

ÁREA: GENÉTICA Y GENÓMICA

Evaluación de la Hemopoyesis Clonal de potencial indeterminado (CHIP) en COVID-19

GRUPO DE
GENÉTICA Y GENÓMICA DE LOS TRASTORNOS DEL NEURODESARROLLO
Grupo de Genética y Genómica de Enfermedades Raras y Complejas

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IV REUNIÓN ANUAL DEL ÁREA DE GENÉTICA Y GENÓMICA DEL IIS-FJD
29 de septiembre del 2022

 **UAM** Universidad Autónoma
de Madrid

 **Fundación Jiménez Díaz**
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GeroScience

<https://doi.org/10.1007/s11357-022-00666-5>

ORIGINAL ARTICLE

Age-dependent association of clonal hematopoiesis with COVID-19 mortality in patients over 60 years

Marta Del Pozo-Valero · Marta Corton · Rosario López-Rodríguez · Ignacio Mahillo-Fernández · Javier Ruiz-Hornillos · Pablo Minguez · Cristina Villaverde · María Elena Pérez-Tomás · María Barreda-Sánchez · Esther Mancebo · the STOP_Coronavirus Study Group · Estela Paz-Artal · Encarna Guillén-Navarro · Berta Almoguera  · Carmen Ayuso

Received: 13 May 2022 / Accepted: 17 September 2022
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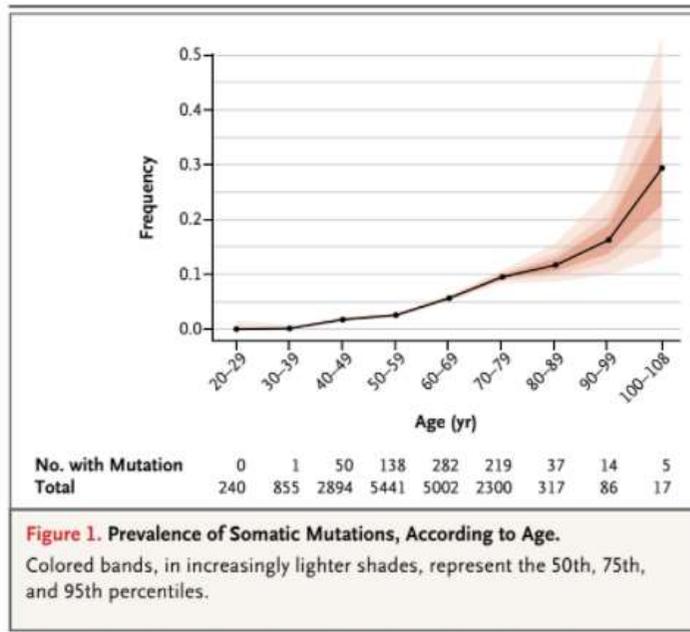
Clonal Hematopoiesis and Blood-Cancer Risk Inferred from Blood DNA Sequence

