

Expanding the phenotypic and genetic spectrum of radioulnar synostosis associated hematological disease

Amanda Walne,¹ Hemanth Tummala,¹ Alicia Ellison,¹ Shirleny Cardoso,¹ Jasmin Sidhu,¹ Gabriela Sciuccati,² Tom Vulliamy¹ and Inderjeet Dokal¹

¹Centre for Genomics and Child Health, Blizard Institute, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, Barts NHS Trust, UK and ²Servicio de Hematología y Oncología, Hospital de Pediatría "Prof. Dr. J.P. Garrahan", Buenos Aires, Argentina

Correspondence: a.walne@qmul.ac.uk
doi:10.3324/haematol.2017.183855

Expanding the phenotypic and genetic spectrum of radioulnar synostosis associated hematological disease

Amanda Walne, Hemanth Tummala, Alicia Ellison, Shirleny Cardoso, Jasmin Sidhu, Gabriela Sciuccati, Tom Vulliamy, Inderjeet Dokal

Supplementary Information – comprising 2 tables and 1 figure

Supplementary Table 1 – Characteristics of cases of radioulnar synostosis associated bone marrow failure reported in the literature

Patient	Age at diagnosis	Nationality/ ethnicity	Gene/ variant	RUS	Family history	Peripheral blood	Skeletal/ Limb abnormality	Bone marrow	Fanconi anaemia test	Transfusion dependent	Other	HSCT	Ref
Family 1 Case 1	Birth	Caucasian/ Native American	<i>HOXA11</i> c.872delA p.N291Tfs*3	Blt	Yes	Pancytopenia	Blt clinodactyly, Hip dysplasia	Hypocellular	Normal	Yes		Unrelated BMT	1,2
Family 1 Case 2	Birth	Caucasian/ Native American	<i>HOXA11</i> c.872delA p.N291Tfs*3	Blt	Yes	Thrombo-cytopenia	Hip dysplasia	↓ Megakaryocytes	Normal	Yes		Unrelated CBT	1,2
Family 2 Case 3	Birth	Filipino	<i>HOXA11</i> c.872delA p.N291Tfs*3	Blt	Yes	Thrombo-cytopenia	Blt clinodactyly	Hypercellular, no megakaryocytes	Normal	Yes	Deafness	Related BMT	1,2
Family 2 Case 4	Birth	Filipino	<i>HOXA11</i> c.872delA p.N291Tfs*3	Ult	Yes	Thrombo-cytopenia	Blt clinodactyly	↓ Megakaryocytes	Normal	Yes			1,2
TRS1	Birth	Japanese	<i>MECOM</i> c.2266A>G p.T756A	Blt	No	Pancytopenia	Bony defect 4 th and 5 th fingers	Hypocellular, no megakaryocytes	Normal		Cleft palate	CBT	3
TRS2	Birth	Japanese	<i>MECOM</i> c.2252A>G p.H751R	Blt	No	Thrombo-cytopenia	Blt clinodactyly	No megakaryocytes	Normal		Dysarthria, Deafness	Unrelated BMT	3,4
TRS3	Birth	Japanese	<i>MECOM</i> c.2248C>T p.R750W	Blt	No	Pancytopenia	Overlapping fingers	Hypocellular	Normal		Enlarged spleen	Unrelated BMT	3,5
UB004	18 months		<i>MECOM</i> c.2248C>T p.R750W	Yes	No	Pancytopenia		Hypocellular	Normal		Tetralogy of Fallot	HSCT	6
I:1	73 years (MDS diagnosis)		<i>MECOM</i> c.2296T>G p.C766G	Yes	Yes	Thrombo-cytopenia	Limb dysmorphisms	Myeloid malignancy			Impaired hearing		7
II:3	48 years (MDS diagnosis)		<i>MECOM</i> c.2296T>G p.C766G	Yes	Yes	Thrombo-cytopenia	Limb dysmorphisms	Myeloid malignancy			Impaired hearing	Unrelated BMT	7
III:2	18 years		<i>MECOM</i> c.2296T>G p.C766G	Yes	Yes	No cytopenias at 24yrs	Limb dysmorphisms	No biopsy done			Impaired hearing		7
III:3	18 years		<i>MECOM</i> c.2296T>G p.C766G	Yes	Yes	No cytopenias at 24yrs	Limb dysmorphisms	No biopsy done			Impaired hearing, Ischemic insults		7

Female	Birth	African American	MECOM c.2248C>T p.R750W	Blt	No	Amegakaryocytic thrombocytopenia	Hip dysplasia, Overlapping fingers		Normal	Yes	Premature, Facial dysmorphia	BMT	8
Male	3 years	Yemeni	BCR-ABL translocation (t9:22)	Blt	No	Null B-ALL		Blast cells dominate			Enlarged spleen		9
Female	Birth		No report	Blt	Yes	Pancytopenia	Blt clinodactyly	Hypocellular	Normal	Yes		Yes	10
Male	Birth	White	No report	Blt	No	Pancytopenia	Blt clinodactyly	Hypocellular	Normal	Yes	Developmental delay	Related BMT	11
Family B Case 3	22 years	Portuguese	No report	Blt	Yes	Pancytopenia		Hypocellular	Normal	Yes			12

