

GATA2 Deficiency: The 'Όδυσσεύς of Immunodeficiency

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Blind men



It's
Myelodysplasia

It's
NK Deficiency

It's
Alveolar proteinosis

It's
M. kansasii

It's
Aplastic Anemia

It's
C. difficile

It's
Acute leukemia

It's
NTM

It's
warts

GATA2

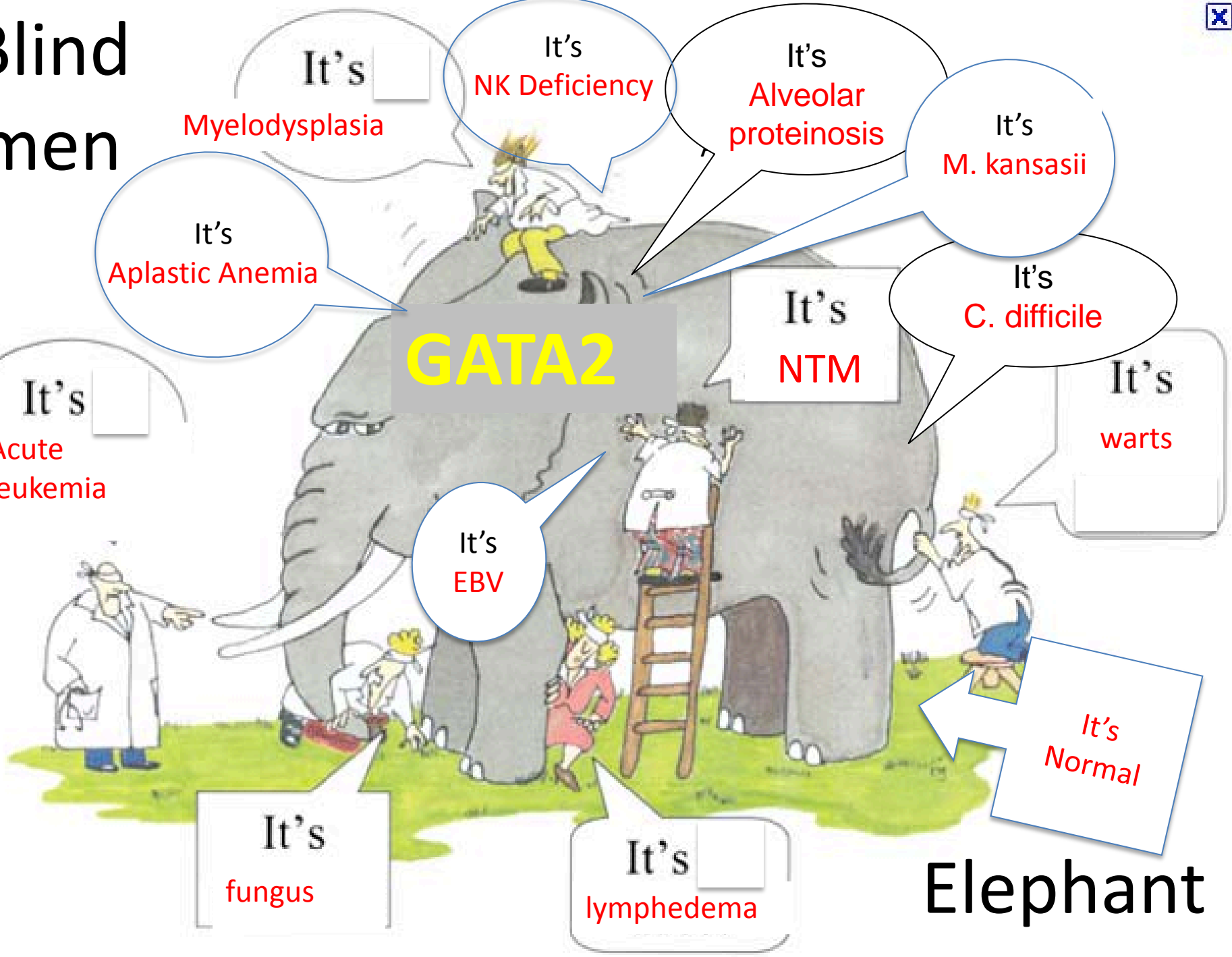
It's
EBV

It's
Normal

It's
fungus

It's
lymphedema

Elephant



MEDICAL INTELLIGENCE



SEVERE HERPESVIRUS INFECTIONS IN AN ADOLESCENT WITHOUT NATURAL KILLER CELLS

**CHRISTINE A. BIRON, PH.D., KEVIN S. BYRON,
AND JOHN L. SULLIVAN, M.D.**

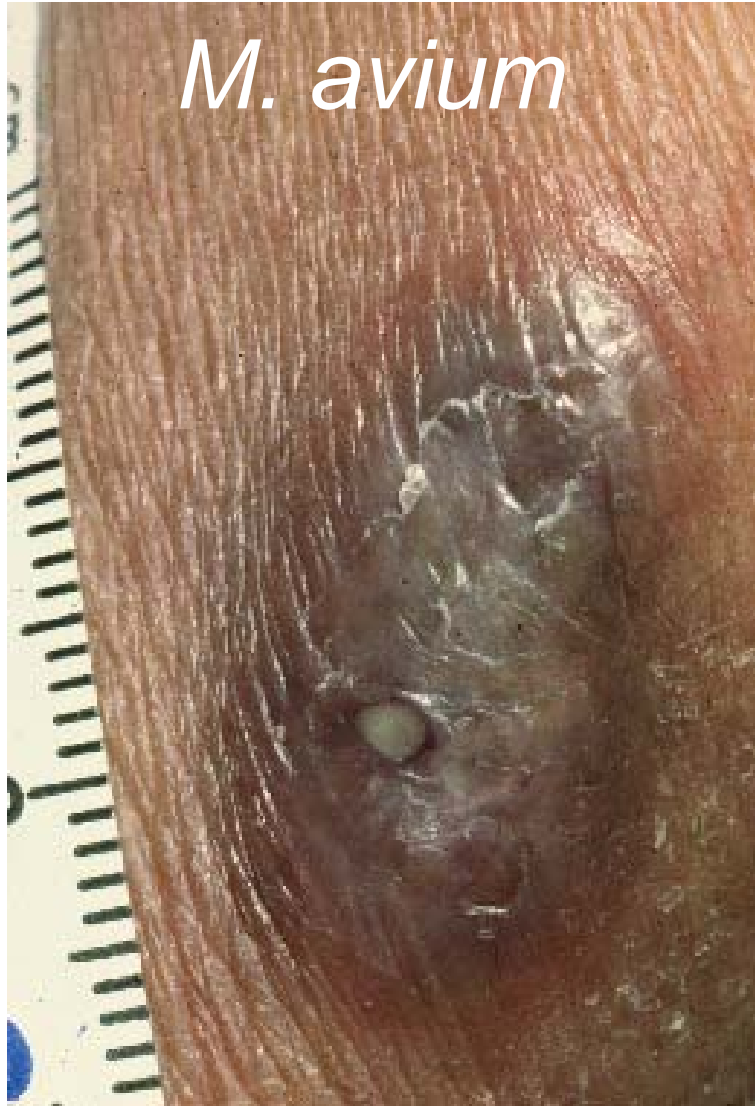
NEJM 1989;320:1731

CASE REPORT

A 13-year-old girl presented in February 1984 at the University of Massachusetts Medical Center with a life-threatening varicella virus infection. Her body was covered by chicken pox lesions, and there was clinical and radiologic evidence of varicella pneumonia; she was treated with intravenous acyclovir (500 mg per square meter of body-surface area every eight hours). The patient's medical history was notable for recurrent otitis media with perforations since infancy and recurrent leukopenia, with white-cell counts ranging between 2.0 and 7.2×10^9 per liter. There was no family history of immune deficiency.

Subsequently died while waiting for bone marrow transplant.

1992: 41 yo Woman Refractory MAC Infection



EBV+ Smooth Muscle Tumor



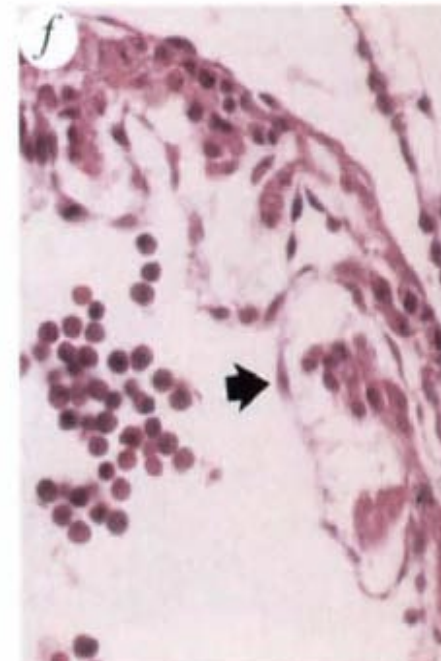
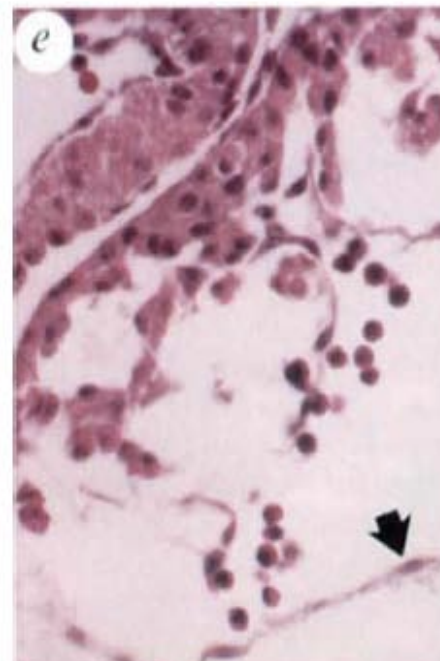
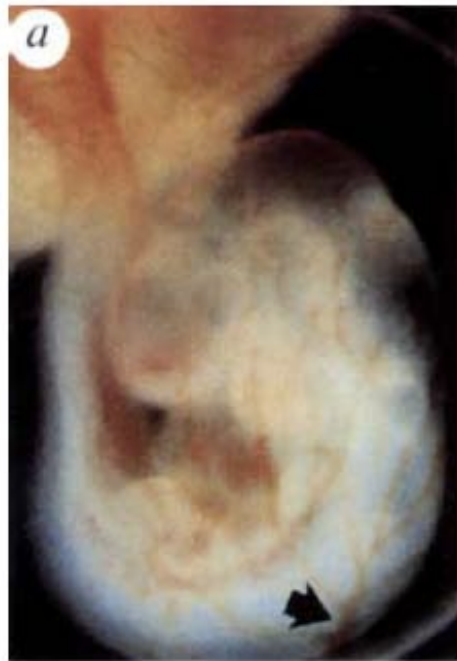
Gata2^{-/-} die d10.5

An early haematopoietic defect in mice lacking the transcription factor GATA-2

Fong-Ying Tsai^{*†}, Gordon Keller[‡], Frank C. Kuo[§], Mitchell Weiss^{*},
Jianzhou Chen^{||}, Margery Rosenblatt^{*}, Frederick W. Alt^{†||}
& Stuart H. Orkin^{*†||}

E 9.5

Heart



Nature 371:221, 1994

Autosomal dominant and sporadic monocytopenia with susceptibility to mycobacteria, fungi, papillomaviruses, and myelodysplasia

*Donald C. Vinh,¹ *Smita Y. Patel,¹ Gulbu Uzel,¹ Victoria L. Anderson,¹ Alexandra F. Freeman,^{1,2} Kenneth N. Olivier,¹ Christine Spalding,¹ Stephen Hughes,³ Stefania Pittaluga,⁴ Mark Raffeld,⁴ Lynn R. Sorbara,⁵ Houda Z. Elloumi,¹ Douglas B. Kuhns,⁶ Maria L. Turner,⁷ Edward W. Cowen,⁷ Danielle Fink,⁶ Debra Long-Priel,⁶ Amy P. Hsu,¹ Li Ding,¹ Michelle L. Paulson,¹ Adeline R. Whitney,⁸ Elizabeth P. Sampaio,¹ David M. Frucht,⁹ Frank R. DeLeo,⁸ and Steven M. Holland¹

MonoMAC Syndrome

Mycobacterial infection	78%
HPV infection	78%
MDS/leukemia	50%
Fungal infection	28%
Pulmonary alveolar proteinosis	38%
E. nodusum/panniculitis	33%
Death during study	28%