Giulio Genovese, Ph.D., Anna K. Kähler, Ph.D., Robert E. Handsaker, B.S.,

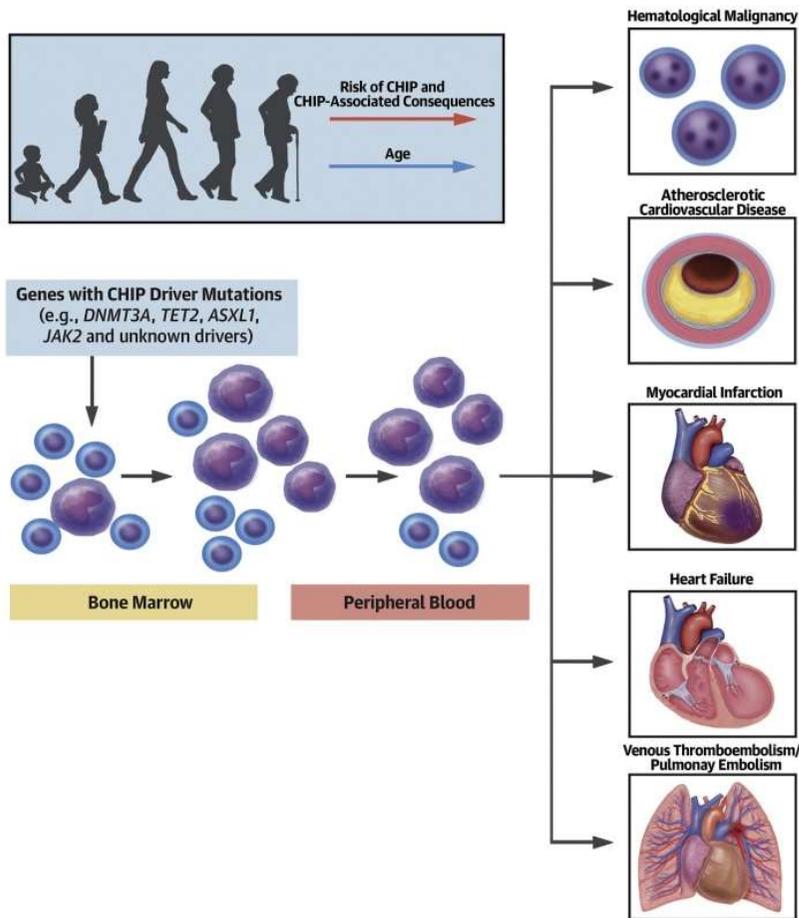
ORIGINAL ARTICLE

Age-Related Clonal Hematopoiesis Associated with Adverse Outcomes

Siddhartha Jaiswal, M.D., Ph.D., Pierre Fontanillas, Ph.D., Jason Flannick, Ph.D.,

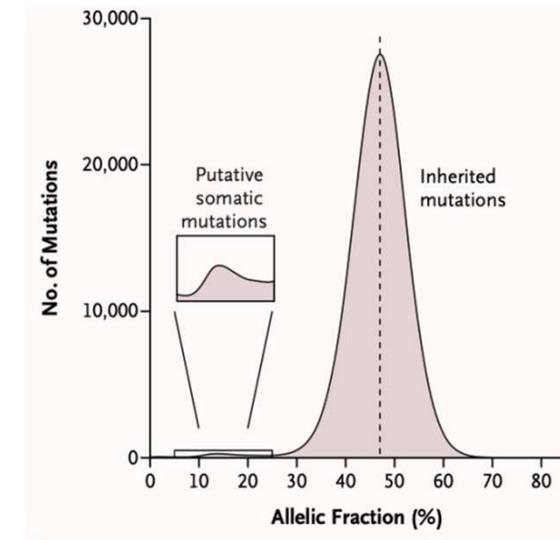


Age-related clonal hematopoiesis is a common condition that is associated with increases in the risk of hematologic cancer and in all-cause mortality, with the latter possibly due to an increased risk of cardiovascular disease.



Clonal hematopoiesis (CH) refers to the expansion of hematopoietic cells with the same acquired mutation and is a common age-associated phenomenon in the general population

Clonal hematopoiesis of indeterminate potential (CHIP) denotes somatic mutations present with a variant allele fraction of >2% in genes involved in myeloid neoplasia in patients without overt hematological malignancy



Khetarpal, S.A. et al. J Am Coll Cardiol. 2019;74(4):578-86.

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CHIP-exacerbated inflammatory signaling may be associated with the severity of SARS-CoV-2 infection

ARTICLE
<https://doi.org/10.1038/s41467-021-26138-6> OPEN
nature COMMUNICATIONS
Clonal hematopoiesis is associated with risk of severe Covid-19
Bolton et al., 2021

Article
Clinico-Biological Features and Clonal Hematopoiesis in Patients with Severe COVID-19
Duployez et al., 2020
cancers

Clonal Hematopoiesis Is Not Significantly Associated with Covid-19 Disease Severity
Zhou et al., 2022
blood

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Letter
OPEN ACCESS
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Hameister et al., 2020

American Journal of
Hematology Petzer et al., 2021
Clonal hematopoiesis in patients with Covid-19 is stable and not linked to an aggravated clinical course

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American Journal of Hematology
Petzer et al., 2021
Clonal hematopoiesis in patients with Covid-19 is stable and not linked to an aggravated clinical course

In this study, we aimed to determine if the presence of **CHIP** was associated with **COVID-19 mortality**, as the most severe outcome of the disease, in a cohort of 480 patients over 60 years infected with SARS-CoV-2.

