

The -2518 A/G single nucleotide polymorphism of MCP-1 in myelofibrosis: functional characterization on ex-vivo patient cells

Giulia Pozzi¹, Elena Masselli¹, Cecilia Carubbi¹, Giuliana Gobbi¹, Daniela Galli¹, Prisco Mirandola¹, Cristina Micheloni¹, Maria Luisa Arcari¹, Franco Aversa² and Marco Vitale^{1,3}

¹ University of Parma, Unit of Biomedical, Biotechnological and Translational Sciences (S.Bi.Bi.T), Department of Medicine and Surgery, Parma, Italia

² University of Parma, Unit of Clinical and Experimental Medicine, Hematology and BMT Unit, Department of Medicine and Surgery, Parma, Italia

³ CoreLab, Parma University Hospital, Parma, Italia

Host genetic variations have an essential role in the mutational landscape of Philadelphia-negative MPN [1,2]. However, the contribution of inherited factors in disease phenotype and evolution is poorly characterized. In MPNs, chronic inflammation triggers neoplastic transformation and catalyzes clonal evolution toward end-stage disease [3]. We recently demonstrated that the -2518 A/G SNP of the Monocyte Chemoattractant Protein-1 (MCP-1, rs1024611) is an inherited host genetic factor associated with secondary myelofibrosis (sMF) and a biomarker of disease severity in MF [4]. Here we aimed to characterize MCP-1 expression in MF according to patients' genotype, and the potential cellular source(s) of this chemokine. For this study, 15 therapy-naïve MF patients were recruited, 4 healthy subjects and 4 apheresis bags were utilized as controls (CTRL). MF were stratified according to their rs1024611 genotype in A/A (wild type), A/G and G/G (polymorphic). Peripheral blood mononuclear cells (MNCs) were isolated by Ficoll-Hypaque gradient, in part pelleted (resting, T0) and in part seeded in RPMI-1640 medium with 1.1 ng/ml of IL-1 β for 20 hrs (T1). T0 and T1 cells were processed for RNA extraction. CD34⁺-cells were purified from MF peripheral blood and from apheresis bags by immunomagnetic selection and differentiated toward the MK lineage as previously described [5]. Mature CD41⁺ MKs were then processed for RNA extraction. MCP-1 expression was evaluated by real-time PCR. We demonstrated that MF-MNCs significantly over-expressed MCP-1 as compared to CTRL-MNCs at basal state. Upon IL1 β stimulation, we observed a dose-dependent effect of the -2518 A/G SNP on MCP-1 expression, with polymorphic patients displaying a >100-times higher fold-increase (T1 vs. T0) in MCP-1 levels as compared to A/A. MF-MKs also showed a significantly higher expression of MCP-1 as compared to CTRL. Finally, MF-CD34⁺-cells from A/G+G/G patients displayed impaired MK differentiation compared to A/A, as indicated by a significantly lower number of CD41⁺-cells obtained in culture. Our data show that circulating MNCs and CD34⁺-derived MKs are a major source of MCP-1 in MF. Polymorphic MF patients, who cluster with adverse hematologic characteristics, display here a higher capacity to over-express MCP-1 under an inflammatory stimulus and an impaired megakaryocytic differentiation potential. Further studies to better define the role of MCP-1 on CD34⁺-cells differentiation in the context of MF are desirable.

References

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Key words

Myelofibrosis, MCP1, -2518 A/G SNP.