2010

BLOOD, 25 FEBRUARY 2010 • VOLUME 115, NUMBER 8

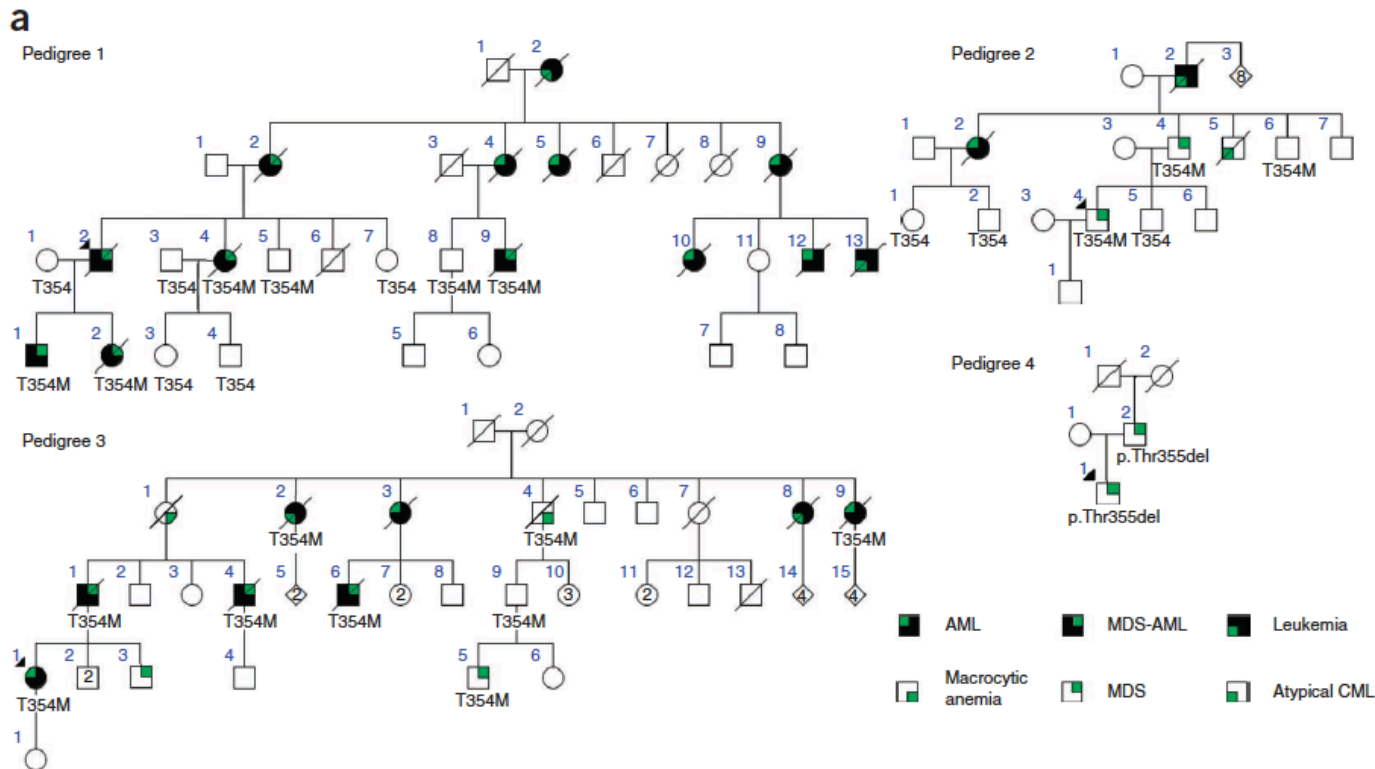
Mutations in *GATA2* are associated with the autosomal dominant and sporadic monocytopenia and mycobacterial infection (MonoMAC) syndrome

Amy P. Hsu, Elizabeth P. Sampaio, Javed Khan, Katherine R. Calvo, Jacob E. Lemieux, Smita Y. Patel, David M. Frucht, Donald C. Vinh, Roger D. Auth, Alexandra F. Freeman, Kenneth N. Olivier, Gulbu Uzel, Christa S. Zerbe, Christine Spalding, Stefania Pittaluga, Mark Raffeld, Douglas B. Kuhns, Li Ding, Michelle L. Paulson, Beatriz E. Marciano, Juan C. Gea-Banacloche, Jordan S. Orange, Jennifer Cuellar-Rodriguez, Dennis D. Hickstein and Steven M. Holland

19 years: NIH

Heritable *GATA2* mutations associated with familial myelodysplastic syndrome and acute myeloid leukemia

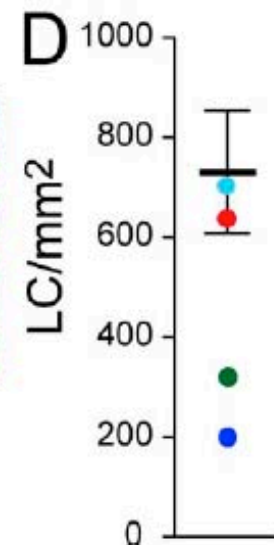
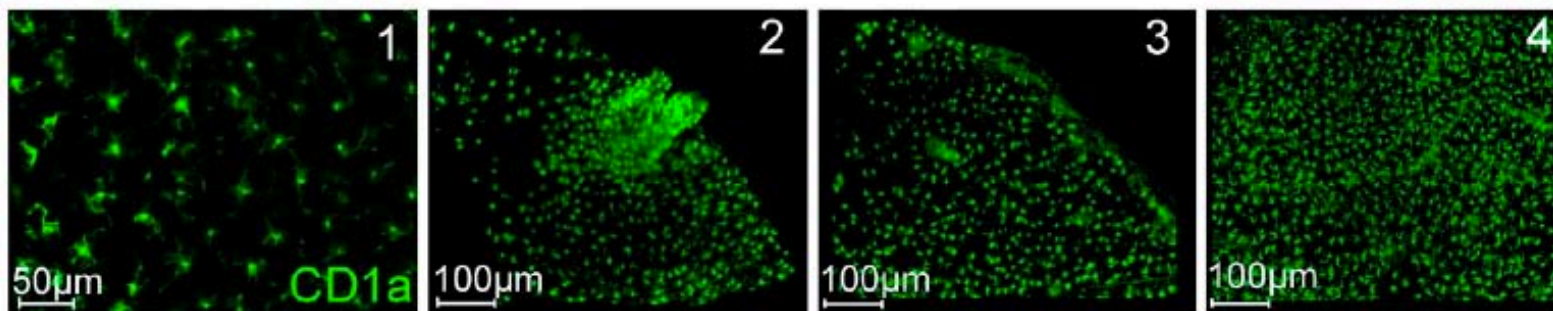
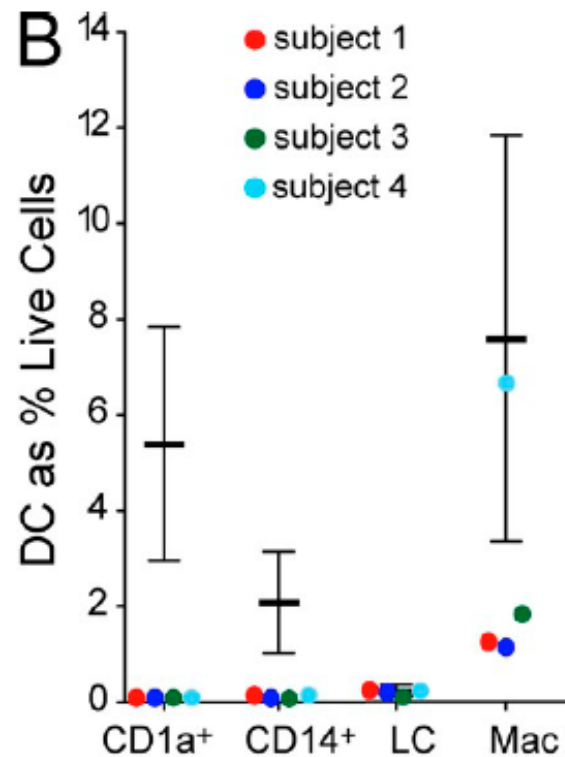
Christopher N Hahn^{1,2}, Chan-Eng Chong^{1,2,14}, Catherine L Carmichael^{3,14}, Ella J Wilkins^{3,13}, Peter J Brautigam¹, Xiao-Chun Li¹, Milena Babic¹, Ming Lin¹, Amandine Carmagnac³, Young K Lee¹, Chung H Kok^{4,5}, Lucia Gagliardi¹, Kathryn L Friend⁶, Paul G Ekert⁷, Carolyn M Butcher^{4,5}, Anna L Brown⁵, Ian D Lewis^{2,5}, L Bik To^{2,5}, Andrew E Timms⁸, Jan Storek⁹, Sarah Moore¹, Meryl Atree¹⁰, Robert Escher^{3,13}, Peter G Bardy⁵, Graeme K Suthers^{10,11}, Richard J D’Andrea^{2,4,5,15}, Marshall S Horwitz⁸ & Hamish S Scott^{1-3,12,15}



The human syndrome of dendritic cell, monocyte, B and NK lymphoid deficiency

Venetia Bigley,¹ Muzlifah Haniffa,¹ Sergei Doulatov,² Xiao-Nong Wang,¹ Rachel Dickinson,¹ Naomi McGovern,¹ Laura Jardine,¹ Sarah Pagan,¹ Ian Dimmick,¹ Ignatius Chua,³ Jonathan Wallis,⁴ Jim Lordan,⁴ Cliff Morgan,⁵ Dinakantha S. Kumararatne,⁶ Rainer Doffinger,⁶ Mirjam van der Burg,⁷ Jacques van Dongen,⁷ Andrew Cant,⁴ John E. Dick,² Sophie Hambleton,¹ and Matthew Collin¹

DCML



Mutations in *GATA2* cause primary lymphedema associated with a predisposition to acute myeloid leukemia (Emberger syndrome)

Pia Ostergaard^{1,13}, Michael A Simpson^{2,13}, Fiona C Connell³, Colin G Steward⁴, Glen Brice⁵, Wesley J Woollard², Dimitra Dafou², Tatjana Kilo⁶, Sarah Smithson⁷, Peter Lunt⁷, Victoria A Murday⁸, Shirley Hodgson⁵, Russell Keenan⁹, Daniela T Pilz¹⁰, Ines Martinez-Corral¹¹, Taija Makinen¹¹, Peter S Mortimer¹², Steve Jeffery¹, Richard C Trembath² & Sahar Mansour⁵



MEDICAL INTELLIGENCE



GATA2 c.1025_1026insGCCG p.A342GfsX41

SEVERE HERPESVIRUS INFECTIONS IN AN ADOLESCENT WITHOUT NATURAL KILLER CELLS

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AND JOHN L. SULLIVAN, M.D.**

NEJM 1989;320:1731

GATA2 Deficiency

5 names, one disease

MonoMAC

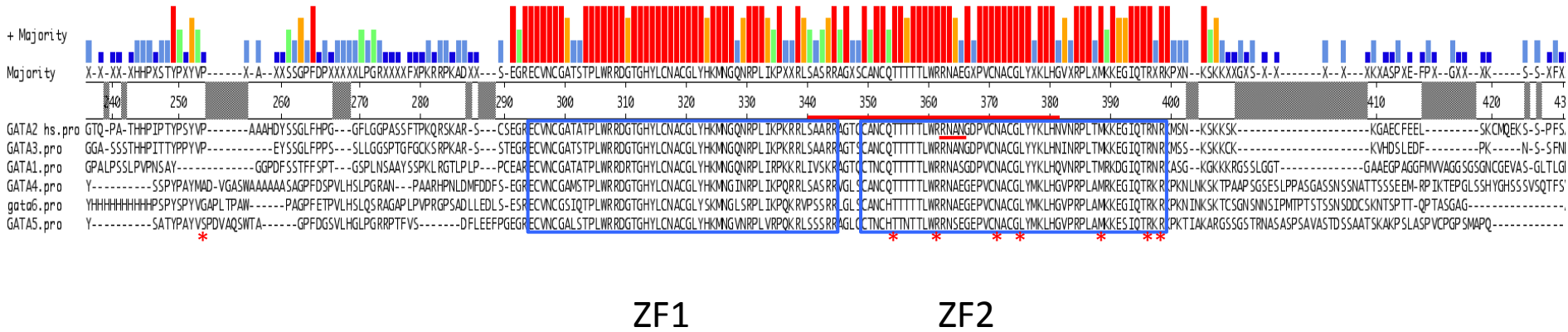
DCML

Emberger syndrome

Familial MDS/AML

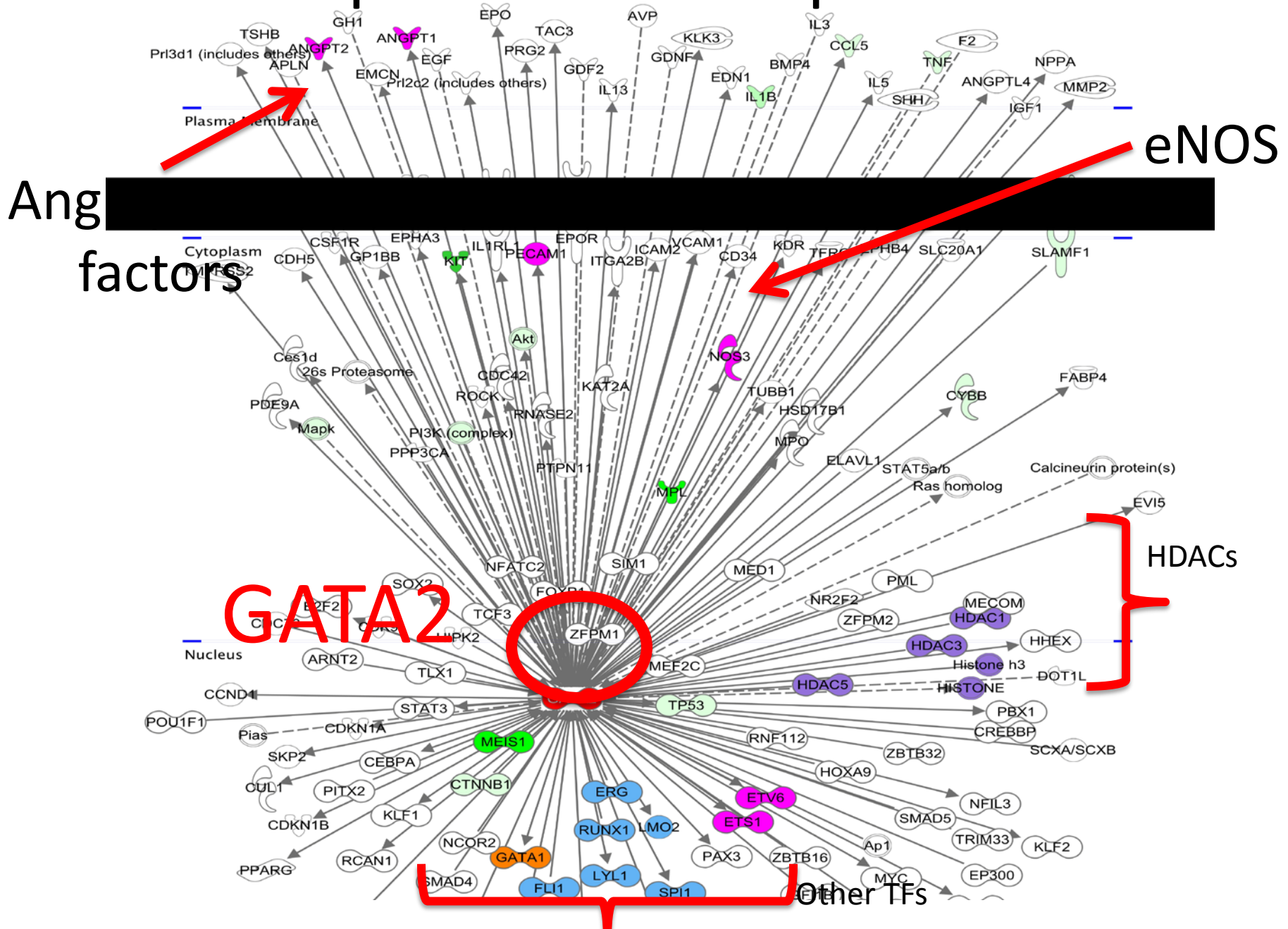
Classical NK cell Deficiency

Homo sapiens GATA proteins



- GATA1 Xp11.23 anemia with thrombocytopenia; DBA
- GATA2 3q21.3 MonoMAC, DCML, Emberger, MDS/AML**
- GATA3 10p14 HDR (hypopara, deafness, renal)
- GATA4 8p23.1 atrial and ventricular defects, TOF
- GATA5 20q13.33 expressed in heart and urinary tract
- GATA6 18q11.2 PACHD (pancreatic agenesis and congenital heart disease)