STOP_Coronavirus Study Group

3.872 pacientes de 4 hospitales:

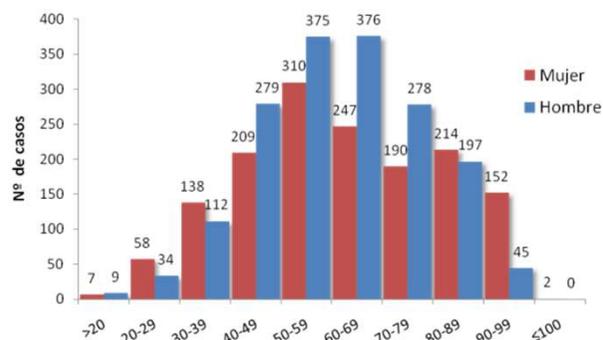
- HU-FJD
- HU-IE
- HU-I2O
- HU-VAM

Datos demográficos y clínicos:

- Leves/asintomáticos
- Hospitalizados
- Moderados
- Críticos/exitus

Datos genéticos:

- Genotipado (GWAS)
- Secuenciación masiva (WES, WGS, panel)



Fondo COVID19-ISCIH COV20/00181:
STOP-Coronavirus: factores clínicos, inmunológicos,
genómicos, virológicos y bioéticos de COVID-19
WP 3. Genómica del huésped.



scientific reports

Presence of rare potential pathogenic variants in subjects under 65 years old with very severe or fatal COVID-19

Rosario López-Rodríguez^{1,2,3,4,5}, Marta Del Pozo-Valero^{1,2}, Marta Cortón^{1,2}, Pablo Minguet^{6,7,8,9}, Javier Ruiz-Hornillos^{1,2,3}, María Elena Pérez-Tomás¹, María Barreda-Sánchez^{1,2}, Esther Manco^{1,2,3}, Cristina Villaverde^{1,2}, Gonzalo Núñez-Moreno^{1,2}, Raquel Romero^{1,2}, The STOP_Coronavirus Study Group, Estela Paz-Artal^{10,11,12,13}, Encarna Guillén-Navarro^{1,2,3}, Berta Almaguera^{1,2} & Carmen Ayuso^{1,2,3}

ACCESS MICROBIOLOGY

SHORT COMMUNICATION

Soria et al., *Access Microbiology* 2021;3:000259
DOI: 10.1099/acmi.0.000259

MICROBIOLOGY SOCIETY

ACCESS

High SARS-CoV-2 viral load is associated with a worse clinical outcome of COVID-19 disease

María Eugenia Soria^{1,2,3}, Marta Cortón^{1,2,3}, Brenda Martínez-González¹, Rebeca Lobo-Vega¹, Lucía Vázquez-Sirvent¹, Rosario López-Rodríguez^{2,3}, Berta Almaguera^{1,4}, Ignacio Mahillo⁵, Pablo Minguet⁶, Antonio Herrero⁷, Juan Carlos Taracido⁸, Alicia Macías-Valcayo⁹, Jaime Esteban¹, Ricardo Fernández-Roblas¹, Ignacio Gadea¹, Javier Ruiz-Hornillos^{7,8,9}, Carmen Ayuso^{1,2,3} and Celia Perales^{1,2,10}

OXFORD

ScourGe

Human Molecular Genetics, 2022, Vol. 00, 00, 1–18
<https://doi.org/10.1093/hmg/ddac132>
Advance access publication date: 16 June 2022
Original Article

Spanish COAlition to Unlock Research on host GEnetics on COVID-19

Novel genes and sex differences in COVID-19 severity

Raquel Cruz^{1,2,3,4,5}, Sílvia Diz-de-Almeida^{4,5}, Miguel López de Heredia^{2,5}, Inés Quintela¹, Francisco C. Ceballos⁵, Guillermo Pita⁶, Aurora Rojas-Martínez^{7,8,9}, Carlos Flores^{1,10,11,12,13,14}, Pablo Lapunzina^{2,9,10,11} and Angel Carracedo^{1,2,3,4,8,11}

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Grupo Quironsalud

STOP_Coronavirus Study Group

>60 years

Matched by age and sex

No history of hematological cancer

DECEASED
N=241

SURVIVORS
N=239

Myeloid Solutions™ Panel (SOPHiA Genetics)

