

ACUTE LEUKEMIAS

**COMBINED *NF1/SUZ12* HAPLOINSUFFICIENCY DRIVES ABERRANT ACTIVATION OF THE RAS SIGNALING CASCADE IN IMMATURE *HOXA*-POSITIVE T-ALL****V. Bardelli<sup>1</sup>, L. Pagliaro<sup>2</sup>, V. Pierini<sup>3</sup>, S. Arniani<sup>1</sup>, F. Servoli<sup>1</sup>, M. Lucarelli<sup>1</sup>, S. Sica<sup>4</sup>, M. Cerrano<sup>5</sup>, F. Giglio<sup>6</sup>, M. Delia<sup>7</sup>, B. Cambo<sup>8</sup>, M. Annunziata<sup>9</sup>, S. Trappolini<sup>10</sup>, F. Forghieri<sup>11</sup>, M. Lunghi<sup>12</sup>, P. Zappasodi<sup>13</sup>, M. Piccini<sup>14</sup>, C. Matteucci<sup>1</sup>, A. Tafuri<sup>15</sup>, P. Grammatico<sup>16</sup>, Mp. Martelli<sup>1</sup>, C. Mecucci<sup>1</sup>, G. Roti<sup>2</sup>, R. La Starza<sup>1</sup>**

<sup>1</sup>Hematology and Bone Marrow Transplantation Unit, Department of Medicine and Surgery, University of Perugia; <sup>2</sup>Department of Medicine and Surgery, University of Parma, Parma, Italy; Hematology and BMT Unit, Azienda Ospedaliero Universitaria di Parma, Parma, Italy, Translational Hematology and Chemogenomics, University of Parma; <sup>3</sup>Laboratory of Molecular Medicine and Cytogenetics, Hematology Unit, CREO, Azienda Ospedaliera di Perugia; <sup>4</sup>Dipartimento di Scienze di Laboratorio ed Ematologiche-Fondazione Policlinico Universitario Agostino Gemelli-IRCCS, Sezione di Ematologia, Dipartimento di Scienze Radiologiche ed Ematologiche, Università Cattolica del Sacro Cuore; <sup>5</sup>Department of Molecular Biotechnology and Health Sciences, Division of Hematology, University of Turin; <sup>6</sup>Hematology and Bone Marrow Transplantation Unit, IRCCS Ospedale San Raffaele; <sup>7</sup>Hematology and Stem Cell Transplantation Unit, AOUC Policlinico of Bari; <sup>8</sup>Hematology and BMT Unit, Azienda Ospedaliero-Universitaria di Parma; <sup>9</sup>Hematology Unit, Hospital 'Antonio Cardarelli'; <sup>10</sup>Hematology Clinic, Azienda Ospedaliero Universitaria delle Marche; <sup>11</sup>Section of Hematology, Department of Oncology and Hematology, Azienda Ospedaliero-Universitaria di Modena; <sup>12</sup>University of Piemonte Orientale; <sup>13</sup>Division of Hematology, Foundation, IRCCS Policlinico San Matteo, Pavia; <sup>14</sup>SOD Hematology, University of Florence, AOU Careggi; <sup>15</sup>Hematology, Department of Biotecnologie Cellulari ed Ematologia, Sapienza, University of Rome; <sup>16</sup>Division of Medical Genetics, Department of Experimental Medicine, San Camillo-Forlanini Hospital, Sapienza University.

**Introduction:** Deletions of the long arm of chromosome 17 (1-17q) in immature T-cell acute lymphoblastic leukemia (T-ALL) of adults encompass *NF1* and *SUZ12*. *NF1* encodes a negative regulator of the RAS pathway while *SUZ12*, a member of the PRC2 complex, is an epigenetic modulator that mediates the methylation of H3K27. Inactivation of *NF1* and *SUZ12* has been reported to synergistically enhance RAS/MAPK signaling in JMML and solid tumors (Zhang M, Nat Genet 2014; Caye A, Nat Genet 2015; de Raedt T, Nature 2014).

**Aim:** To elucidate the biological and functional impact of *NF1* and *SUZ12* haploinsufficiency in T-ALL.

**Methods:** The I-17q abnormality was detected in 39 out of 447 genomically characterized T-ALL cases (288 adults and 159 children) using a multimodal approach combining FISH, SNP array, and targeted custom NGS analyses. *SUZ12* knockdown (*SUZ12*-KD) in the PF382-Cas9 cell line, which harbors an *NF1* loss-of-function mutation, was used to model concurrent *NF1* and *SUZ12* haploinsufficiency. Gene expression analysis was performed by Whole Transcriptome Expression array (WTEa) (Bardelli V, J Mol Diagn 2025) and qRT-PCR, while MAPK pathway activation was assessed by Western blot analysis of phosphorylated ERK (pERK).

**Results:** I-17q correlated with *NF1* and *SUZ12* haploinsufficiency

and was restricted to the leukemic clone, disappearing upon hematologic and cytogenetic remission. It was significantly linked to adulthood (Chi-square,  $p = 0.002$ ) and an immature phenotype ( $p < 0.001$ ), and was enriched in cases with high *HOXA* expression levels (present in >40% of I-17q-positive cases), which in 68% of cases were driven by known genomic alterations (3 *HOXA*, 3 *NUP214*, 2 *MLLT10*, 2 *ZFP36L2*, and 1 *KMT2A*). According to the immature phenotype, upregulation of *IGFBP7*, *MN1*, *CD34*, *MEF2C*, *RUNX2*, and *BAALC*, typically expressed in hematopoietic/progenitor cells, was observed. In addition, GSEA demonstrated enrichment of MAPK pathway signature. In vitro studies showed that the *NF1*-mutant PF382 cell line exhibited increased ERK phosphorylation after *SUZ12* knockdown. Furthermore, enhanced ERK phosphorylation was observed in primary I-17q samples, supporting a cooperative role of *NF1* and *SUZ12* loss.

**Conclusions:** I-17q marks immature T-ALL of adults with high levels of *HOXA* expression. Reflecting a model of concurrent *NF1/SUZ12* loss observed in other human tumors, our data indicate that *NF1* loss drives activation of the RAS/RAF/MEK/ERK pathway, which is further enhanced by *SUZ12* haploinsufficiency, highlighting this signaling cascade as a potential therapeutic target.