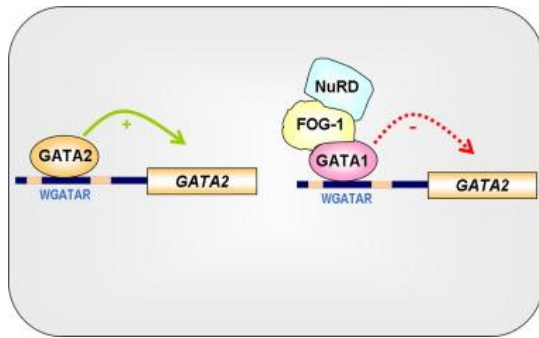
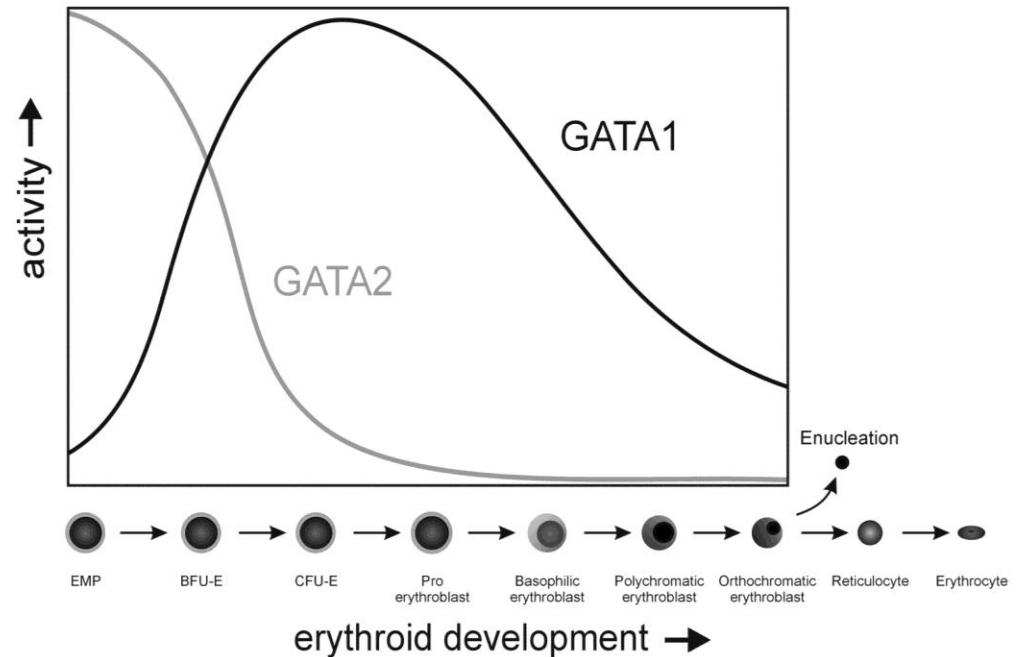


Anguita et al. EMBO J. 2004;23:2841-2852

FDCP (factor-dependent cell Paterson) **mix cells** – murine multipotent hematopoietic progenitors

MEL (mouse erythroleukemia cells) – transformed erythroid cells

“GATA switch”



Ferreira et al. Mol. Cell. Biol. 2005;25:1215-1227

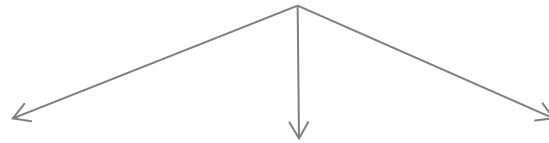
Vicente et al. Crit Rev in Oncol Hematol, 2012; 82(1):1-17