30 genes implicated in hematological malignancies

Mean coverage: 4131X

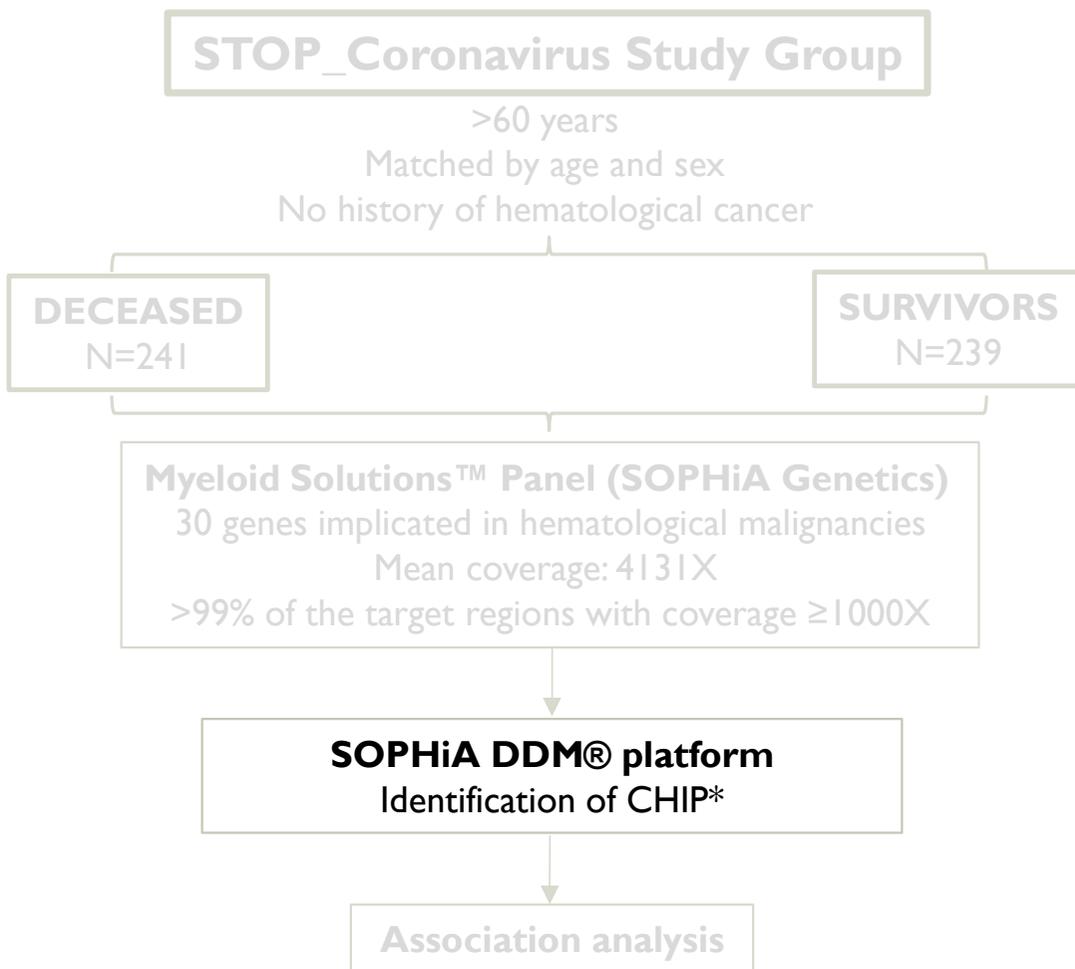
>99% of the target regions with coverage $\geq 1000X$

SOPHiA DDM® platform

Identification of CHIP*

Association analysis

| | | |
|---------------|-------------|---------------|
| <i>ABL1</i> | <i>FLT3</i> | <i>PTPN11</i> |
| <i>ASXL1</i> | <i>HRAS</i> | <i>RUNX1</i> |
| <i>BRAF</i> | <i>IDH1</i> | <i>SETBP1</i> |
| <i>CALR</i> | <i>IDH2</i> | <i>SF3B1</i> |
| <i>CBL</i> | <i>JAK2</i> | <i>SRSF2</i> |
| <i>CEBPA</i> | <i>KIT</i> | <i>TET2</i> |
| <i>CSF3R</i> | <i>KRAS</i> | <i>TP53</i> |
| <i>DNMT3A</i> | <i>MPL</i> | <i>U2AF1</i> |
| <i>ETV6</i> | <i>NPM1</i> | <i>WT1</i> |
| <i>EZH2</i> | <i>NRAS</i> | <i>ZRSR2</i> |