Hematopoietic Transcription Factor



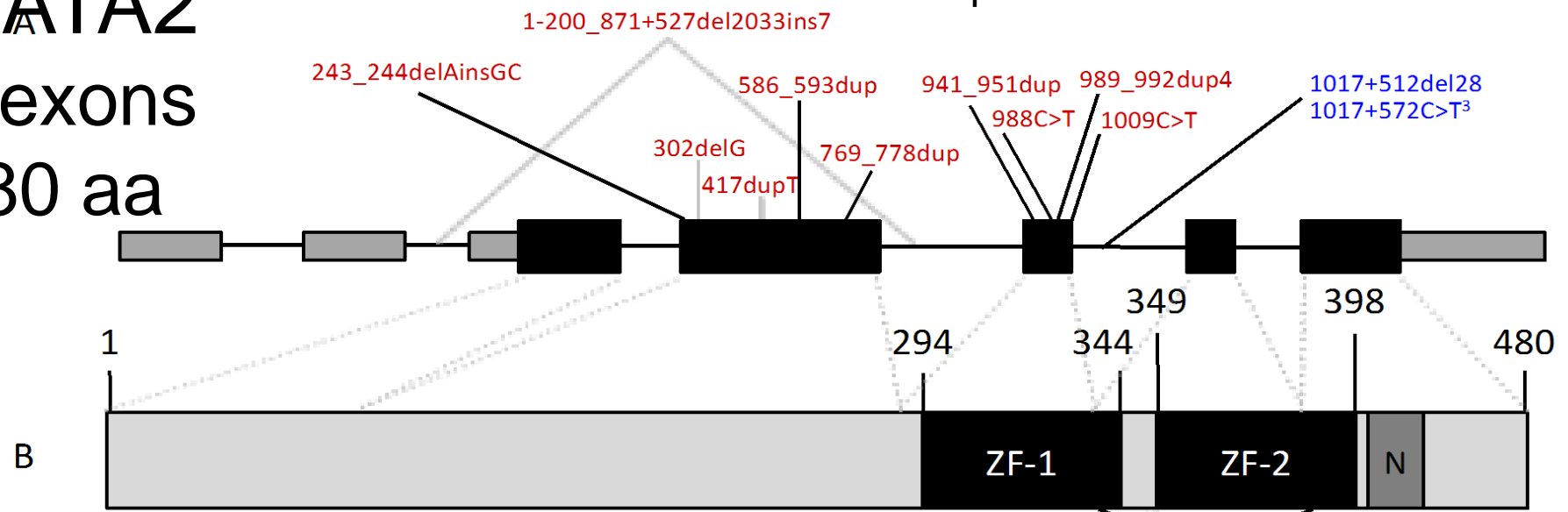
Human Disease is Heterozygous



GATA2

7 exons

480 aa

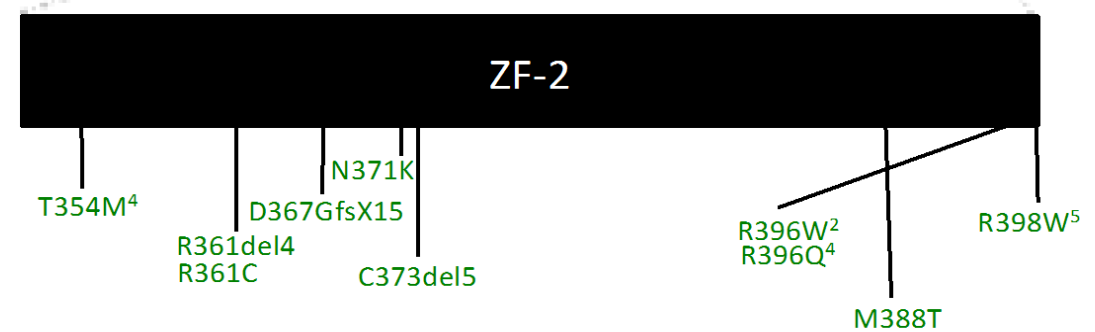


Missense

Nonsense

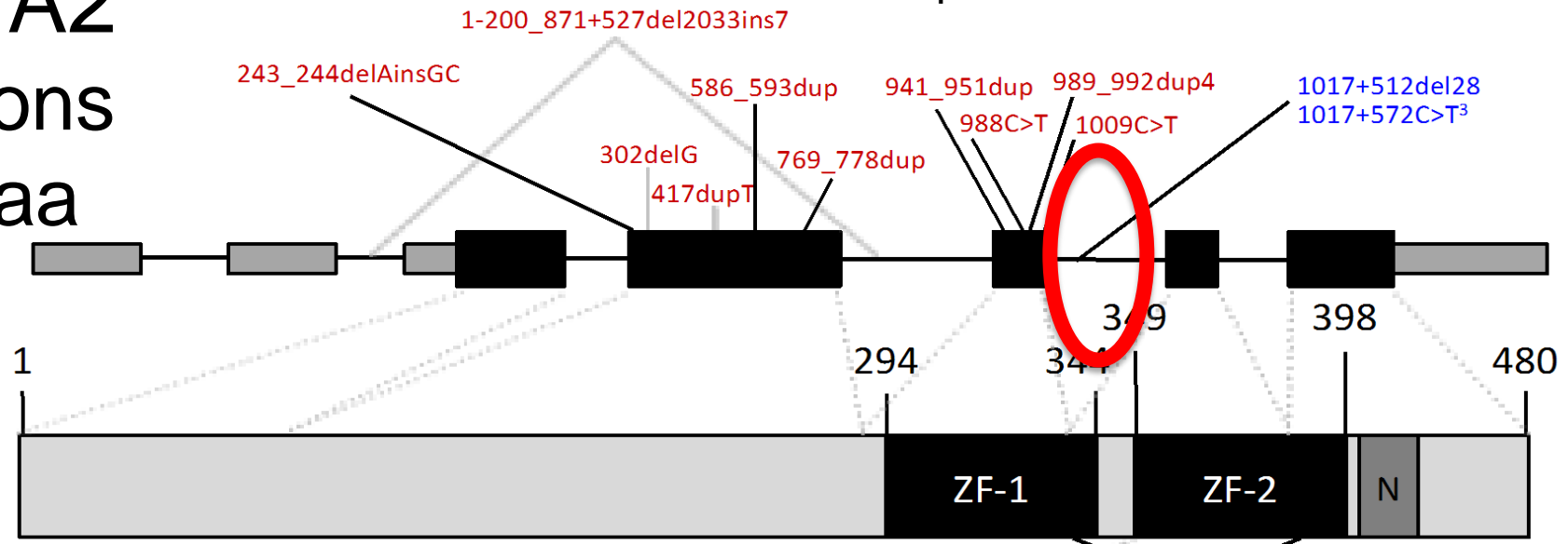
Intronic

Uniallelic (only one allele expressed)



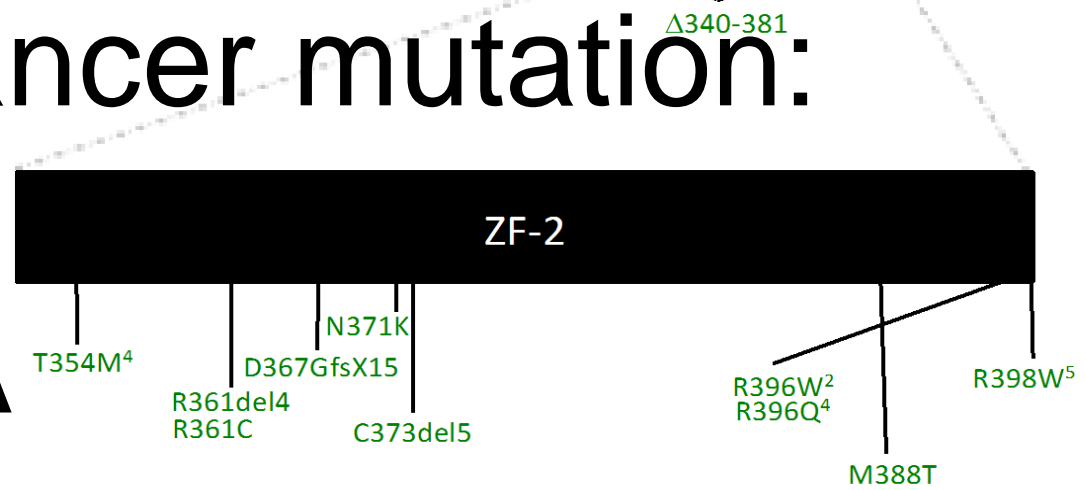


GATA2
 7 exons
 480 aa



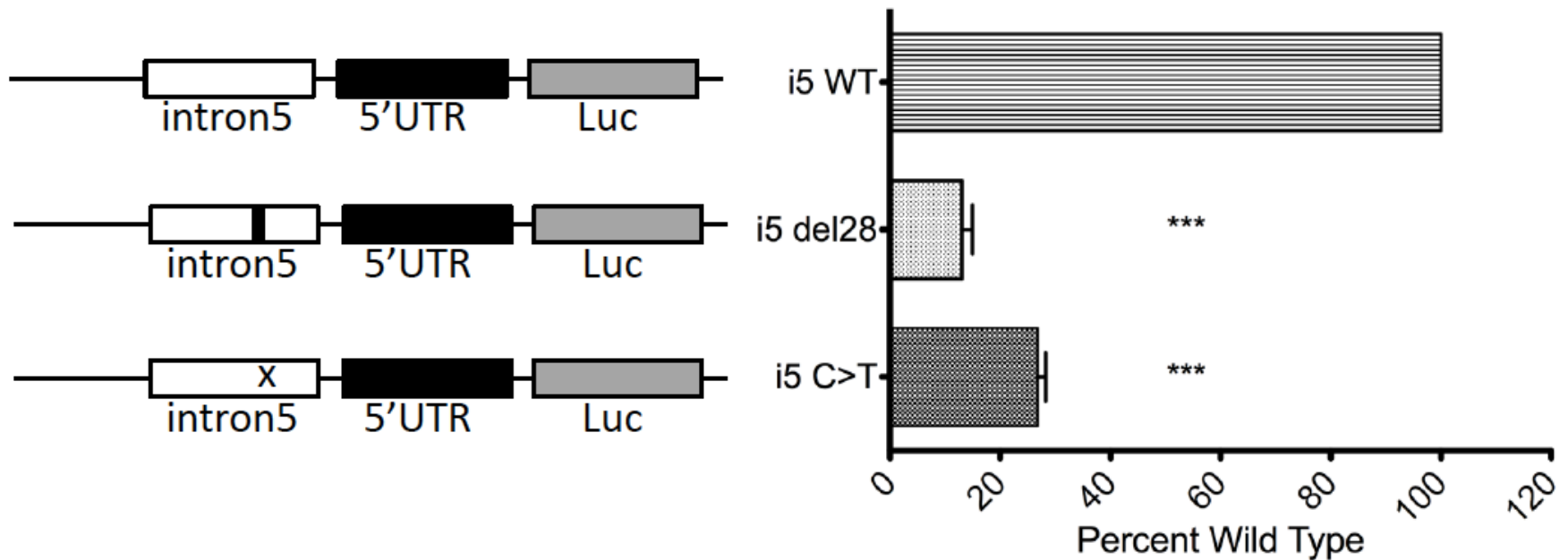
Intron 5 enhancer mutation:

~25% cases
normal cDNA
 Just less of it



GATA2 intron 5: *cis* enhancer of GATA2 expression

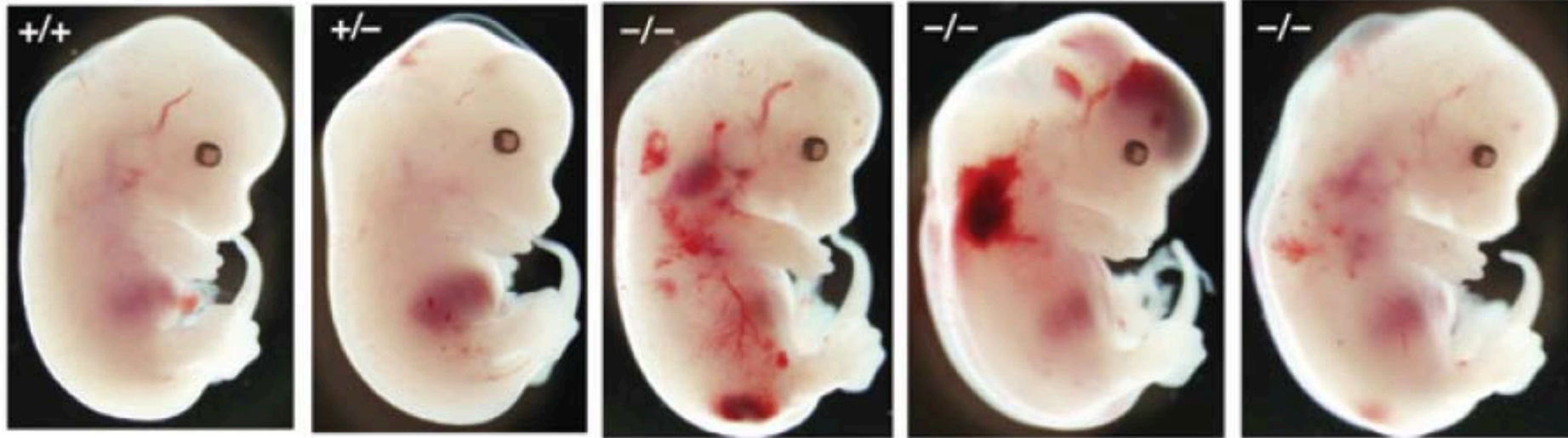
		E-box		GATA		ETS
i5 WT	TCCTGCCGGAGTTTCCTATCCGGAC	ATCTGC	A	GATAAGG	AAACTTCGTGTATCTGTTT	CCGGA
i5 del28	TCCTGCC				GGTAGATAAGGAAACTTCGTGTATCTGTTT	CCGGA
i5 C>T	TCCTGCCGGAGTTTCCTATCCGGAC	ATCTGC	A	GATAAGG	AAACTTCGTGTATCTGTTT	CTGGA



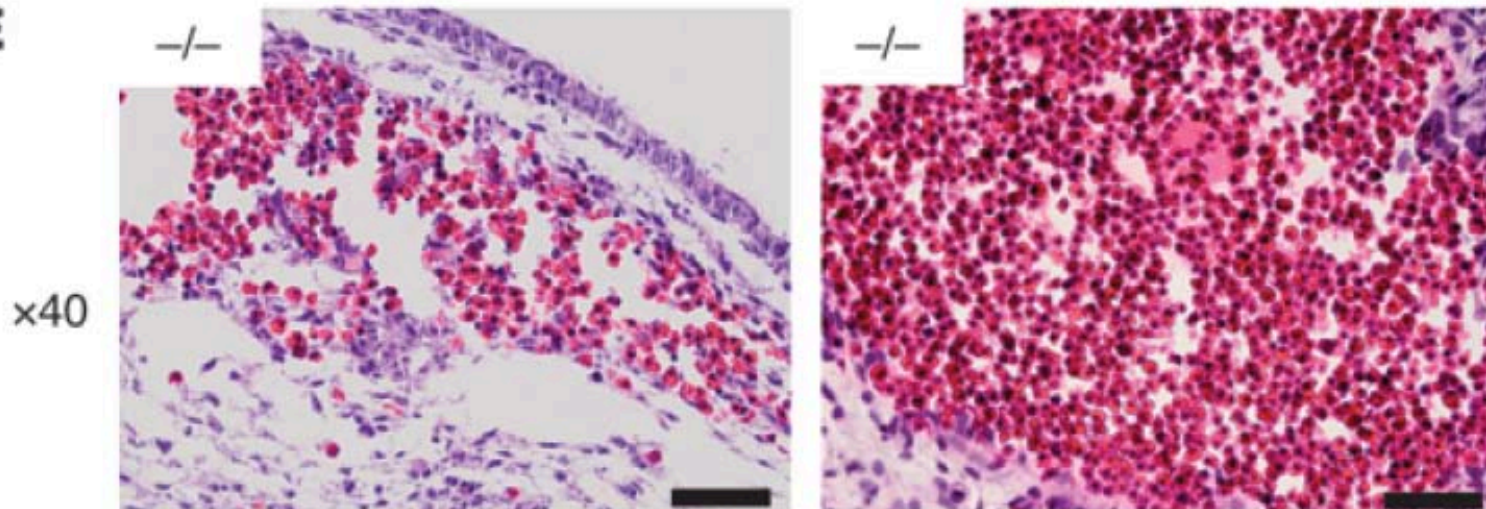
Gata2^{i5/i5} die d13.5b

Intron 5 cis element homozygous KO:
Fatal hemorrhage

D



E



GATA2 is a Disease of Haploinsufficiency

One copy is not enough

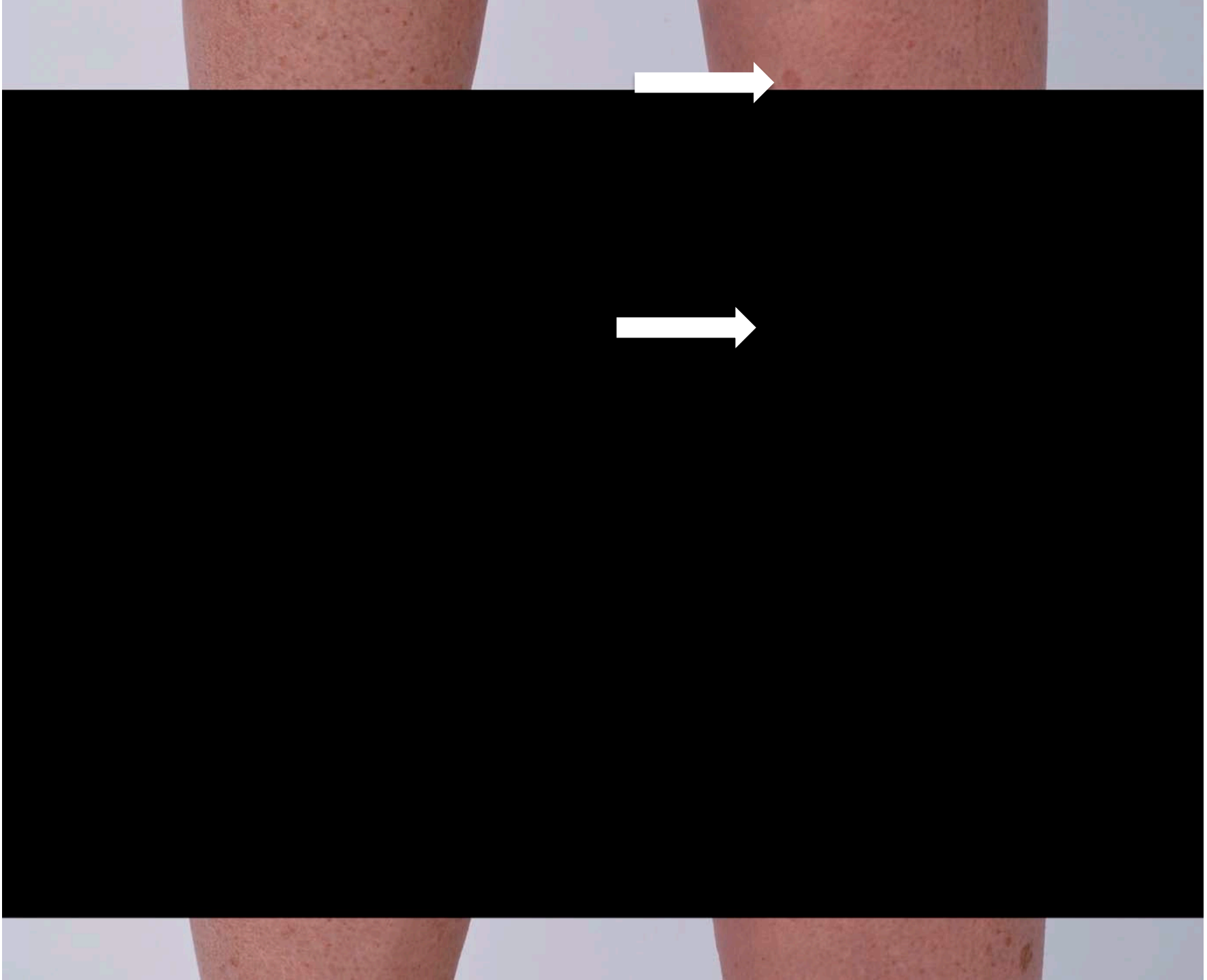
Intronic mutations:

Completely intact mRNA, but low levels

>70% GATA2 levels are required for normal hematopoiesis, lymphatic development, NK function

Stringent need for GATA2 expression

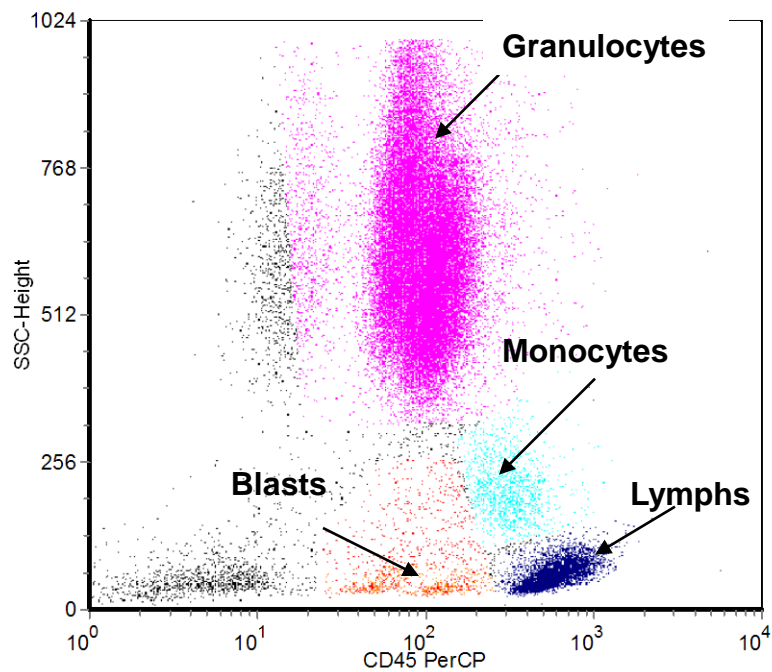




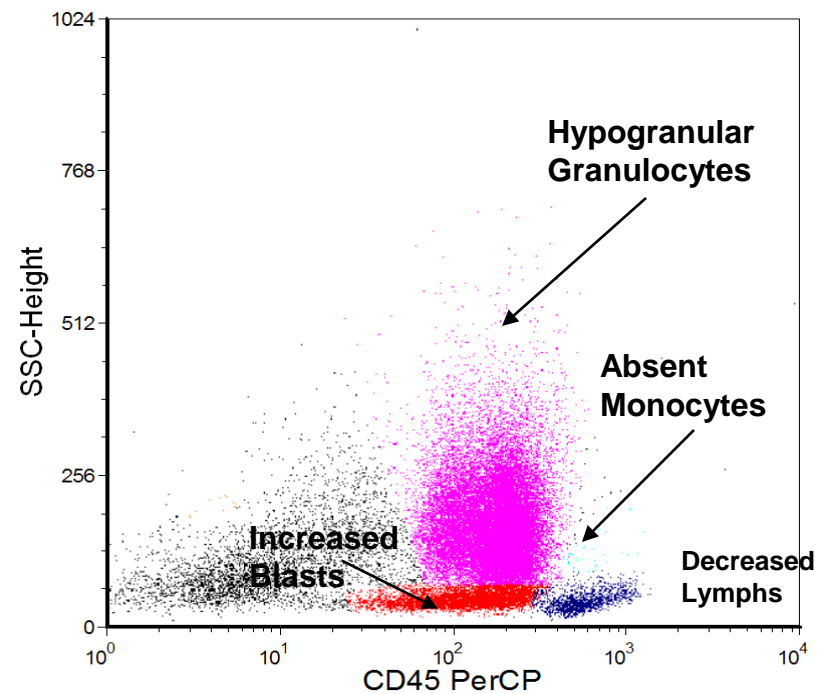
Myelodysplasia in autosomal dominant and sporadic monocytopenia immunodeficiency syndrome: diagnostic features and clinical implications

Katherine R. Calvo,¹ Donald C. Vinh,² Irina Maric,¹ Weixin Wang,¹ Pierre Noel,¹ Maryalice Stetler-Stevenson,³ Diane C. Arthur,³ Mark Raffeld,³ Amalia Dutra,⁴ Evgenia Pak,⁴ Kyungjae Myung,⁵ Amy P. Hsu,² Dennis D. Hickstein,⁶ Stefania Pittaluga,³ and Steven M. Holland²