1. What is the role of GATA2?

GATA2



Hematopoietic
development



Maintenance of the
stem cell pool

Development of
specific cell lineages

1. What is the role of GATA2?

GATA2

2. Why do *Gata2* mutations make patients prone to certain infections and hematologic malignancies?



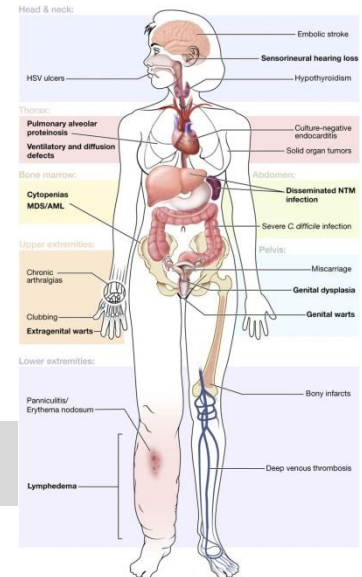
Hematopoietic development

Maintenance of the stem cell pool

Development of specific cell lineages



Mycobacterial and viral infections, MDS/AML, lymphedema



1. What is the role of GATA2?

GATA2

2. Why do *Gata2* mutations make patients prone to certain infections and hematologic malignancies?

Hematopoietic development

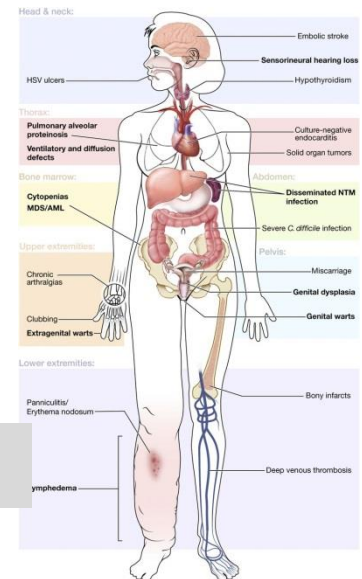
Maintenance of the stem cell pool

Development of specific cell lineages

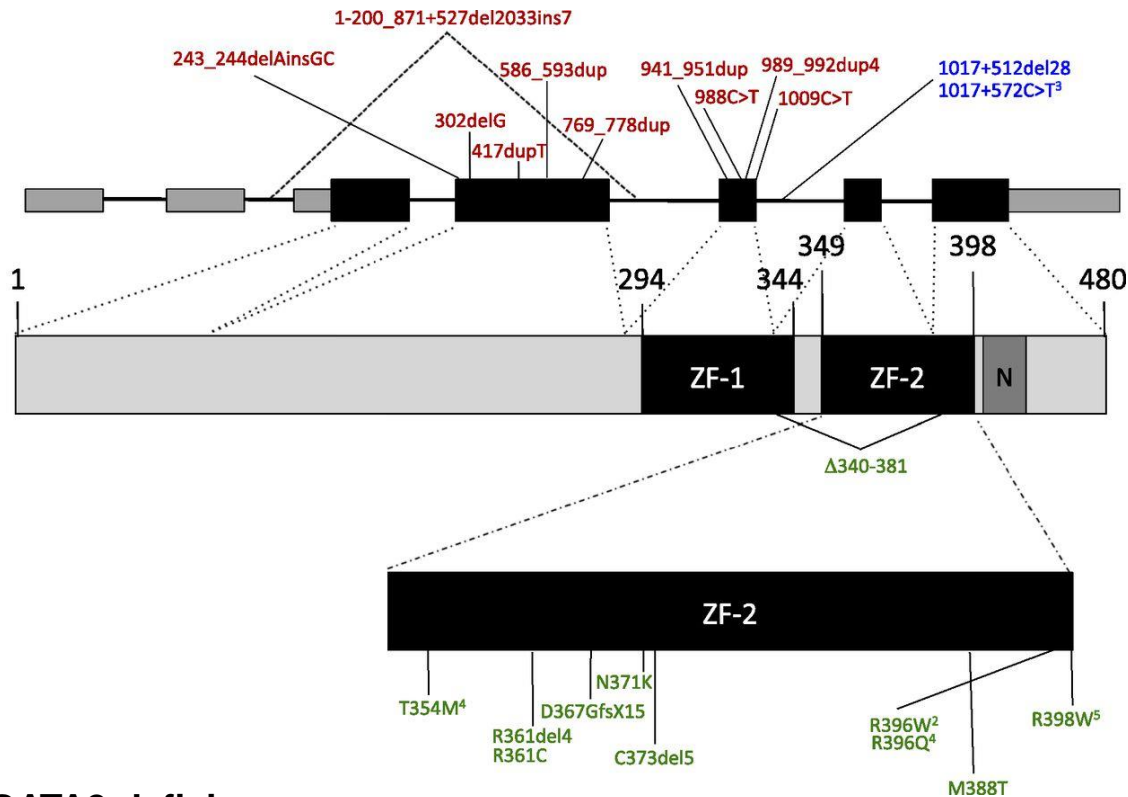
HAPLOINSUFFICIENCY

It Takes Two...Alleles!