Criteria for CHIP:

- 1) VAF between 2% and 35%
- 2) Missense, frameshift, stop-gain, in-frame indel, and splice canonical sites
- 3) MAF <1% in population databases
- 4) MAF <2% in our cohort of patients
- 5) Variant not benign or likely benign in ClinVar.

Classification was based on the Belgian next-generation sequencing guidelines for hematological and solid tumors

Categories: variants of unknown clinical significance (**VUS**); and likely pathogenic (**LP**) and pathogenic (**P**) variants.

Cohort characteristics

| Variables | All patients | Deceased (N=241) | Survivors (239) | p-value |
|------------------------|-----------------|------------------|-----------------|---------|
| Age (mean±SD) | 82.1±10.4 | 82.6±10.7 | 81.6±10.0 | 0.306 |
| Male | 54.2% (260/480) | 51.9% (125/241) | 56.5% (135/239) | 0.310 |
| Europeans | 92.9% (446/480) | 94.2% (227/241) | 91.6% (219/239) | 0.274 |
| Comorbidities | | | | |
| Obesity | 25.3% (81/320) | 25.5% (38/149) | 25.2% (43/171) | 0.942 |
| Cardiovascular disease | 25.1% (110/438) | 27.4% (61/223) | 22.8% (49/215) | 0.271 |
| Hypertension | 68.2% (317/465) | 65.7% (151/230) | 70.6% (166/235) | 0.248 |
| Diabetes | 16.9% (75/445) | 17.0% (38/223) | 16.7% (37/222) | 0.916 |

Patients were stratified by age:
 60-74 years (N=124; 48.4% deceased)
 75-84 years (N=125; 41.6% deceased)
 85-91 years (N=132; 56.8% deceased)
 92-101 years (N=99; 54.5% deceased)