Normal Marrow

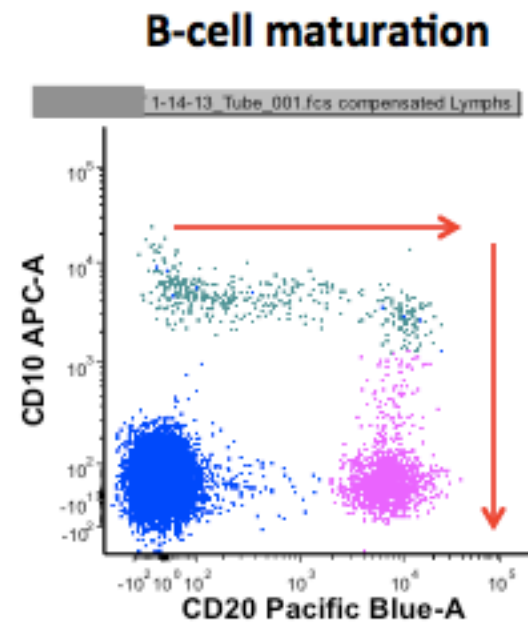
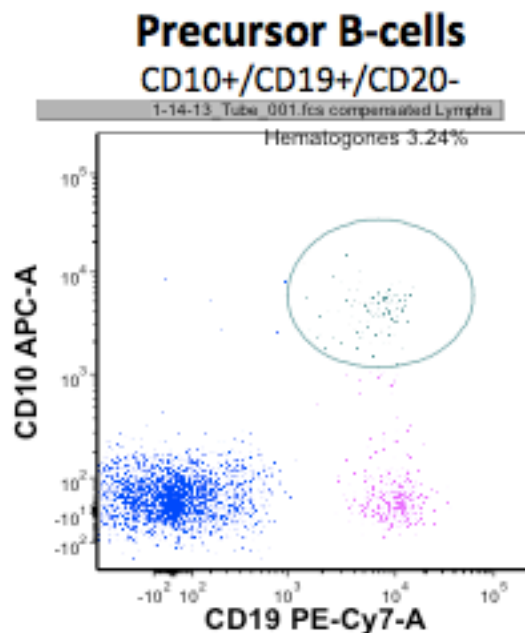
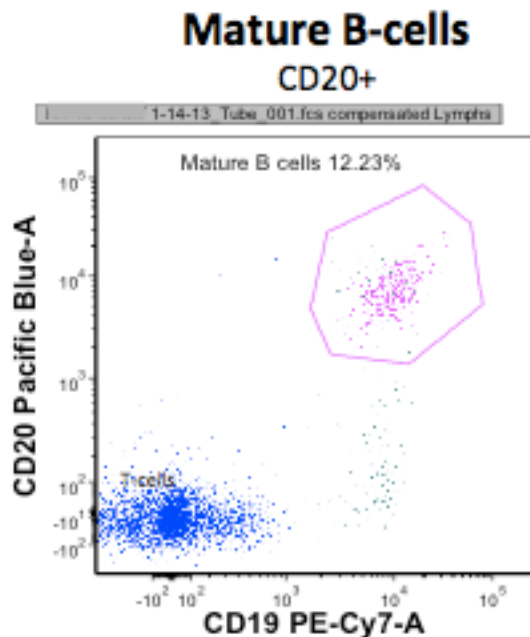


GATA2 deficiency

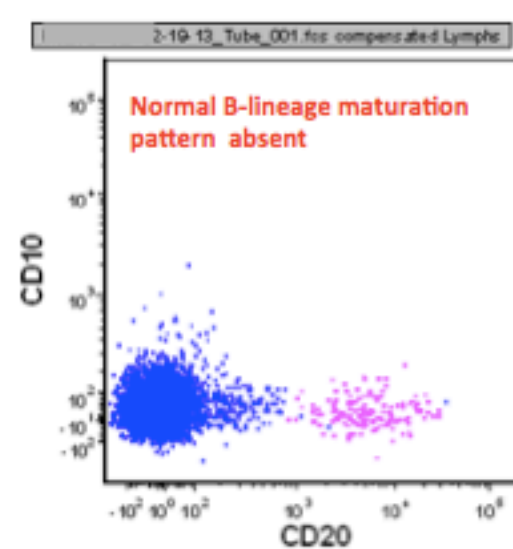
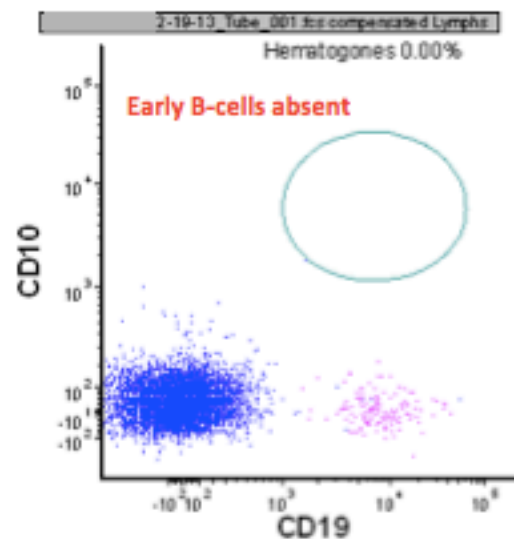
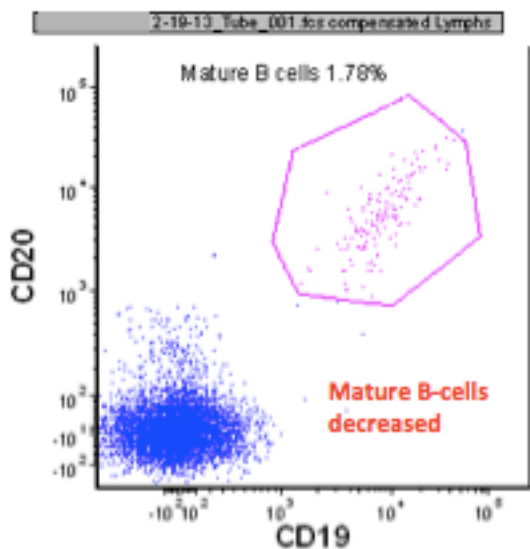


Absent B cell Precursors

Normal adult marrow



Patient marrow



GATA2 Deficiency

It's also

Pediatric neutropenia

Pediatric MDS (especially tri8, mono7)

AML

ALL

CMML

5 New Things about GATA2 Deficiency

Severe EBV Infection

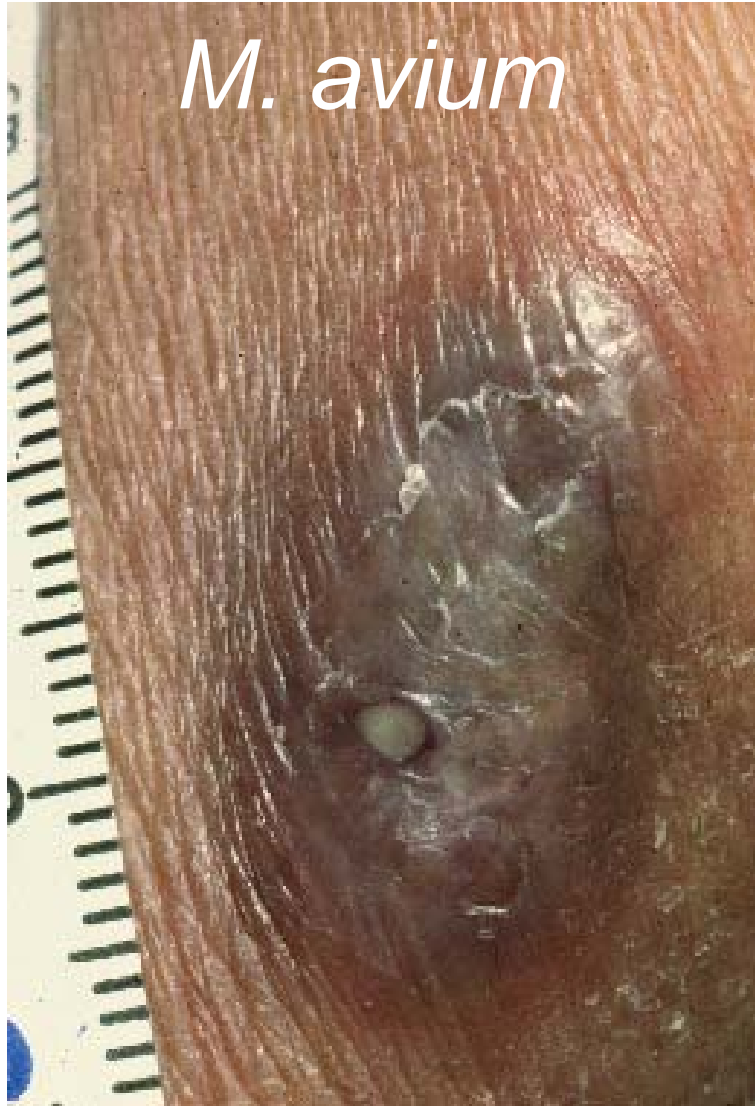
Severe *Mycobacterium kansasii* infection

Common Lung Abnormalities (not PAP)