Mycobacterial and viral infections, MDS/AML, lymphedema



Gata2 mutations



Spinner et al.
Blood 2014; 123:809-821

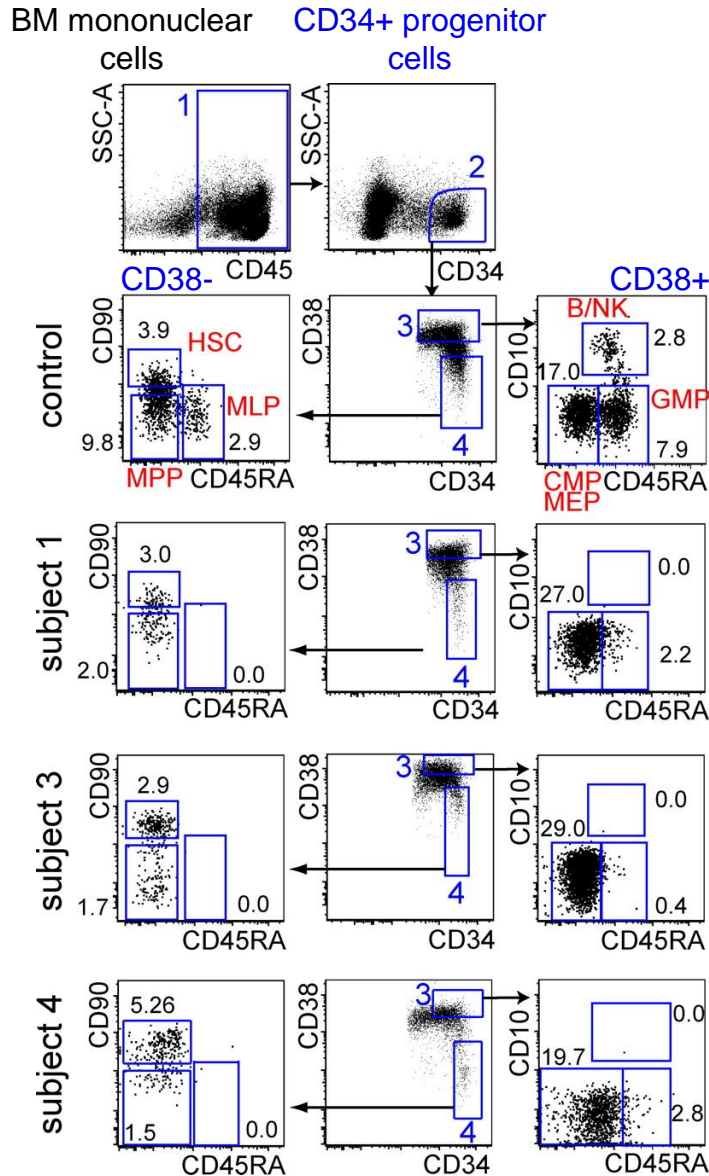
Mechanisms of GATA2 deficiency

Type of mutation (location)	Reported mechanisms	Probable effect
Regulatory (non-coding regions)	Mutation in intron 5 enhancer	Haploinsufficiency due to reduced transcription
*Insertion/deletion; nonsense (across coding region)	Nonsense-mediated decay; premature stop codon; disrupted splice site	Haploinsufficiency due to loss of expression or severe truncation of protein
SNP; missense (conc. in Zn fingers)	Non or hypo-functional protein; dominant negative functional protein	Haploinsufficiency due to expression of GATA2 protein with reduced function

*Tended to have earlier age of clinical presentation (18 vs 26 yrs)