CHIP

38% patients carried CHIP: no difference between deceased and survivors

*CHIP in cohorts published: 10%-25%

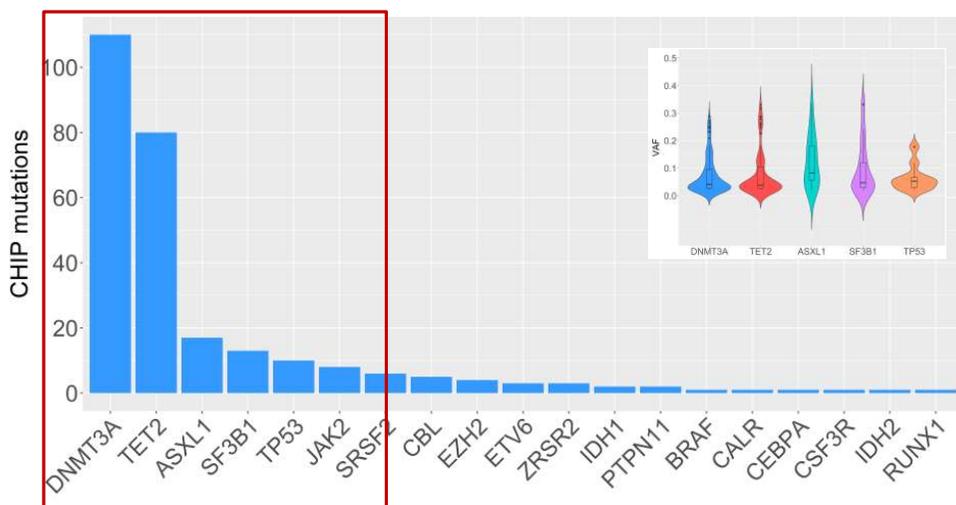
269 CHIP in 19 different genes

-61% P/LP

-39% VUS

85.5% of the variants identified were in 5 genes

51.7% (139/269) had a VAF <5%



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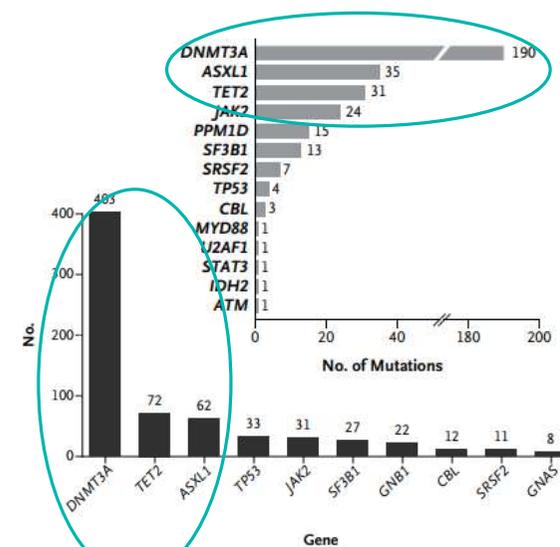