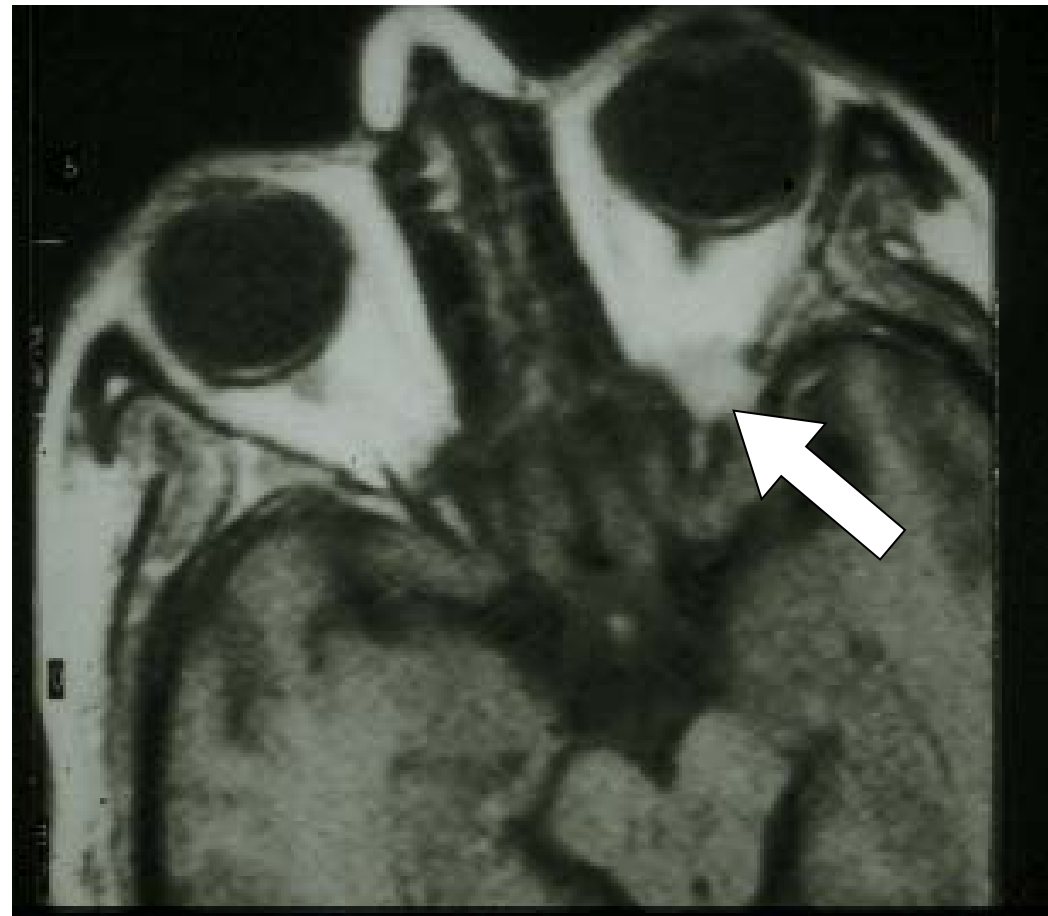
Severe *C. difficile* infection

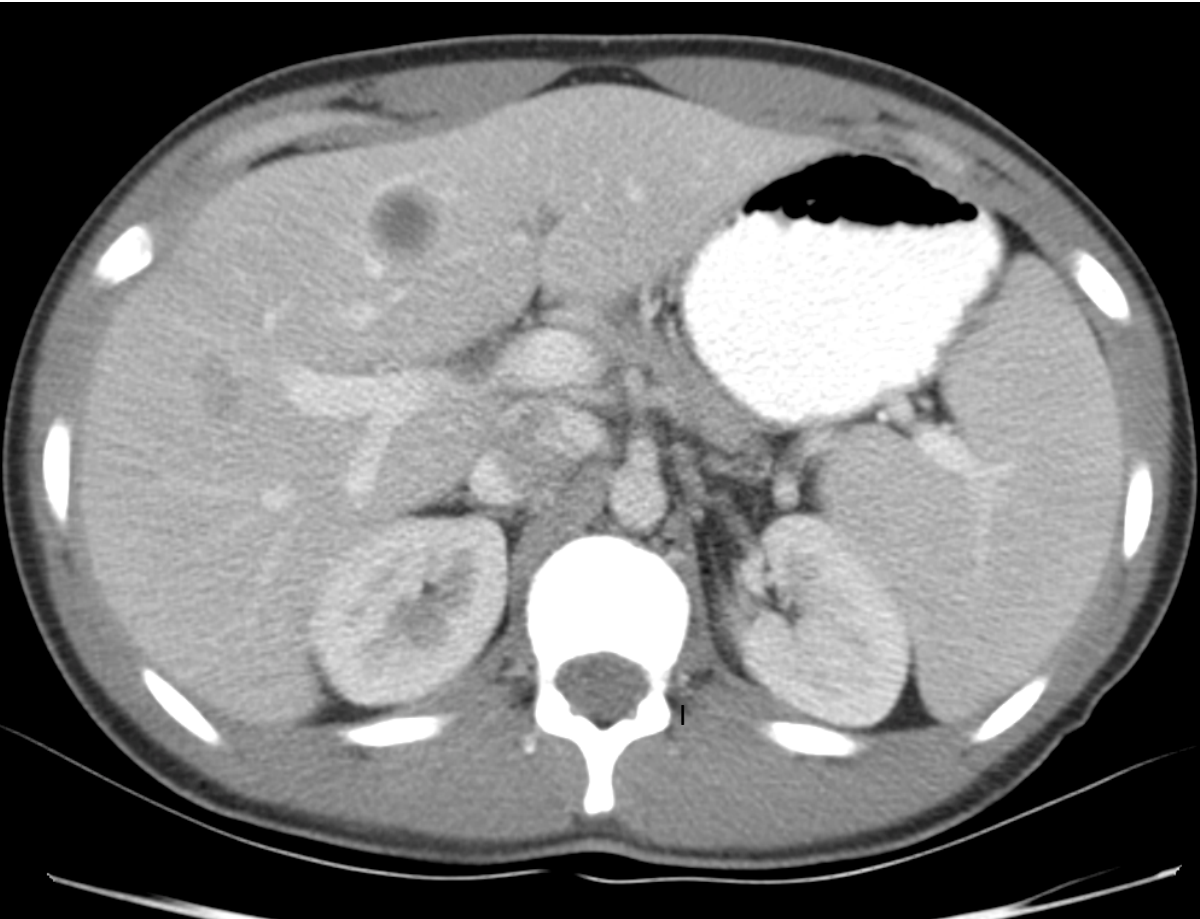
GATA2 Deficiency Imitation

1992: 41 yo Woman Refractory MAC Infection

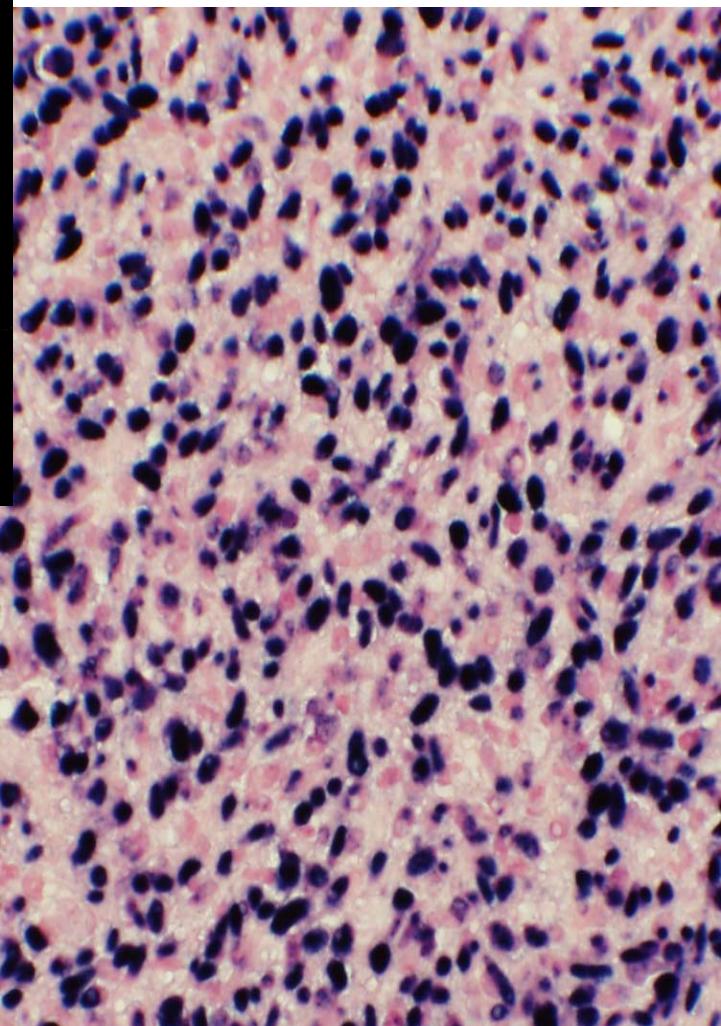


EBV+ Smooth Muscle Tumor



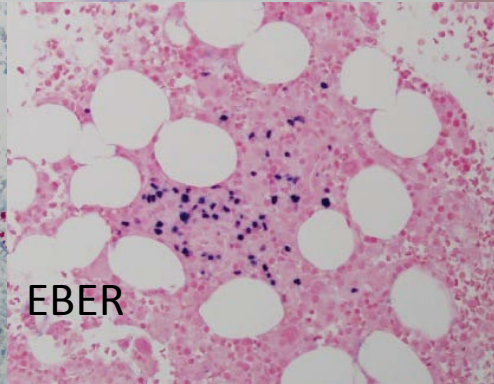
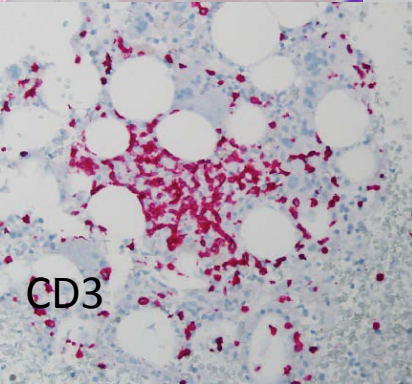
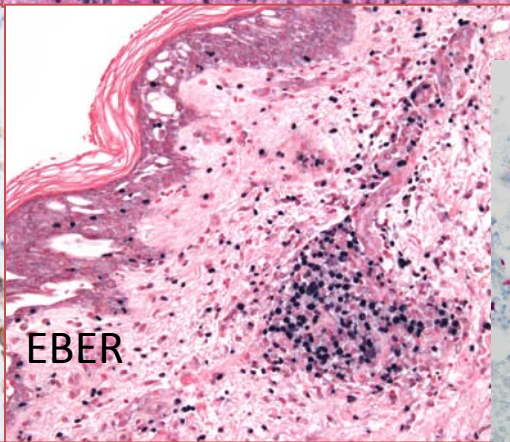
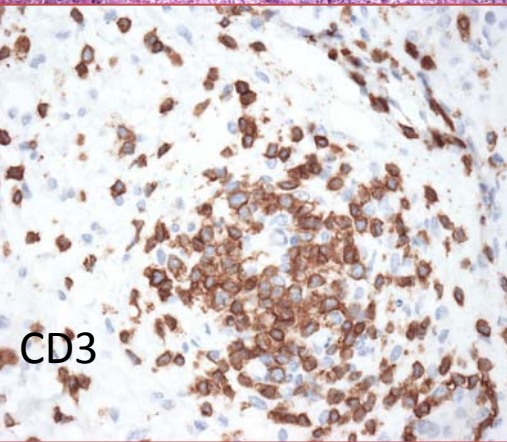
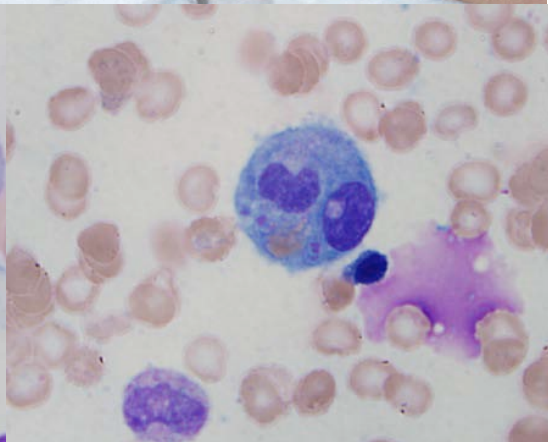
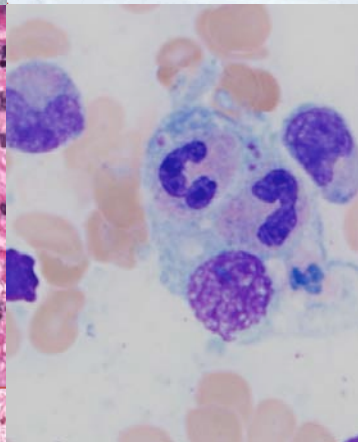
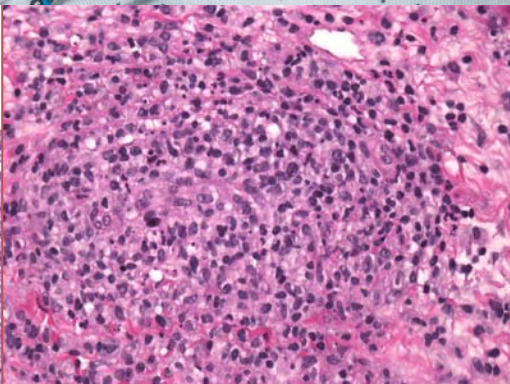
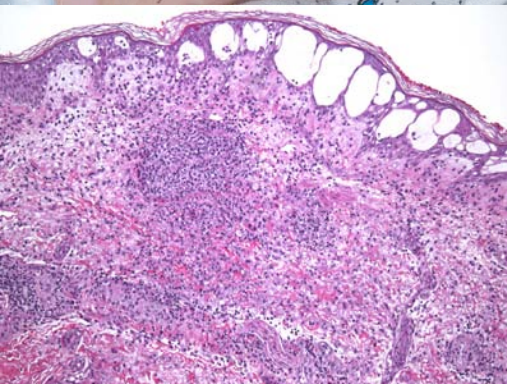


EBV



26 yo man

20 yo Cantonese Woman with Hydroa Vacciniforme and HLH



GATA-2 Deficiency is Associated with Severe Primary Epstein-Barr Virus (EBV) Infection and Malignant EBV Disease

General GATA2 patient EBV viral load 117 copies/ml

	Severe EBV Infectious <u>Mononucleosis</u>			CAEBV	<u>Hydroa vacciniforme-like lymphoma/HLH</u>	EBV-Positive Smooth Muscle Tumors	
Patient	1	2	3	4	5	6	7
Race/Sex	HF	WF	WF	WM	AF	HF	AM
Age Onset	6	19	23	20	20	41	24
Treatment	Steroids	HSCT	HSCT	None	HLH94/HSCT	HSCT	HSCT
Age at Death (yr)/Cause	Alive	Alive	Alive	22; mycobacterial infection	Alive	46; post HSCT viral infection	Alive
Peak EBV DNA in Blood copies/ml	44,000	20,600	8,900	2,770*	6.4 million	ND	3,350
GATA2 mutation	c.1187G>A R396Q	c.988C>T R330X (stop)	c.988C>T R330X	c.1061C>T T354M	<u>Uniallelic expression.</u>	R398W	C.1186 C>T R396W