Adapted from Collin et al. BJH Rev 2015;169:173-187

Depletion of specific populations of BM CD34+ cells



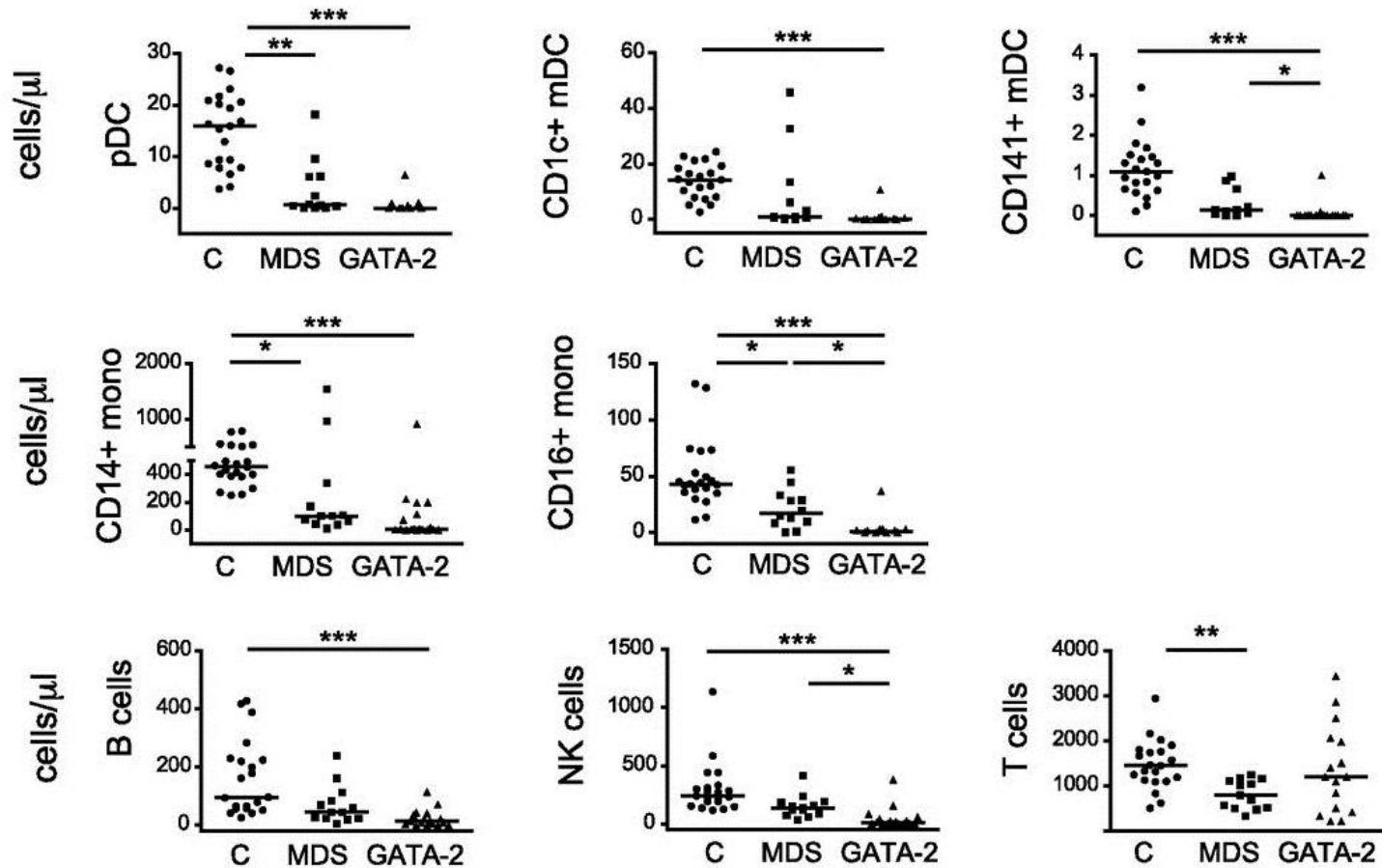
GATA2 haploinsufficiency results in BM depletion of:

MLP: Multilymphoid progenitors
(CD38⁻CD90^{lo}CD45RA⁺)

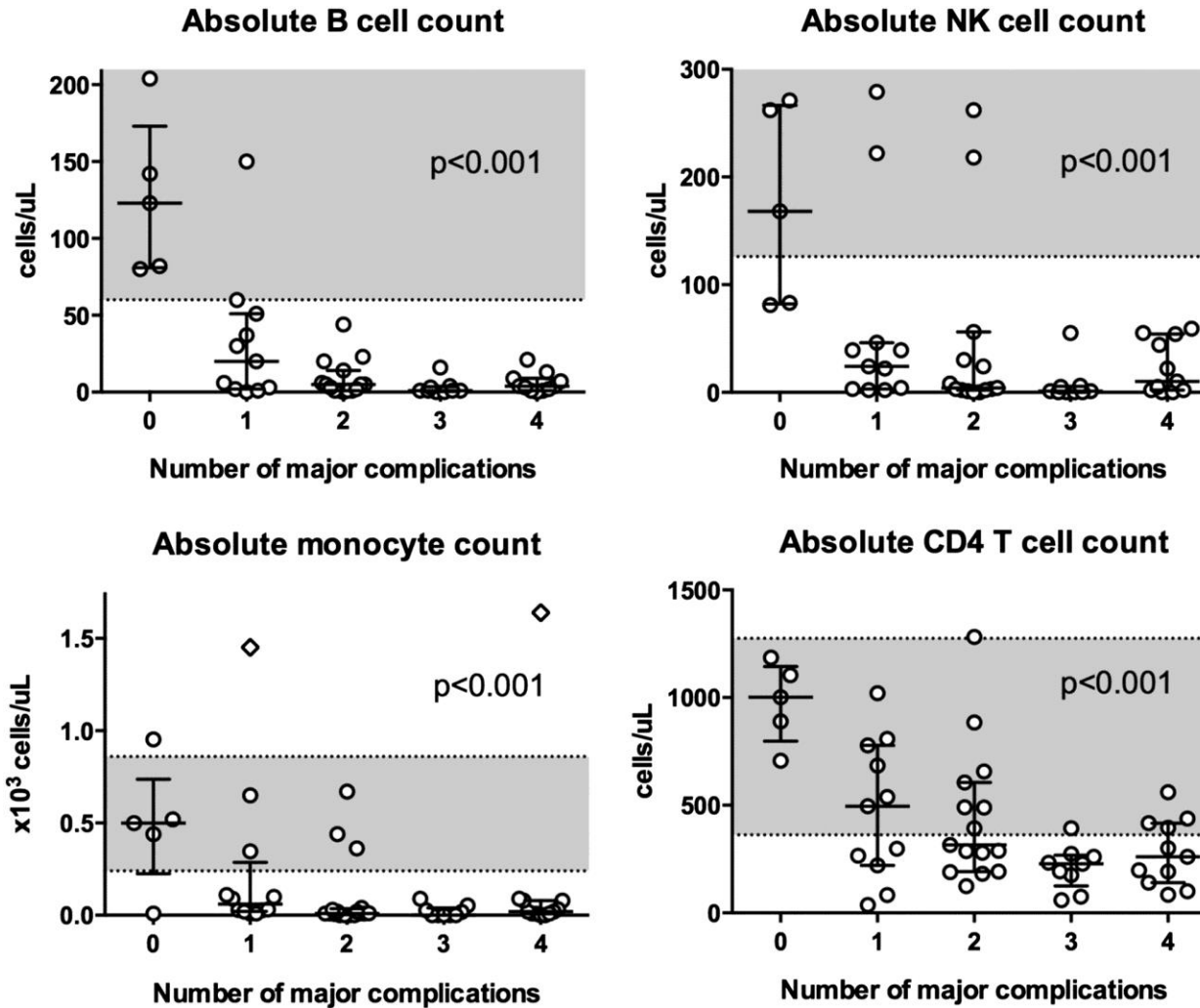
↳ **B/NK** precursors
(CD38⁺CD10⁺)

