

# Epigenome profiling reveals aberrant DNA methylation signature in GATA2 deficiency

Oskar Marin-Bejar,<sup>1</sup> Damia Romero-Moya,<sup>1</sup> Javier Rodriguez-Ubreva,<sup>2</sup> Maximiliano Distefano,<sup>3</sup> Francesca Lessi,<sup>4</sup> Paolo Aretini,<sup>4</sup> Alessandro Liquori,<sup>5,6</sup> Julio Castaño,<sup>7</sup> Emilia Kozyra,<sup>8</sup> Lili Kotmayer,<sup>9</sup> Clara Bueno,<sup>10</sup> José Cervera,<sup>5,6,11</sup> José Carlos Rodríguez-Gallego,<sup>12,13,14</sup> Josep F. Nomdedeu,<sup>15</sup> Laura Murillo- Sanjuán,<sup>16</sup> Cristina Díaz de Heredia,<sup>16</sup> Antonio Pérez-Martínez,<sup>17,18,19</sup> Félix López-Cadenas,<sup>20,21</sup> Carolina Martínez-Laperche,<sup>22</sup> Nieves Dorado-Herrero,<sup>22</sup> Francisco M. Marco,<sup>23</sup> Felipe Prósper,<sup>6,24,25</sup> Pablo Menendez,<sup>6,10,26,27</sup> David Valcárcel,<sup>28</sup> Esteban Ballestar,<sup>2,29</sup> Csaba Bödör,<sup>9</sup> Anna Bigas,<sup>6,30,31</sup> Albert Catalá,<sup>3,32</sup> Marcin W. Wlodarski<sup>33</sup> and Alessandra Giorgetti<sup>1,4,34</sup>

<sup>1</sup>Regenerative Medicine Program, Bellvitge Institute for Biomedical Research (IDIBELL) and Program for Clinical Translation of Regenerative Medicine in Catalonia (P-CMRC), Barcelona, Spain; <sup>2</sup>Epigenetics and Immune Disease Group, Josep Carreras Research Institute (IJC), Barcelona, Spain; <sup>3</sup>Department of Hematology and Oncology, Institut de Recerca Sant Joan de Déu, Hospital Sant Joan de Déu, Barcelona, Spain; <sup>4</sup>Fondazione Pisana Per la Scienza ONLUS (FPS), San Giuliano Terme, Italy; <sup>5</sup>Hematology Research Group, Instituto de Investigación Sanitaria La Fe, Valencia, Spain; <sup>6</sup>Centro de Investigación Biomédica en Red de Oncología (CIBERONC), Instituto de Salud Carlos III, Madrid, Spain; <sup>7</sup>Advanced and Cell Therapy Services, Banc de Sang i Teixits, Barcelona, Spain; <sup>8</sup>Division of Pediatric Hematology and Oncology, Department of Pediatrics and Adolescent Medicine, Medical Center, Faculties of Medicine and Biology, University of Freiburg, Freiburg, Germany; <sup>9</sup>HCEMM-SE Molecular Oncohematology Research Group, Department of Pathology and Experimental Cancer Research, Semmelweis University, Budapest, Hungary; <sup>10</sup>Josep Carreras Leukemia Research Institute, Department of Biomedicine, School of Medicine, University of Barcelona, Barcelona, Spain; <sup>11</sup>Genetics Unit, Hospital Universitario y Politécnico La Fe, Valencia, Spain; <sup>12</sup>Department of Immunology, University Hospital of Gran Canaria Dr. Negrin, Canarian Health System, Las Palmas de Gran Canaria, Spain; <sup>13</sup>Department of Clinical Sciences, University Fernando Pessoa Canarias, Las Palmas de Gran Canaria, Spain; <sup>14</sup>Department of Medical and Surgical Sciences, School of Medicine, University of Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain; <sup>15</sup>Servei d'Hematologia Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona, IIB Sant Pau/Josep Carreras Leukemia Research Institute (IJC), Barcelona, Spain; <sup>16</sup>Pediatric Hematology and Oncology Division, Hospital Universitari Vall d'Hebron, Vall d'Hebron Institut de Recerca, Barcelona, Spain; <sup>17</sup>Pediatric Department, Universidad Autonoma de Madrid, Madrid, Spain; <sup>18</sup>Hospital La Paz Institute for Health Research, Madrid, Spain; <sup>19</sup>Pediatric Hemato-Oncology Department, University Hospital La Paz, Madrid, Spain; <sup>20</sup>Servicio de Hematología Hospital Clínico Universitario de Salamanca, Salamanca, Spain; <sup>21</sup>Instituto Biosanitario de Salamanca (IBSAL), Salamanca, Spain; <sup>22</sup>Servicio de Hematología, Hospital General Universitario Gregorio Marañón, Instituto de Investigación Sanitaria Gregorio Marañón, Madrid, Spain; <sup>23</sup>Immunology Department, Dr. Balmis General University Hospital, Institute for Health and Biomedical Research (ISABIAL), Alicante, Spain; <sup>24</sup>Area de Hemato-Oncología, CIMA Universidad de Navarra, Instituto de Investigación Sanitaria de Navarra (IDISNA), Pamplona, Spain; <sup>25</sup>Servicio de Hematología, CCUN, Clínica Universidad de Navarra, Universidad de Navarra, Pamplona, Spain; <sup>26</sup>Red Española de Terapias Avanzadas (TERAV) - Instituto de Salud Carlos III, Madrid, Spain; <sup>27</sup>Institució Catalana de Recerca i Estudis Avançats (ICREA), Barcelona, Spain; <sup>28</sup>Hematology Department, Vall d'Hebron University Hospital; Experimental Hematology, Vall d'Hebron Institute of Oncology (VHIO), Department of Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain; <sup>29</sup>Epigenetics in Inflammatory and Metabolic Diseases Laboratory, Health Science Center (HSC), East China Normal University (ECNU), Shanghai, China; <sup>30</sup>Programa de Investigación en Cáncer, IMIM (Hospital del Mar Medical Research Institute), Barcelona, Spain; <sup>31</sup>Josep Carreras Leukemia Research Institute (IJC), Barcelona, Spain; <sup>32</sup>Centro de Investigación Biomédica en Red de Enfermedades Raras (CIBERER), Instituto de Salud Carlos III, Madrid, Spain; <sup>33</sup>Department of Hematology, St. Jude Children's Research Hospital, Memphis, TN, USA and <sup>34</sup>Department of Pathology and Experimental Therapeutics, Faculty of Medicine and Health Sciences, Barcelona University, Barcelona, Spain

