

Leukaemia Section

Mini Review

t(X;11)(q24;q23) MLL-SEPTIN6

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Clinics and pathology

Disease

All the described cases were diagnosed as having acute myeloid leukemia (AML), classified as FAB- M2 (5 cases), M4 (4 cases), M1 (1 case) and M5 (1 case), indicating that AML with the MLL-SEPTIN6 fusion gene have a tendency to differentiate into the myeloid lineage. All the patients were infants and young children aged 0 to 29 months, suggesting that AML with t(X;11)(q24;q23) is a subgroup of infant leukemia.

Phenotype/cell stem origin

Suggested involvement of a pluripotent stem cell or a myeloid progenitor cell.

Etiology

No known prior exposure; putative association with in utero exposure to recurrent genetic insults.

Epidemiology

Involvement of the SEPTIN6 gene on Xq24 in MLL rearrangements occurs very rarely, with only 13 cases (7 males, 6 females) having been documented in the literature. In addition, 3 AML cases with chromosomal translocation t(X;11)(q24;q23) (3 males aged 0 to 6 years), which also potentially could be found to involve MLL and SEPTIN6 genes have been described confirming the recurrent nature of this translocation.

Clinics

Hepatosplenomegaly (3 cases), massive and diffuse adenopathy (2 cases), lymphadenopathy (2 cases), CNS involvement in 2 cases as well as chloroma, scalp nodules, mucosal and cutaneous pallor, bluish cutaneous nodules and petechiae were described. Notably, in 2 of the patients bilateral and right exophthalmus was described. Peripheral blood

leukocytosis (WBC 13.4x10⁹/L to 608x10⁹/L; mean 223x10⁹/L), anemia and thrombocytopenia were reported in the majority of patients.

Prognosis

From the 4 patients treated with chemotherapy one is alive (13+ months), 3 patients died 1 to 8 months from diagnosis; 8 patients received bone marrow transplantation, among them 2 of the patients died after 9 and 11 months, 6 patients are alive (one months to 7 years) indicating the prognosis is rather poor.

Cytogenetics

Cytogenetics morphological

Chromosomal rearrangements of 11q23 and Xq24 resulting in MLL-SEPT6 fusions are often complex and sometimes cryptic associated with 11q insertions. In addition, molecular detection of MLL-SEPTIN6 transcripts in cases with normal cytogenetics and in patients with chromosomal Xq22 breakpoints indicates the difficulty in precise chromosomal breakpoint definition.

Additional anomalies

+6 (2 cases), del(11)(q13), i(10)(q10), add(X)(p11) described in single cases.

Variants

At least four different types of chromosomal rearrangements have been described that can generate the MLL-SEPT6 fusion.

Genes involved and proteins

Note

MLL and SEPTIN6 reside on their respective chromosome loci in reverse orientation, that is, the orientation of the MLL gene is centromere-to-telomere

Transcript

5'-MLL/SEPTIN6-3' chimeric transcript.

Fusion protein**Note**

The MLL-SEPT6 chimeric protein consists of the AT-hook DNA-binding, the DNA methyltransferase, the and repression domains of MLL and almost the entire open reading frame of SEPT6 including the central conserved ATP-GTP binding motif.

Expression / Localisation

MLL fusion genes express in-frame chimeric proteins residing in the nucleus.

Oncogenesis

MLL is fused with a partner gene in MLL-related leukemias leading to the aberrant activation of target genes, including HOX genes. The phenotype depends on the fusion partner, indicating that each fusion partner is critical for the leukemogenesis. Among partner genes, septins are the protein family most frequently involved in rearrangements with MLL, suggesting that SEPTIN family members are particularly vulnerable to form MLL translocations. MLL fusions with several different SEPTIN family members (SEPT2, SEPT5, SEPT9, and SEPT11) are preferentially associated with myeloblastic rather than lymphoblastic leukemogenesis suggesting an important common pathway to leukaemogenesis in AML with these translocations.

The observation that overexpression of SEPT6 itself does not lead to the myeloid immortalization of murine hematopoietic progenitors in vitro, whereas the overexpression of MLL-SEPT6 does indicate that the fusion partner-mediated homo-oligomerization of MLL-SEPT6 through its intact GTP-binding domain and coiled-coil region in the nucleus is essential to immortalize hematopoietic progenitors. However, MLL-SEPT6 rearrangement induced lethal myeloproliferative disease with long latency in mice, but not acute leukemia in experimental models. These findings suggest that secondary genotoxic effects on DNA repair and/or cell-cycle regulation are required for oncogenesis in MLL-SEPT6 associated leukemias.

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