GMP: Granulocyte macrophage progenitors
(CD38⁺CD10⁻CD45RA⁺)

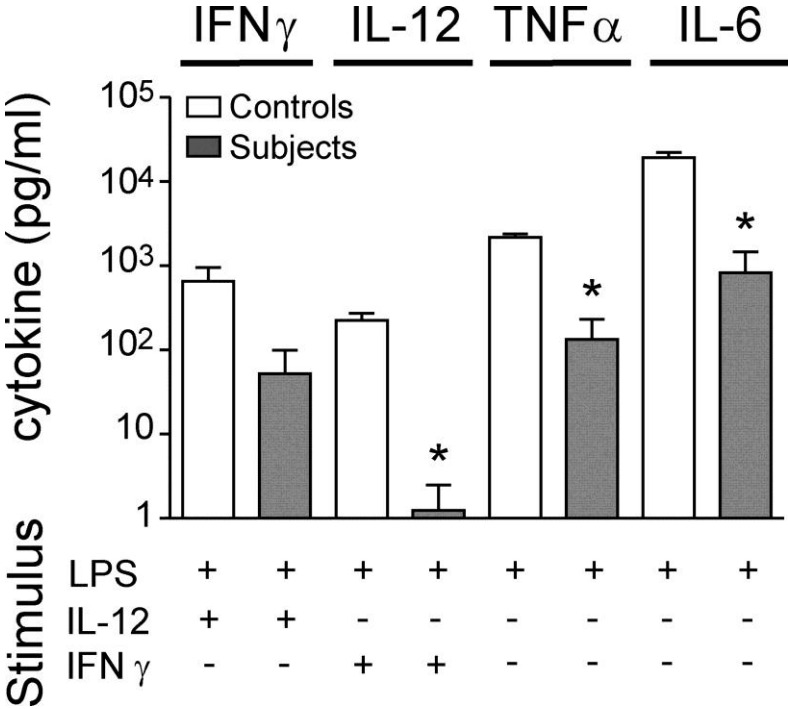
Depletion of certain peripheral cell populations



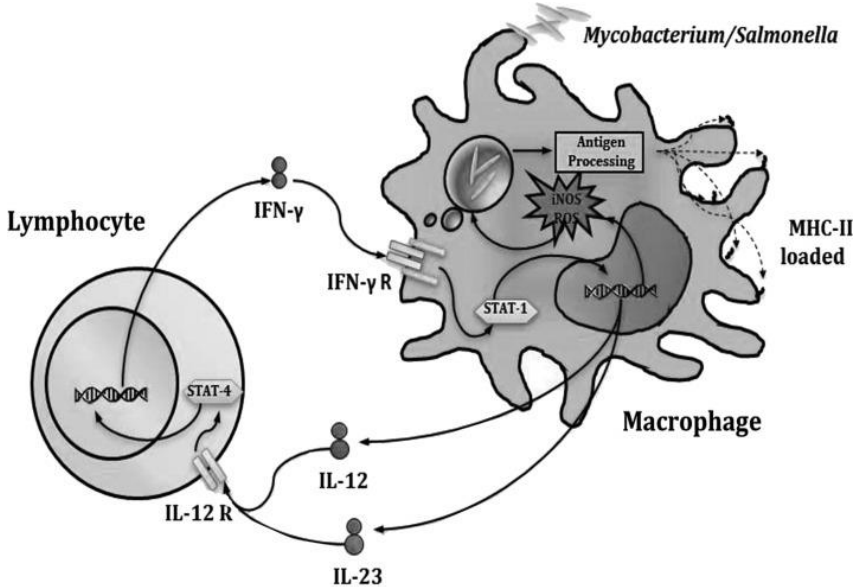
Blood cell counts correlate with disease severity