HSCT – hematopoietic stem cell transplantation; Blt – bilateral; Ult – unilateral; RUS – radioulnar synostosis; BMT – bone marrow transplantation; CBT – umbilical cord blood transplantation; MDS – myeloid dysplastic syndrome; Limb dysmorphisms – brachy, campto and clinodactyly, patella hypoplasia, metatarsus adductus, hallux valgus; B-All – B-cell acute lymphoblastic leukemia

Supplementary Table 2 – Characteristics of cases with germline *MECOM* variants and hematological defects but no radioulnar synostosis reported in the literature

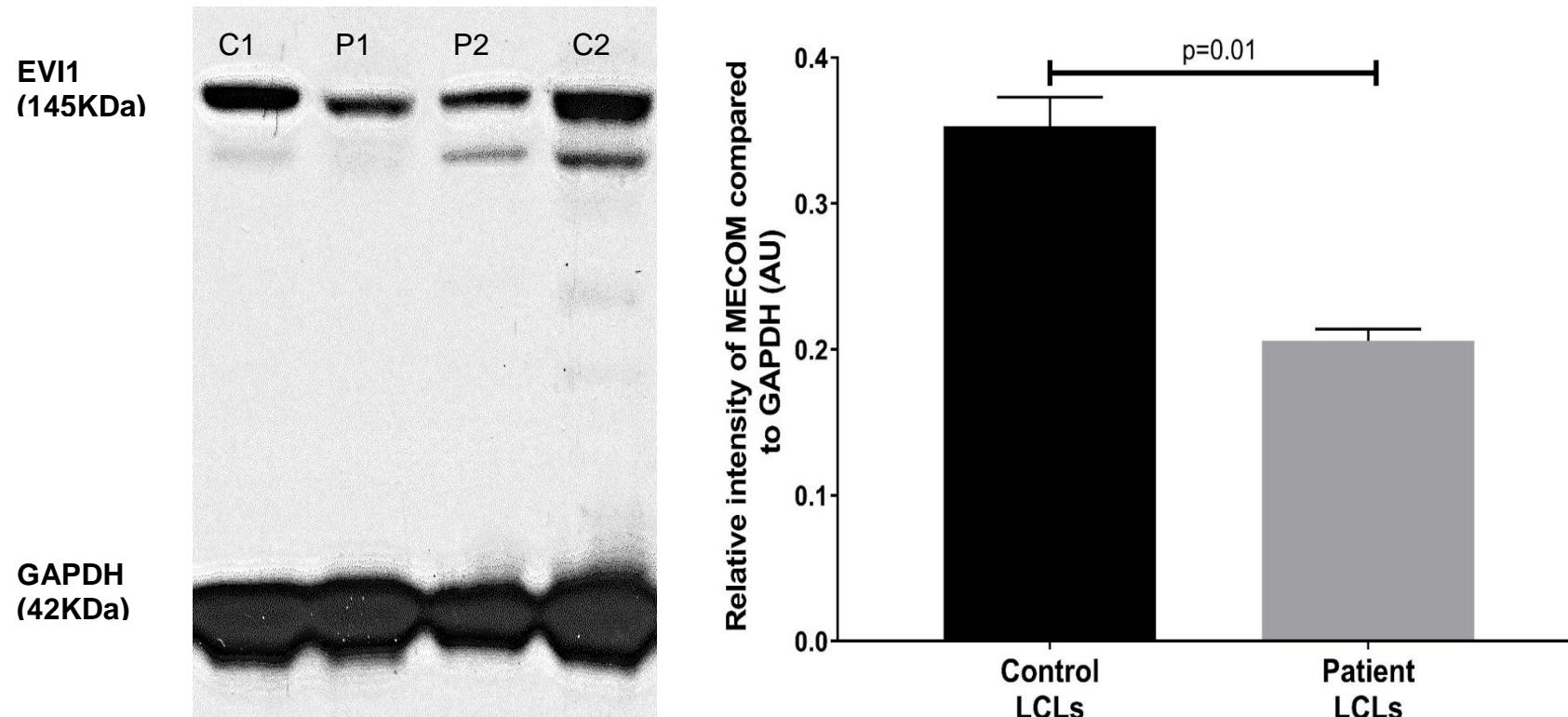
Patient	Age at diagnosis	Nationality /ethnicity	Variant	Family history	Peripheral blood	Skeletal/ Limb abnormality	Bone marrow	Fanconi anaemia test	Other	HSCT	Ref
UB036	6 months	French	c.2334G>T p.R778S	No	Pancytopenia	Thumb abnormalities	Hypocellular	Normal	Myocardial atrophy	Yes	6
UB093	3 months	French	c.1930G>T p.E644X	No	Pancytopenia	Clubfoot	Hypocellular	Normal	Pulmonary stenosis, Facial dysmorphia	Yes	6
UB100	Birth	French	c.1302_1306del p.K434fs*10	No	Pancytopenia		Hypocellular	Normal		Yes	6
UB104	9 months	French	c.2900_2903del p.D967fs*4	No	Pancytopenia		Hypocellular	Normal		Yes	6
UB153	9 months	French	c.2208-1G>A	No	Pancytopenia	Thumb abnormalities	Hypocellular	Normal	Renal hypoplasia	Yes	6
Female	Birth	Caucasian	3q26.2 deletion	Yes	Thrombocytopenia	Fingernail clubbing	Hypocellular	Normal		Unrelated BMT	13
Male	Birth	Caucasian	3q26.2q26.31 deletion	No	Thrombocytopenia				Facial dysmorphia	Died aged 28 days	14