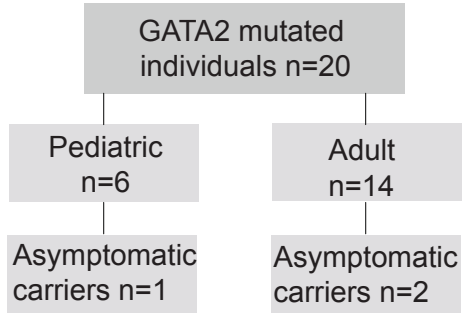
Correspondence:

A. GIORGETTI - [agiorgetti@idibell.cat](mailto:agiorgetti@idibell.cat)

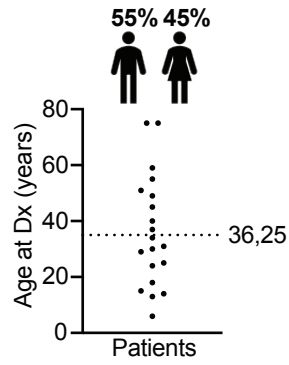
O. MARIN-BEJAR - [omarin@idibell.cat](mailto:omarin@idibell.cat)

<https://doi.org/10.3324/haematol.2022.282305>

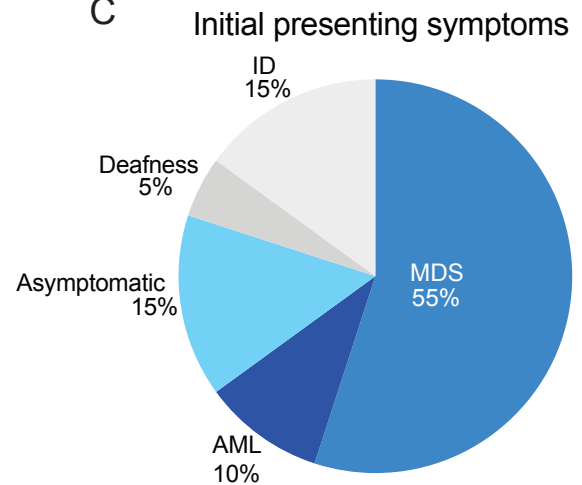
A



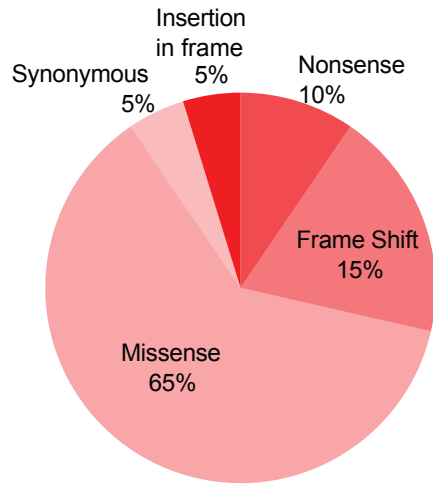
B



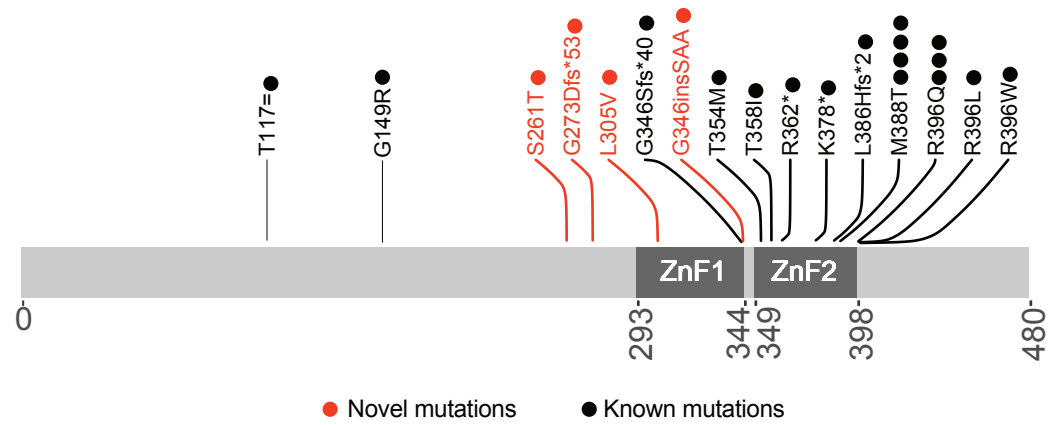
C



D



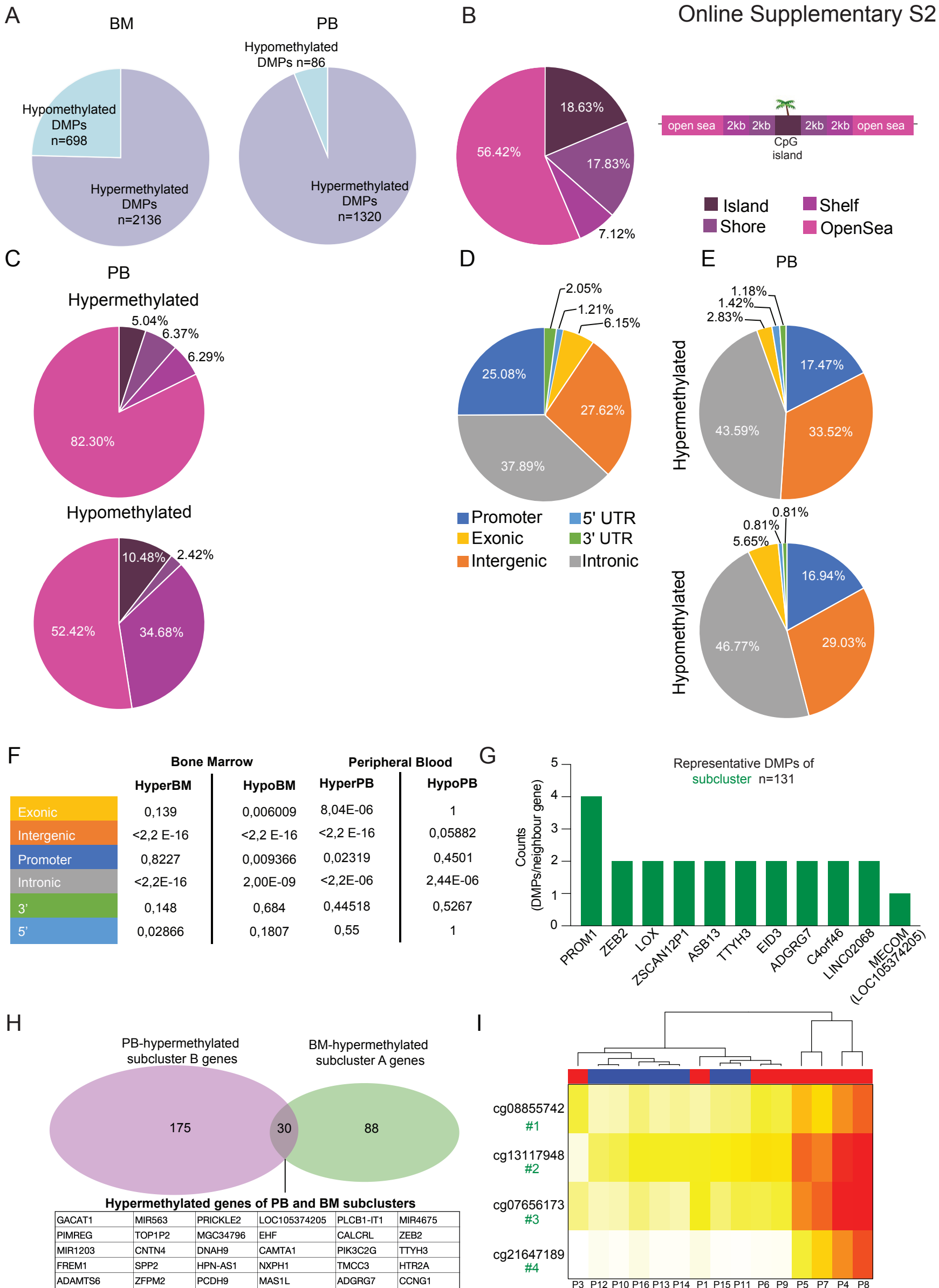
E

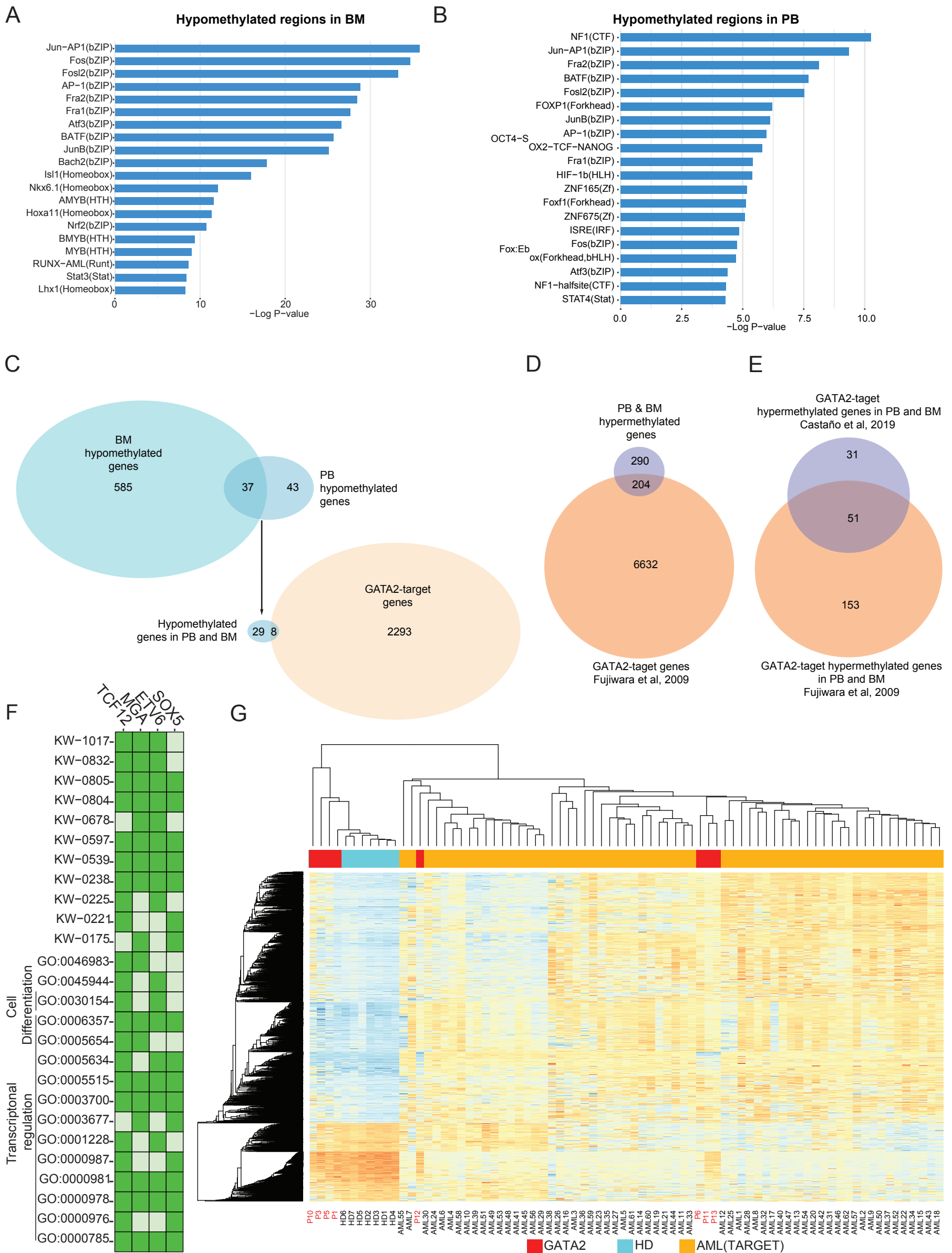


F

| Patient ID | Age | GATA2 mutation  | Presenting phenotype | Karyotype         | Somatic mutations |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
|------------|-----|-----------------|----------------------|-------------------|-------------------|-------|--------|-------|------|-------|------|------|------|------|--------|------|-------|-------|------|------|-------|------|-------|
|            |     |                 |                      |                   | STAG2             | ASXL1 | SETBP1 | CSMD1 | TET2 | RUNX1 | KRAS | PIGA | IDH2 | ATRX | BCORL1 | CBLB | ELANE | EP300 | TCF3 | JAK2 | KMT2C | MSH2 | SRSF2 |