Revised List for EBV Susceptibility, Chronic Active EBV, EBV malignancies

SH2D1

BIRC4

ITK

MAGT1

GATA2

CD27

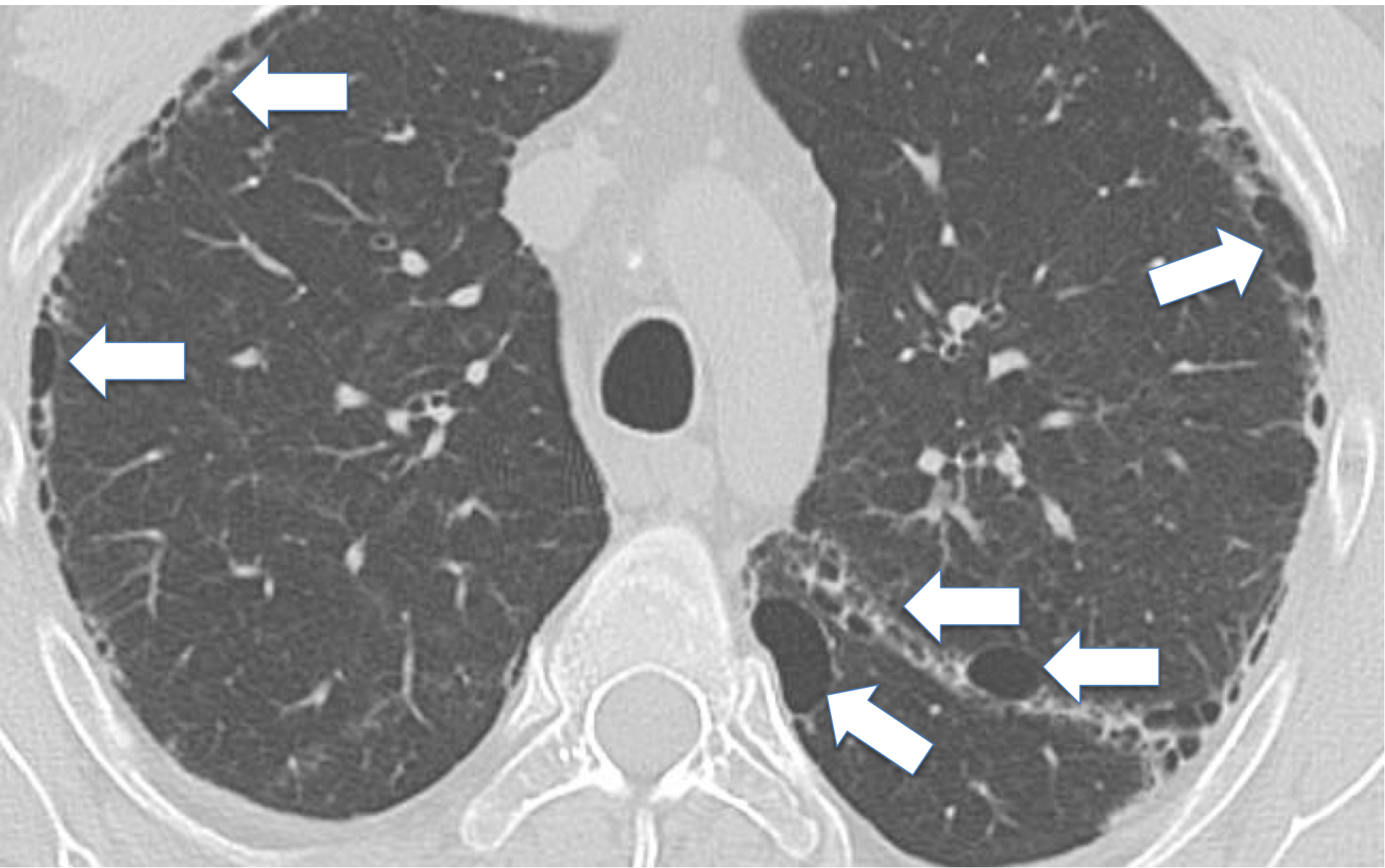
PRF1

PIK3CD

CORO1A

MST1/STK4

GATA2: Subpleural Blebs and Emphysema



Subpleural Blebs and Emphysema

30% of patients

Begins early in life

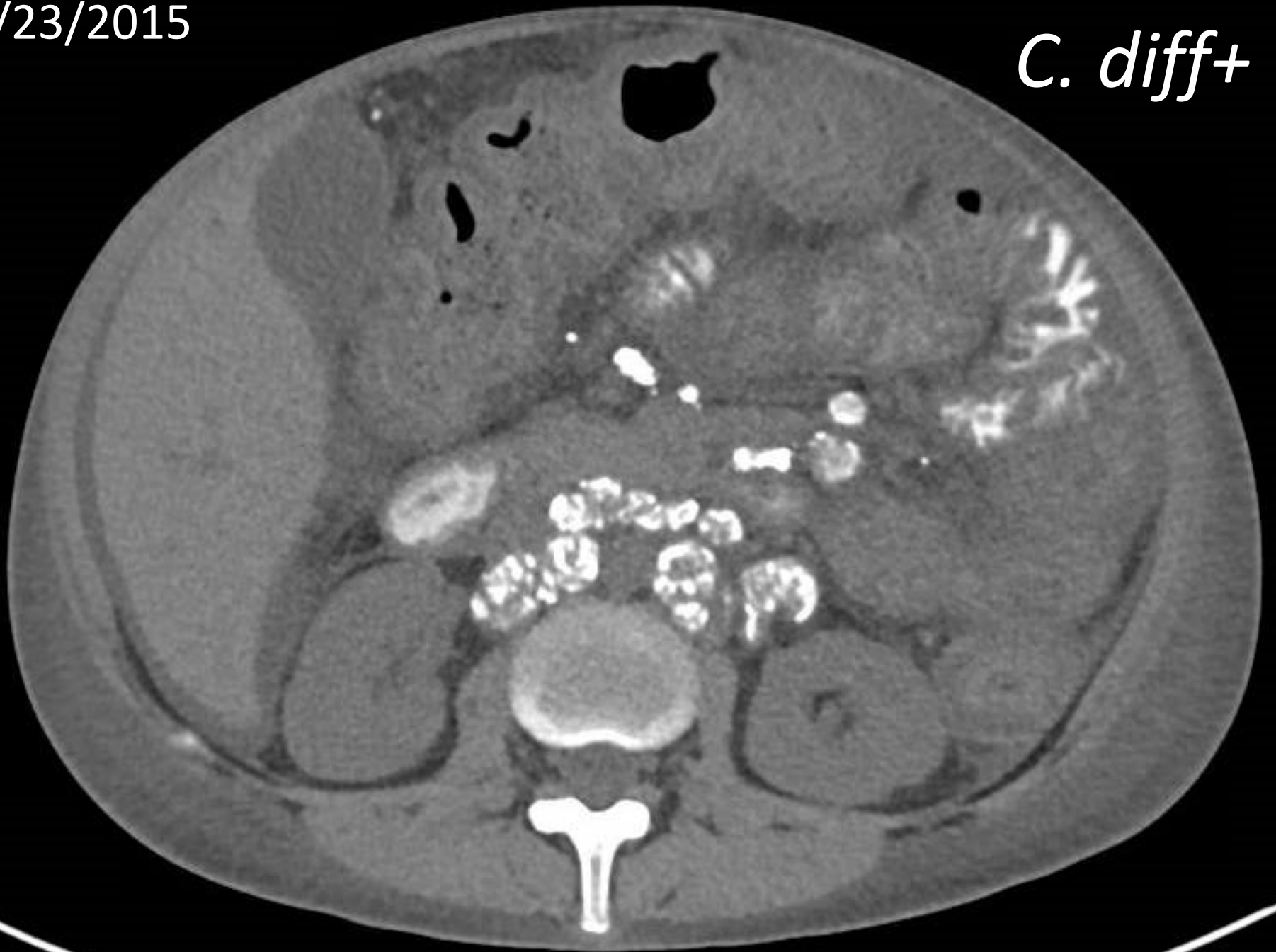
At tissue junctions: interlobar, apical

Can lead to emphysematous changes

Etiology? Not apparently infectious

9/23/2015

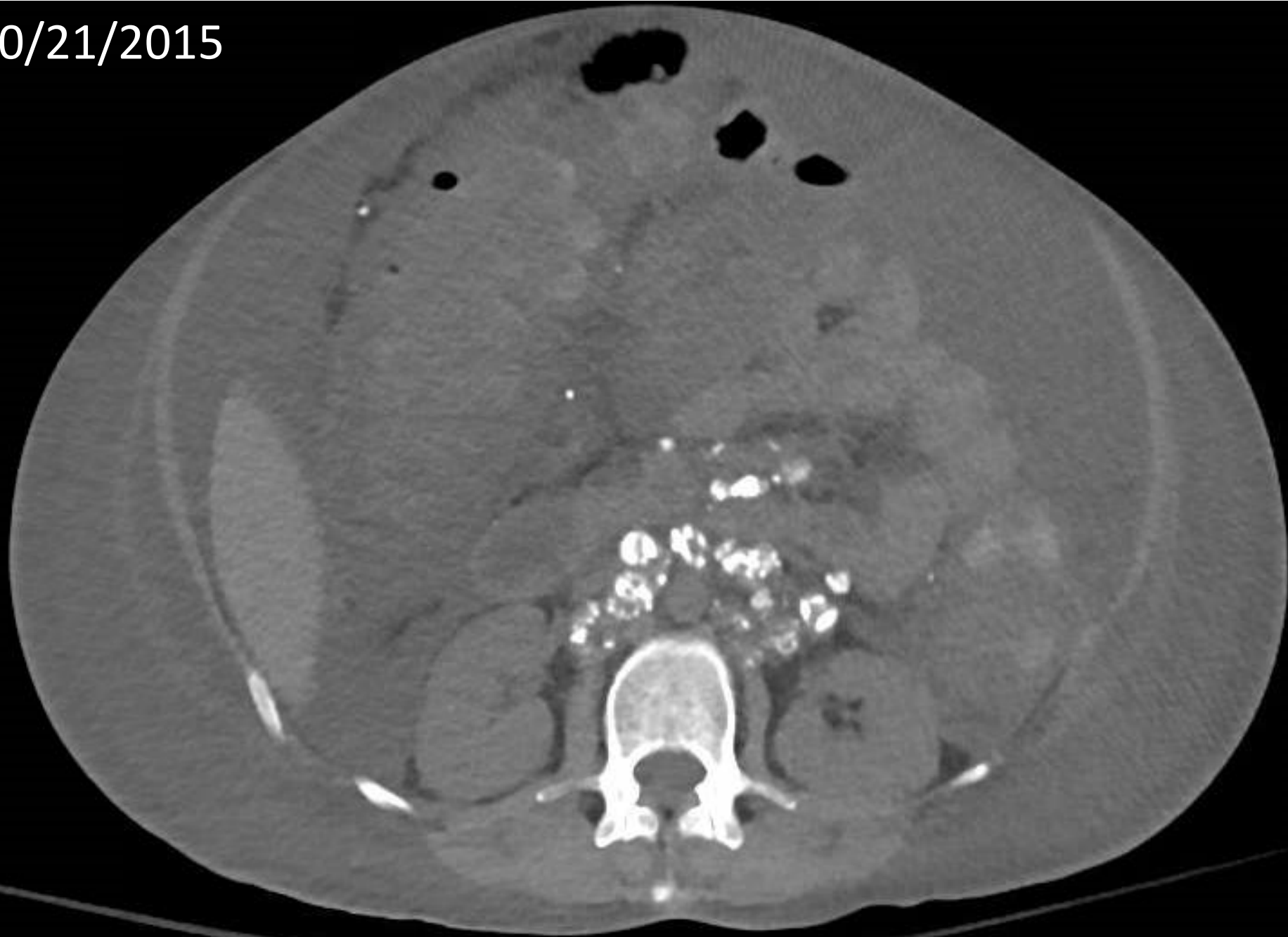
C. diff+



10/3/2015



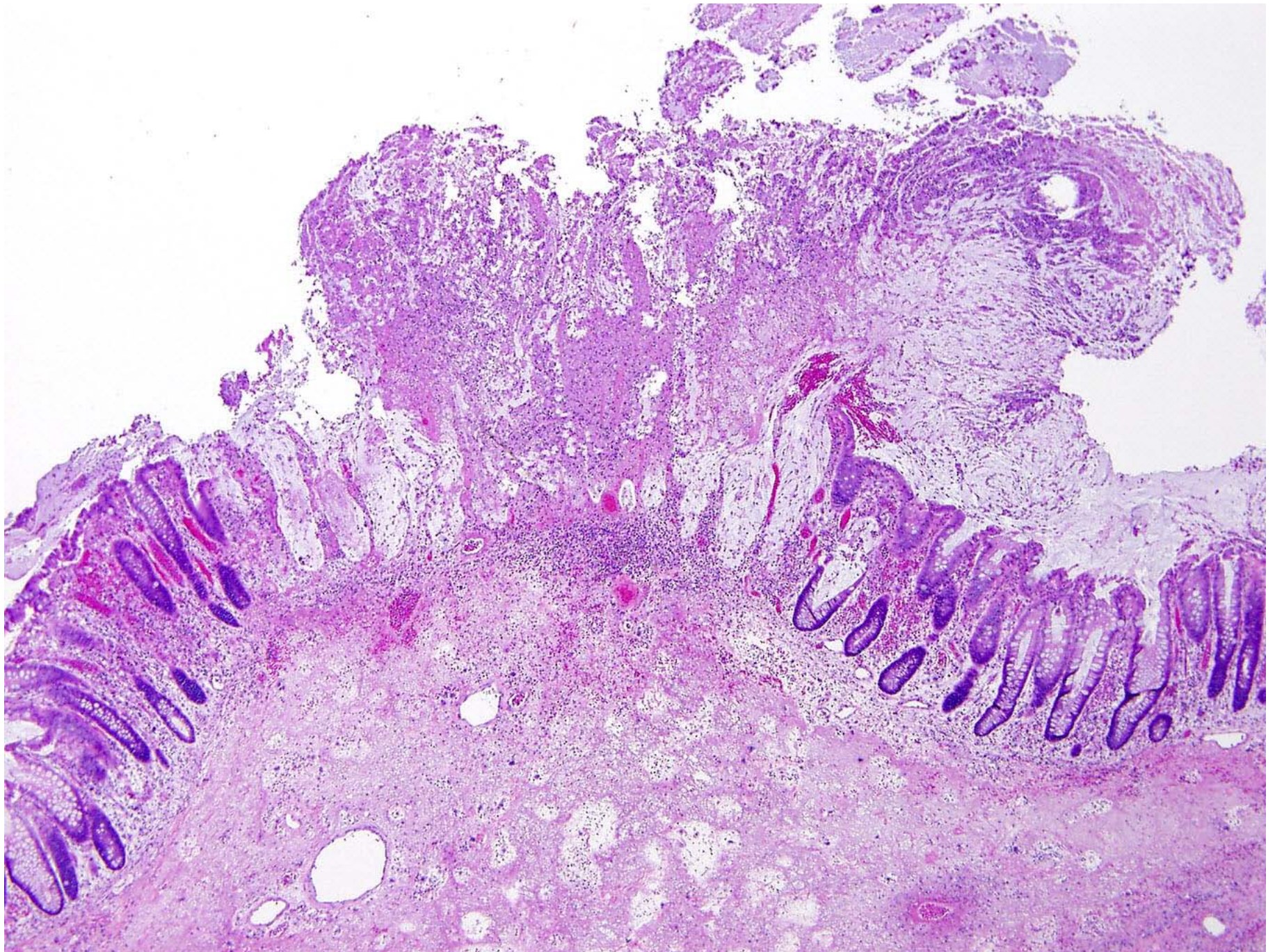
10/21/2015



11/6/2015







Why are we discussing this common hospital acquired infection?

4/70 GATA2 patients seen here have had severe
C. difficile colitis (6%)

14 yo boy: *C. diff* after MAC therapy-colectomy

17 yo girl: *C. diff* after abx, ICU with chest tubes

59 yo woman: fatal *C. diff* colitis

28 yo woman: *C. diff* in MK therapy-colectomy

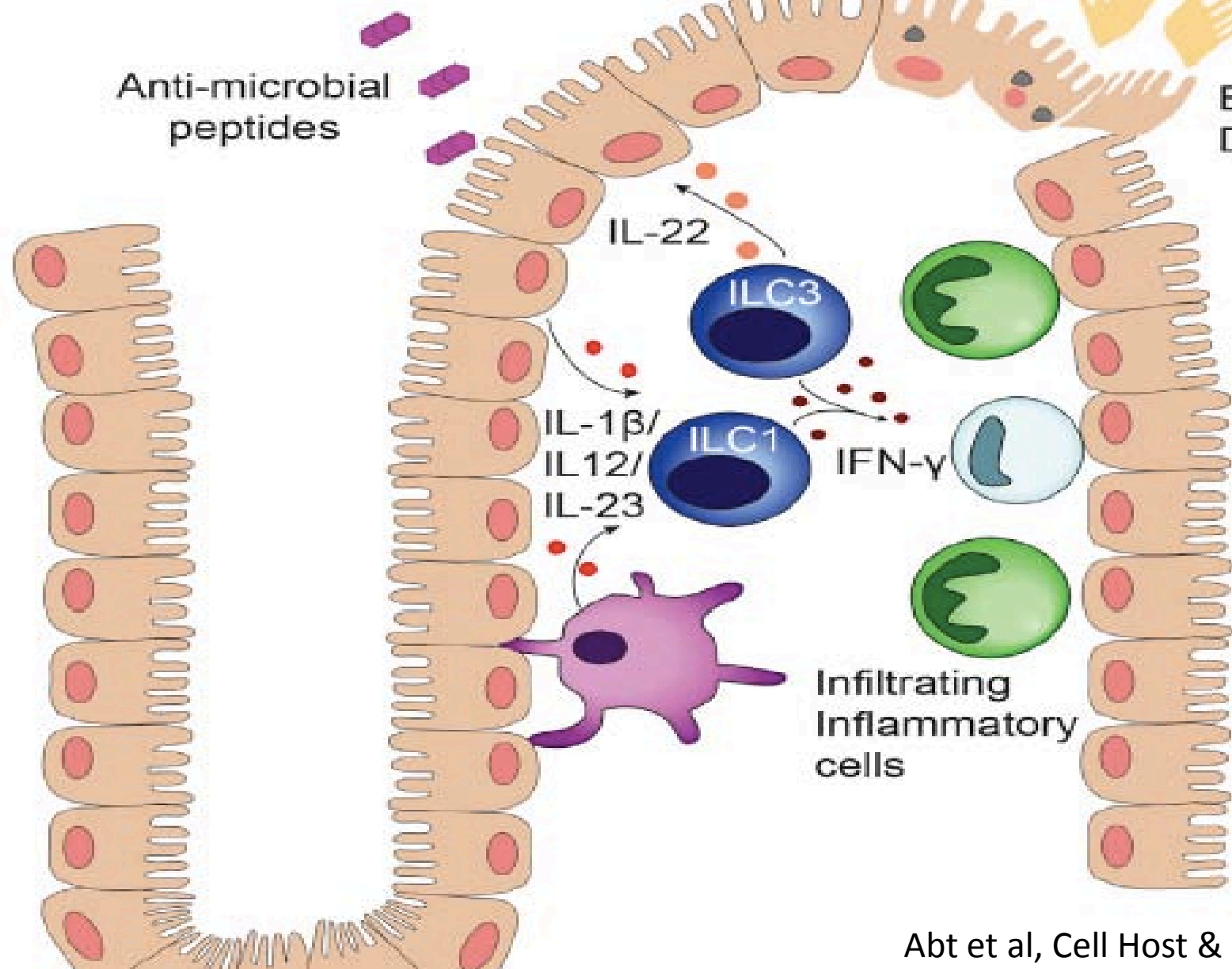
(in comparison at NIH, 0 in CGD, ~1 in STAT3)

C. difficile

Toxin A/B

Anti-microbial peptides

Epithelial Damage



C. difficile infection in GATA2

Can be very severe, even in childhood

Severe edema bowel wall

Recurrent

Mouse model underway

I'VE LEARNED SO MUCH
FROM MY MISTAKES...