HSCT – hematopoietic stem cell transplantation; Blt – bilateral; BMT – bone marrow transplantation

Supplementary references

1. Thompson AA, Woodruff K, Feig SA, Nguyen LT, Schanen NC. Congenital thrombocytopenia and radio-ulnar synostosis: a new familial syndrome. *Br J Haematol.* 2001;113(4):866-870.
2. Thompson AA, Nguyen LT. Amegakaryocytic thrombocytopenia and radio-ulnar synostosis are associated with HOXA11 mutation. *Nat Genet.* 2000;26(4):397-398.
3. Niihori T, Ouchi-Uchiyama M, Sasahara Y, et al. Mutations in MECOM, Encoding Oncoprotein EVI1, Cause Radioulnar Synostosis with Amegakaryocytic Thrombocytopenia. *Am J Hum Genet.* 2015;97(6):848-854.
4. Sugita M, Yokokawa Y, Yoneyama H, Kaneko T. A case of amegakaryocytic thrombocytopenia with radio-ulnar synostosis syndrome, successfully treated with allogenic bone marrow transplantation. *Haematologica.* 2007;92:280.
5. Yoshida H, Hashii Y, Okuda T, et al. A case of congenital bone marrow failure with radio-ulnar synostosis. *Int J Hematol.* 2010;91(2):331-332.
6. Bluteau O, Sebert M, Leblanc T, et al. A landscape of germline mutations in a cohort of inherited bone marrow failure patients. *Blood.* 2018;131(7):717-32 .
7. Ripperger T, Hofmann W, Koch JC, et al. MDS1 and EVI1 complex locus (MECOM): a novel candidate gene for hereditary hematological malignancies. *Haematologica.* 2018;103(2):e55-e8 .
8. Lord SV, Jimenez JE, Kroeger ZA, et al. A MECOM variant in an African American child with radioulnar synostosis and thrombocytopenia. *Clin Dysmorphol.* 2018;27(1):9-11.
9. Qari RM, Aljaouni SK. Congenital bilateral radioulnar synostosis with acute lymphoblastic leukemia: A case report. *J Appl Hematol.* 2017;8:36-38.
10. Sola MC, Slayton WB, Rimsza LM, et al. A neonate with severe thrombocytopenia and radio-ulnar synostosis. *J Perinatol.* 2004;24(8):528-530.
11. Castillo-Caro P, Dhanraj S, Haut P, et al. Proximal radio-ulnar synostosis with bone marrow failure syndrome in an infant without a HOXA11 mutation. *J Pediatr Hematol Oncol.* 2010;32(6):479-485.
12. Dokal I, Ganly P, Riebero I, et al. Late onset bone marrow failure associated with proximal fusion of radius and ulna: a new syndrome. *Br J Haematol.* 1989;71(2):277-280.
13. Nielsen M, Vermont CL, Aten E, et al. Deletion of the 3q26 region including the EVI1 and MDS1 genes in a neonate with congenital thrombocytopenia and subsequent aplastic anaemia. *J Med Genet.* 2012;49(9):598-600.
14. Bouman A, Knegt L, Groschel S, et al. Congenital thrombocytopenia in a neonate with an interstitial microdeletion of 3q26.2q26.31. *Am J Med Genet A.* 2016;170A(2):504-509.

Supplementary Figure 1



Effect of p.Glu758Lys variant on the expression of MECOM from patients with RUS and hematological disease

A - Representative Western blots showing the relative amounts of MECOM protein (mouse monoclonal EVI1 antibody, Sigma) to GAPDH (rabbit monoclonal antibody, Santa Cruz) present in samples from either lymphoblastoid cell lines (LCLs) from patients (P1 and P2, Family 5 generation IV) and controls (C1 and C2).
B – Densitometry of the MECOM and GAPDH bands show that there is a slight reduction in the relative amount of protein in the patient samples compared with controls from the LCLs ($p=0.01$). Each blot was performed three times. Individually the MECOM levels for each patient is significantly lower than the controls. P1 vs controls $p=0.041$, P2 vs controls $p=0.035$ (unpaired T-test).