| P1         | 6   | p.M388T         | AS                   | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P2         | 18  | p.R362*         | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P3         | 13  | p.R378*         | ID                   | Complex/Trisomy 8 |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P4         | 37  | p.T354M         | ID                   | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P5         | 51  | p.G273Dfs*53    | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P6         | 75  | p.S261T         | AML                  | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P7         | 30  | p.R396L         | MDS                  | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P8         | 15  | p.R396L         | ID                   | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P9         | 24  | p.G346Sfs*40    | MDS                  | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P10        | 59  | p.L305V         | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P11        | 45  | p.R396Q         | MDS                  | Complex           |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P12        | 25  | p.R396W         | MDS                  | Trisomy 8         |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P13        | 55  | p.T358I p.G149R | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P14        | 29  | p.L386Hfs*2     | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P15        | 34  | p.G346insSAA    | MDS                  | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P16        | 40  | p.M388T         | D                    | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |
| P17        | 75  | p.M388T         | AS                   | Normal            |                   |       |        |       |      |       |      |      |      |      |        |      |       |       |      |      |       |      |       |

MDS: Myelodysplastic Syndromes AML: Acute Myeloid Leukemia ID: Immunodeficiency AS: Asymptomatic D: Deafness





### **Supplemental Figure 1. Patient clinical characteristics and genetic landscape.**

- A) Summary of the GATA2 patient data: Pediatric (n=6) with asymptomatic carrier (n=1) and adult (n=14) with asymptomatic carriers (n=2).
- B) Box plot showing age and gender distribution at the DNA sample collection.
- C) Patient symptoms at diagnose. Myelodysplastic syndrome (MDS, 55%, dark blue), immunodeficiency (ID, 15%, light grey) asymptomatic (15%, light blue), acute myeloid leukemia (10%, indigo) and deafness (5%, dark grey).
- D) Pie chart showing the type of the different GATA2 mutations of the Spanish cohort n=20. Type of mutations and ratio: Synonymous, 5%; insertion, 5%; nonsense, 10%; frame-shift, 15% and missense, 65%
- E) Schematic of the GATA2 protein and aminoacidic mutation position. Location of germline variants of 20 individuals in our series are depicted in relation to the Zinc finger DNA binding domains. Circles represent individual cases and are colour coded by recurrent mutations (black) or novel mutations (red).
- F) Aggregation of the somatic mutations identified in our cohort of patients. Abbreviations; normal karyotype (bourdeaux), chromosome 8 trisomy (light blue), complex (dark blue) and not available (NA, grey).