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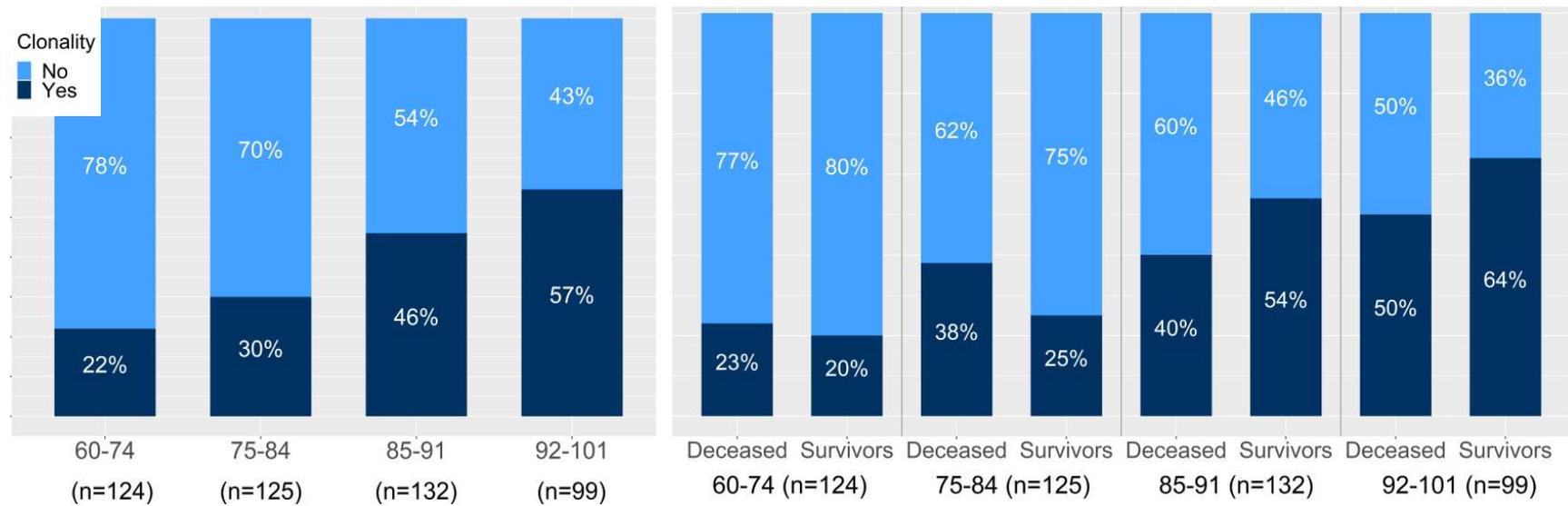
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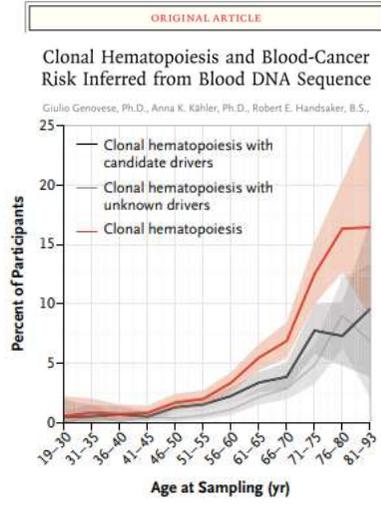
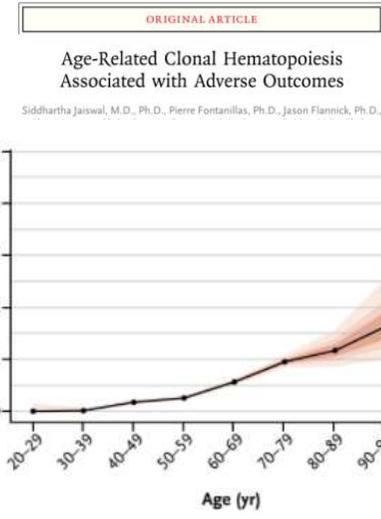
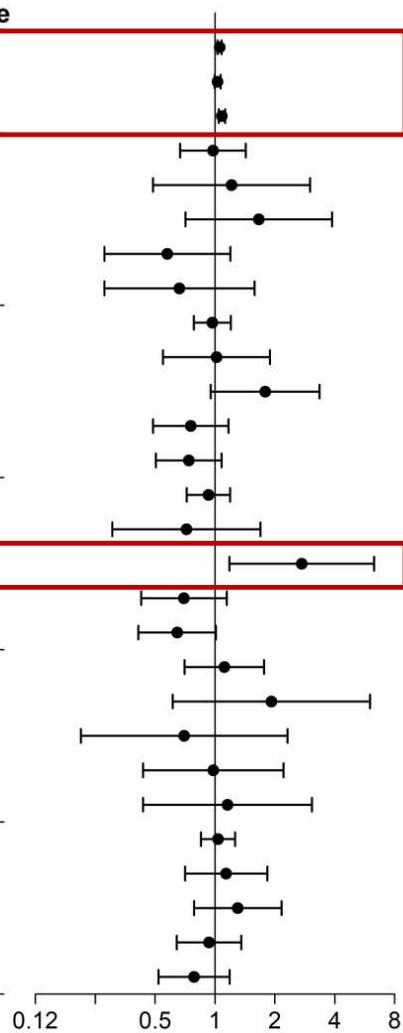
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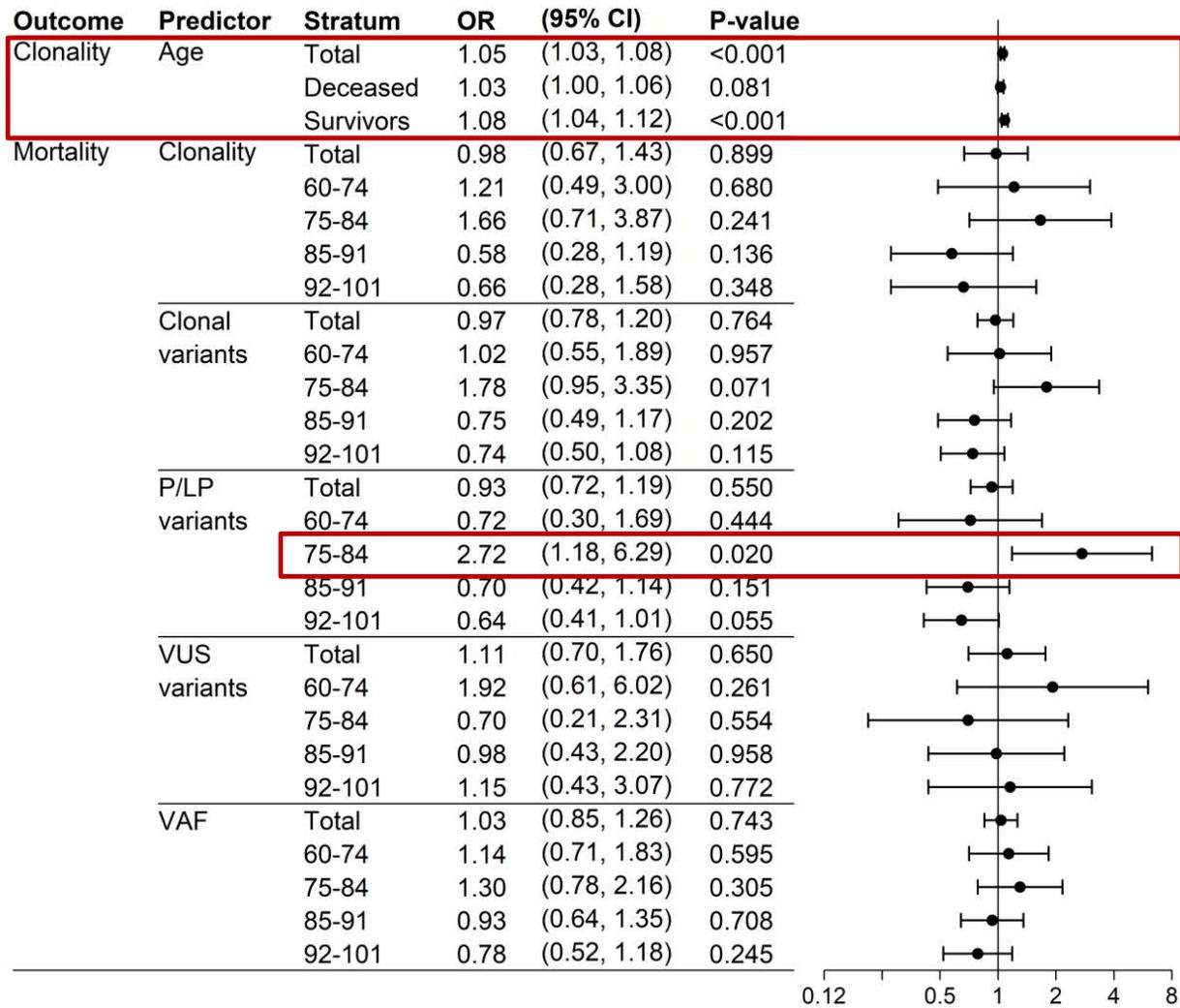
The presence of CHIP increased with age