Dysfunction of the IL-12/IFN- γ axis

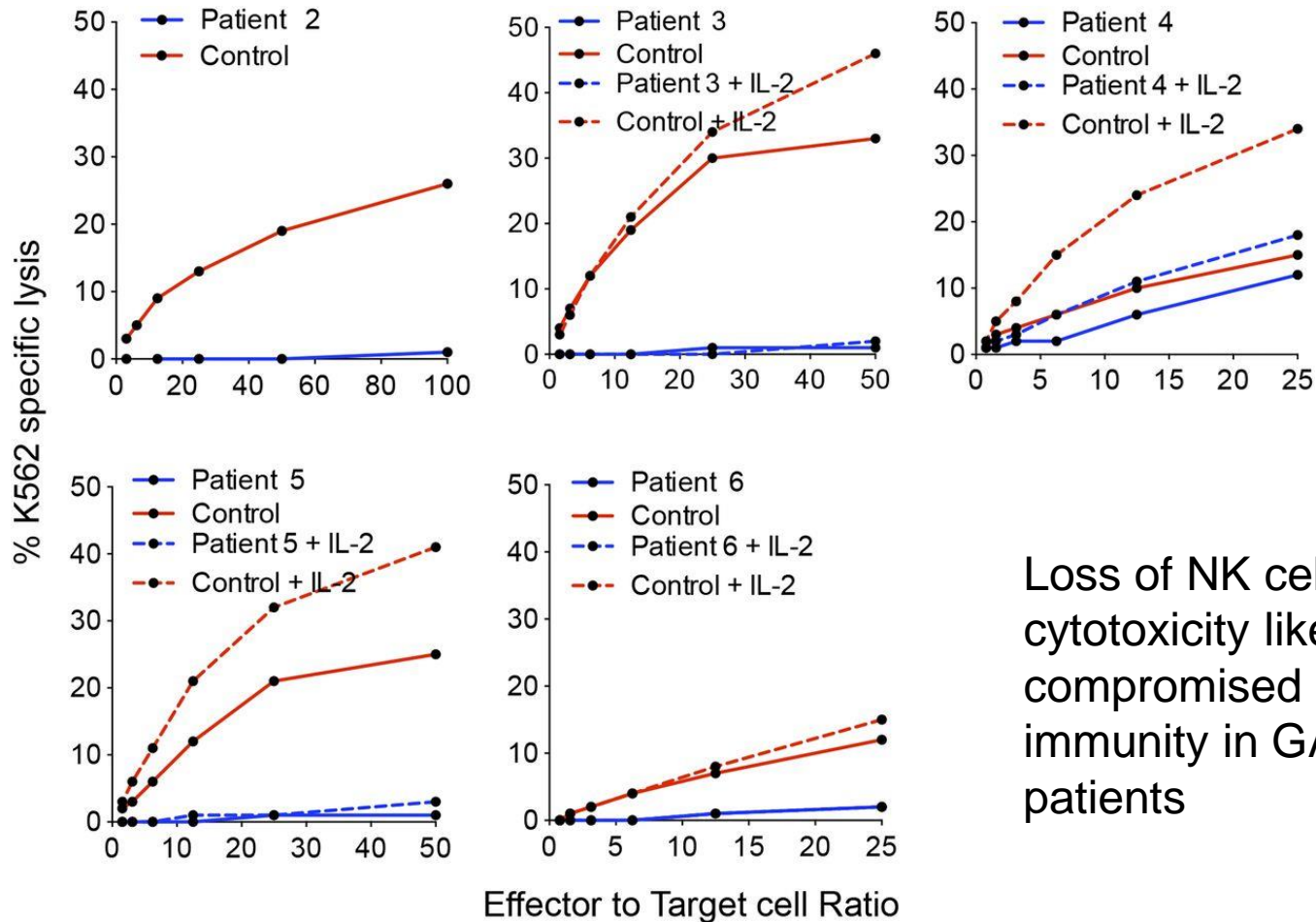


Venetia Bigley et al. J Exp Med 2011;208:227-234



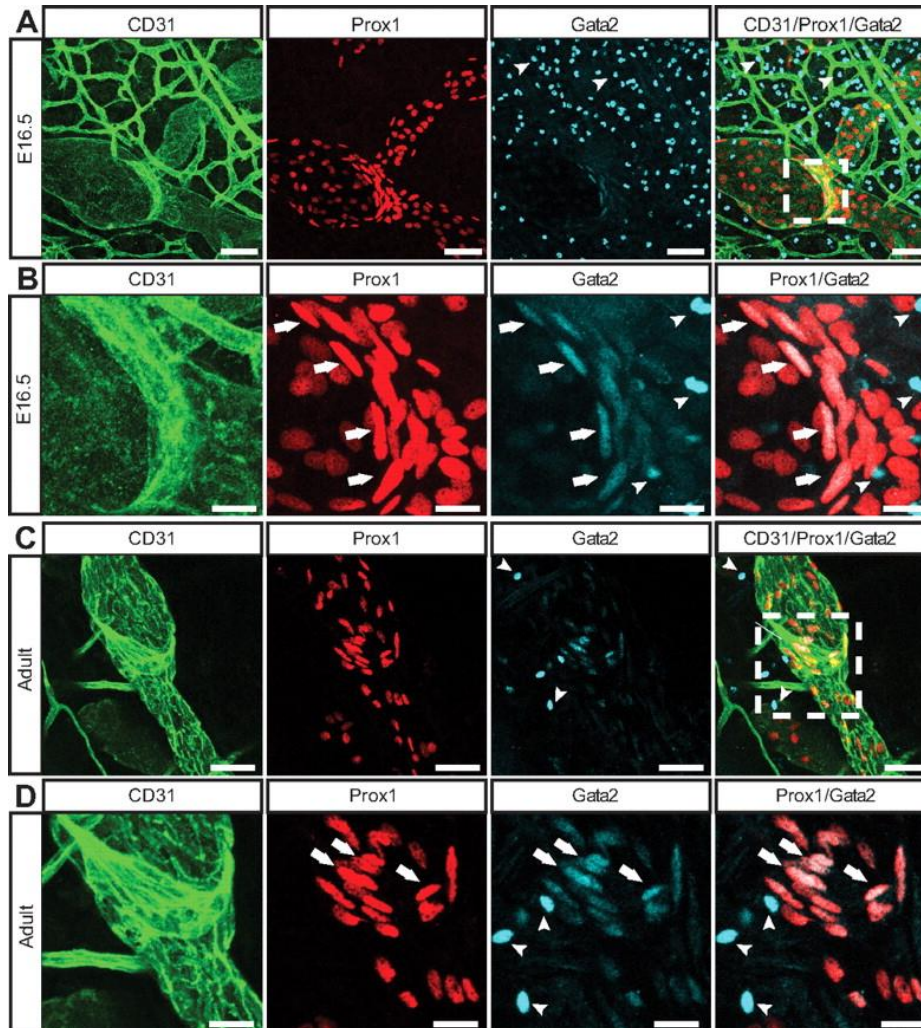
Ramirez-Alejo & Santo-Argumedo. 2014. 34(5):307-317.

GATA2-deficient patients have defective NK cell cytotoxicity



Loss of NK cell cytotoxicity likely leads to compromised antiviral immunity in GATA2 patients

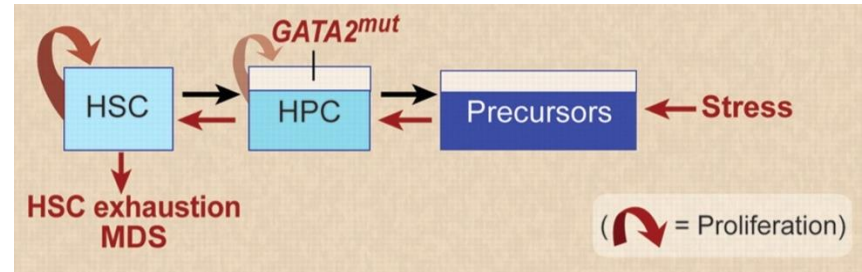
GATA2 localizes to lymphatic valves, suggesting a key role in lymphatic vascular development



Does GATA2 haploinsufficiency lead to altered development and, hence, early onset lymphedema?