### **Supplemental Figure 2. Unsupervised hierarchical clustering and *heat map* visualization of differentially *methylated* CpG sites of GATA2-mutant patients**

- A) Pie chart indicating the number of differentially methylated probes (DMPs); hypomethylated (light blue) and hypermethylated (royal blue) in both, bone marrow (BM) and peripheral blood (PB).
- B) Pie chart indicating the percentage of probes of the Infinium MethylationEPIC array based on CpG island distance, island (eggplant), shore (lollipop), shelf (mauve) and open sea (fandango).
- C) DMPs distribution of PB samples, hypermethylated (above) and hypomethylated (below). CpG island distance, island (eggplant), shore (lollipop), shelf (mauve) and open sea (fandango).
- D) Pie chart indicating the percentage of probes of the Infinium MethylationEPIC array based on gene distance, promoter (dark blue), exonic (yellow), intronic (grey), intergenic (orange), 5' UTR (light blue) and 3' UTR (green).

- E) DMPs distribution of PB samples, hypermethylated (above) and hypomethylated (below). Promoter (dark blue), exonic (yellow), intronic (grey), intergenic (orange), 5' UTR (light blue) and 3' UTR (green).
- F) Correlation analysis of DMP distribution of GATA2-mutant samples versus the probe distribution of the Infinium MethyEPIC array (Chi-square). Promoter (dark blue), exonic (yellow), intronic (grey), intergenic (orange), 5' UTR (light blue) and 3' UTR (green).
- G) Histogram showing the proximal gene with more than 2 hypermethylated DMPs such as *PROM1*, *ZEB2*, *LOX*, *ZSCAN12P1*, *ASB13*, *TTYH3*, *EID3*, *ADGRG7*, *C4orf46*, *LINC02068* and *MECOM* with only one DMP.
- H) Venn diagram of the hypermethylated genes in BM samples (n=131) versus subcluster of hypermethylated genes in PB samples (n=205), the genes of the intersection are 30 genes. Pvalue=7.763154e-15 (hypergeometric distribution test).
- I) Heatmap showing in red on the right side of the heatmap, the patients with hypermethylated DMPs in *PROM1* promoter region (P4, P5, P7 and P8).

**Supplemental Figure 3. Transcription factor regulation in hypermethylated genomic regions of GATA2 patients.**

- A) Hypergeometric Optimization of Motif EnRichment (HOMER) analysis using hypomethylated differentially methylated probes (DMPs) in bone marrow (BM) samples. Enriched motifs found are predominantly from the bZIP family (Jun-Fos).
- B) HOMER analysis using hypomethylated DMPs in PB samples. Enriched motifs found are predominantly from the bZIP.
- C) Venn diagram of BM hypomethylated genes (n=622) crossed with PB hypomethylated genes (n=80) the intersection (n=37 genes) is crossed with GATA2 target genes (n=2301). The intersection shows 8 hypomethylated genes in PB and BM.
- D) Venn diagram of the hypermethylated genes in both BM and PB samples (n=494) compared to the GATA2 regulated genes ChIPseq of K562 described in Fujiwara et al 2009 (n=7212) GSE18868, intersection 204 genes.
- E) Venn diagram of the hypermethylated genes are targets of GATA2, Castaño *et al*, 2019 GSE107639, compared with hypermethylated genes, which are targets of GATA2 in K562, Fujiwara, *et al* 2009, GSE18868, intersection 51 out of 82 genes.

- F) Gene ontology analysis of GATA2 target genes hypermethylated in both BM and PB showed enrichment in transcriptional regulation and cell differentiation pathways. The *in silico* analysis predicts TCF12, MGA, ETV6 and SOX5 as cooperative TFs of the GATA2 gene regulatory network. Colour code: green, enrichment and light green, no enrichment.
  
- G) Unsupervised hierarchical clustering and the heat map associated with the methylation profile (according to the colour scale shown) GATA2 patients (red) integrated in the cohort of AML patient (TARGET) (orange) with the healthy donor (HD, blue) in GATA2 BM patient samples.