| Outcome | Predictor | Stratum | OR | (95% CI) | P-value |
|-----------|-----------------|-----------|--------------|--------------|---------|
| Clonality | Age | Total | 1.05 | (1.03, 1.08) | <0.001 |
| | | Deceased | 1.03 | (1.00, 1.06) | 0.081 |
| | | Survivors | 1.08 | (1.04, 1.12) | <0.001 |
| Mortality | Clonality | Total | 0.98 | (0.67, 1.43) | 0.899 |
| | | 60-74 | 1.21 | (0.49, 3.00) | 0.680 |
| | | 75-84 | 1.66 | (0.71, 3.87) | 0.241 |
| | | 85-91 | 0.58 | (0.28, 1.19) | 0.136 |
| | | 92-101 | 0.66 | (0.28, 1.58) | 0.348 |
| | Clonal variants | Total | 0.97 | (0.78, 1.20) | 0.764 |
| | | 60-74 | 1.02 | (0.55, 1.89) | 0.957 |
| | | 75-84 | 1.78 | (0.95, 3.35) | 0.071 |
| | | 85-91 | 0.75 | (0.49, 1.17) | 0.202 |
| | P/LP variants | Total | 0.93 | (0.72, 1.19) | 0.550 |
| | | 60-74 | 0.72 | (0.30, 1.69) | 0.444 |
| | | 75-84 | 2.72 | (1.18, 6.29) | 0.020 |
| | | 85-91 | 0.70 | (0.42, 1.14) | 0.151 |
| | VUS variants | Total | 1.11 | (0.70, 1.76) | 0.650 |
| | | 60-74 | 1.92 | (0.61, 6.02) | 0.261 |
| | | 75-84 | 0.70 | (0.21, 2.31) | 0.554 |
| 85-91 | | 0.98 | (0.43, 2.20) | 0.958 | |
| VAF | Total | 1.03 | (0.85, 1.26) | 0.743 | |
| | 60-74 | 1.14 | (0.71, 1.83) | 0.595 | |
| | 75-84 | 1.30 | (0.78, 2.16) | 0.305 | |
| | 85-91 | 0.93 | (0.64, 1.35) | 0.708 | |
| | | 92-101 | 0.78 | (0.52, 1.18) | 0.245 |



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Gene-specific, age-dependent clonal expansion
 Socio-sanitary factors
 Spurious association

Conclusions

Confirm the well-established association of CHIP with age

Main genes: *DNMT3A*, *TET2*

LP/P variants in patients 75-84 years



Servicio Genética Hospital Universitario-FJD

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