GATA2 and MDS/AML

- 30-50% of patients at presentation
- 30-year median onset
- 90% lifetime risk

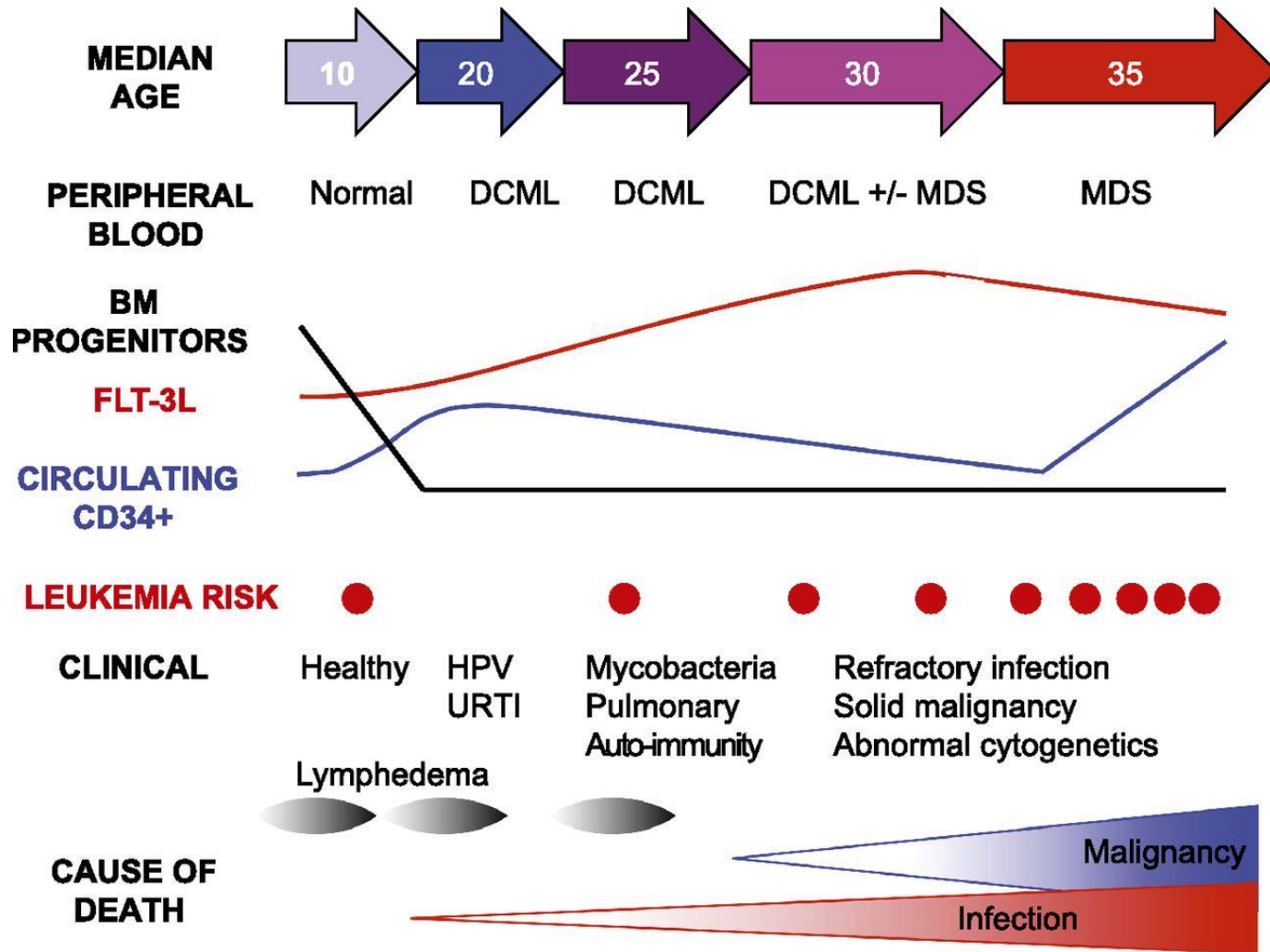


Migliaccio, & Bieker Blood 2011;118:2647-2649

<i>GATA2</i> configuration	Associated with	Outcome
Germline heterozygous mutation	<i>ASXL1</i> <i>monosomy 7</i> <i>trisomy 8</i> <i>trisomy 21</i> <i>der(1;7), +1q -7q</i> <i>EZH2</i> <i>HECW2</i> <i>GATA1</i>	High risk MDS/AML

Collin et al. 2015. BJH Rev 169:173-187

Evolution of cellular deficiency with GATA2 mutation



Rachel E. Dickinson et al. Blood 2014;123:863-874

1. What is the role of GATA2?

GATA2

2. Why do *Gata2* mutations make patients prone to certain infections and hematologic malignancies?

Hematopoietic development

Maintenance of the stem cell pool

Development of specific cell lineages

HAPLOINSUFFICIENCY

Lack of progenitor populations in BM

Defective regulation of HSC proliferation

Lack of peripheral immune cells

Mycobacterial and viral infections, MDS/AML, etc.

Questions