I'M THINKING OF MAKING
A FEW MORE.

20 yo woman neutropenia, anemia, fungal infection

7 yo “COVID”

19 yo fever, neutropenia, invasive fungal
sinusitis

E. coli sepsis, shock, ventilation

NIH transfer:

Fusarium proliferatum sinusitis

Neutrophils	0	cells/ μ l
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Monocytes	1	cells/ μ l
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NK cells	32	cells/ μ l
----------	----	----------------

B cells	0	cells/ μ l
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Clinical Course

Persistent fever, neutropenia

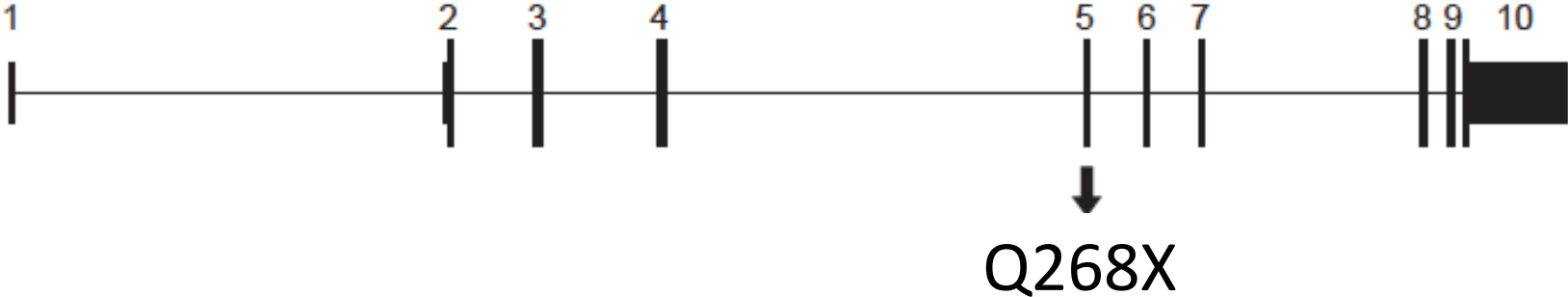
Clinically Consistent with *GATA2* deficiency but no mutation found

Successful haploidentical HSCT from 17 yo sister
(busulfan, cyclophosphamide, 200cGy,
post-transplant cyclophosphamide)

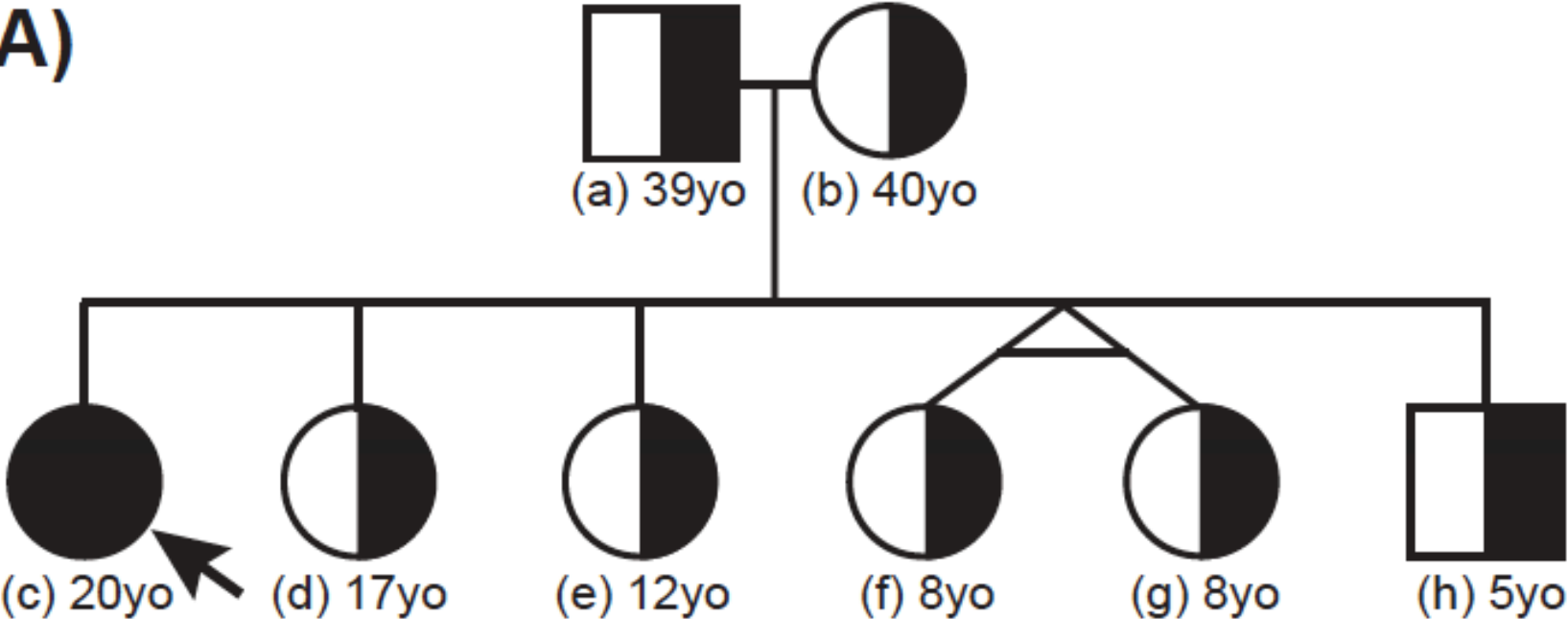
Bacteremia, ventilation, but complete recovery

But where was her problem in *GATA2*?

Homozygous Null *CECR1* (ADA2 deficiency)



A)



Early-Onset Stroke and Vasculopathy Associated with Mutations in ADA2

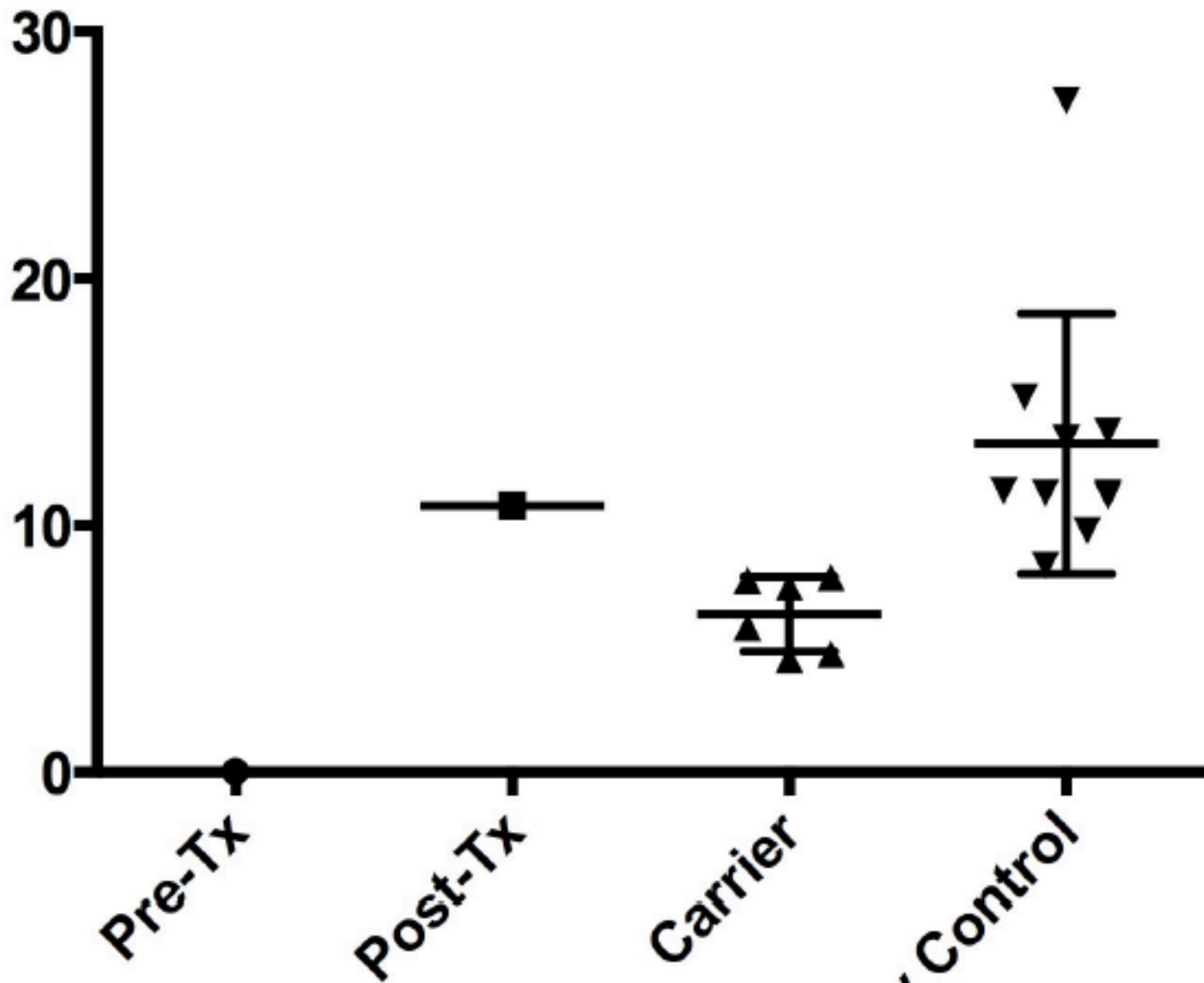
Q. Zhou, D. Yang, A.K. Ombrello, Andrey V. Zavialov, C. Toro, Anton V. Zavialov,
D.L. Stone, J.J. Chae, S.D. Rosenzweig, K. Bishop, K.S. Barron, H.S. Kuehn,
P. Hoffmann, A. Negro, W.L. Tsai, E.W. Cowen, W. Pei, J.D. Milner, C. Silvin,
T. Heller, D.T. Chin, N.J. Patronas, J.S. Barber, C.-C.R. Lee, G.M. Wood, A. Ling,
S.J. Kelly, D.E. Kleiner, J.C. Mullikin
F. Candotti, M.M. Quezado, K.R.
J.F. Meschia, B.B. Worrall, S.E. Kasner
E. Chalom, A.C. Gotte, M. Punaro,
N.G. Singer, T.R. Gershon, S. Ozen
S.M. Burgess, S.L. Moir, M. Gadir
D.L. Kastner,

Mutant Adenosine Deaminase 2 in a Polyarteritis Nodosa Vasculopathy

Paulina Navon Elkan, M.D., Sarah B. Pierce, Ph.D., Reeval Segel, M.D.,
Tom Walsh, Ph.D., Judith Barash, M.D., Shai Padeh, M.D., Abraham Zlotogorski, M.D.,
Yackov Berkun, M.D., Joseph J. Press, M.D., Masha Mukamel, M.D., Isabel Voth, M.D.,
Philip Hashkes, M.D., Liora Harel, M.D., Vered Hoffer, M.D., Eduard Ling, M.D., Ph.D.,
Fatos Yalcinkaya, M.D., Ozgur Kasapcopur, M.D., Ming K. Lee, Ph.D.,
Rachel E. Klevit, D.Phil., Paul Renbaum, Ph.D., Ariella Weinberg-Shukron, B.Sc.Med.,
Elif F. Sener, Ph.D., Barbara Schormair, Ph.D., Sharon Zeligson, M.Sc.,
Dina Marek-Yagel, Ph.D., Tim M. Strom, M.D., Mordechai Shohat, M.D.,
Amihood Singer, M.D., Alan Rubinow, M.D., Elon Pras, M.D.,
Juliane Winkelmann, M.D., Mustafa Tekin, M.D., Yair Anikster, M.D., Ph.D.,
Mary-Claire King, Ph.D., and Ephrat Levy-Lahad, M.D.

Circulating ADA2

mU/ml



Blind men



It's
Myelodysplasia

It's
NK Deficiency

It's
Alveolar proteinosis

It's
M. kansasii

It's
Aplastic Anemia

It's
C. difficile

It's
Acute leukemia

It's
NTM

It's
warts

GATA2

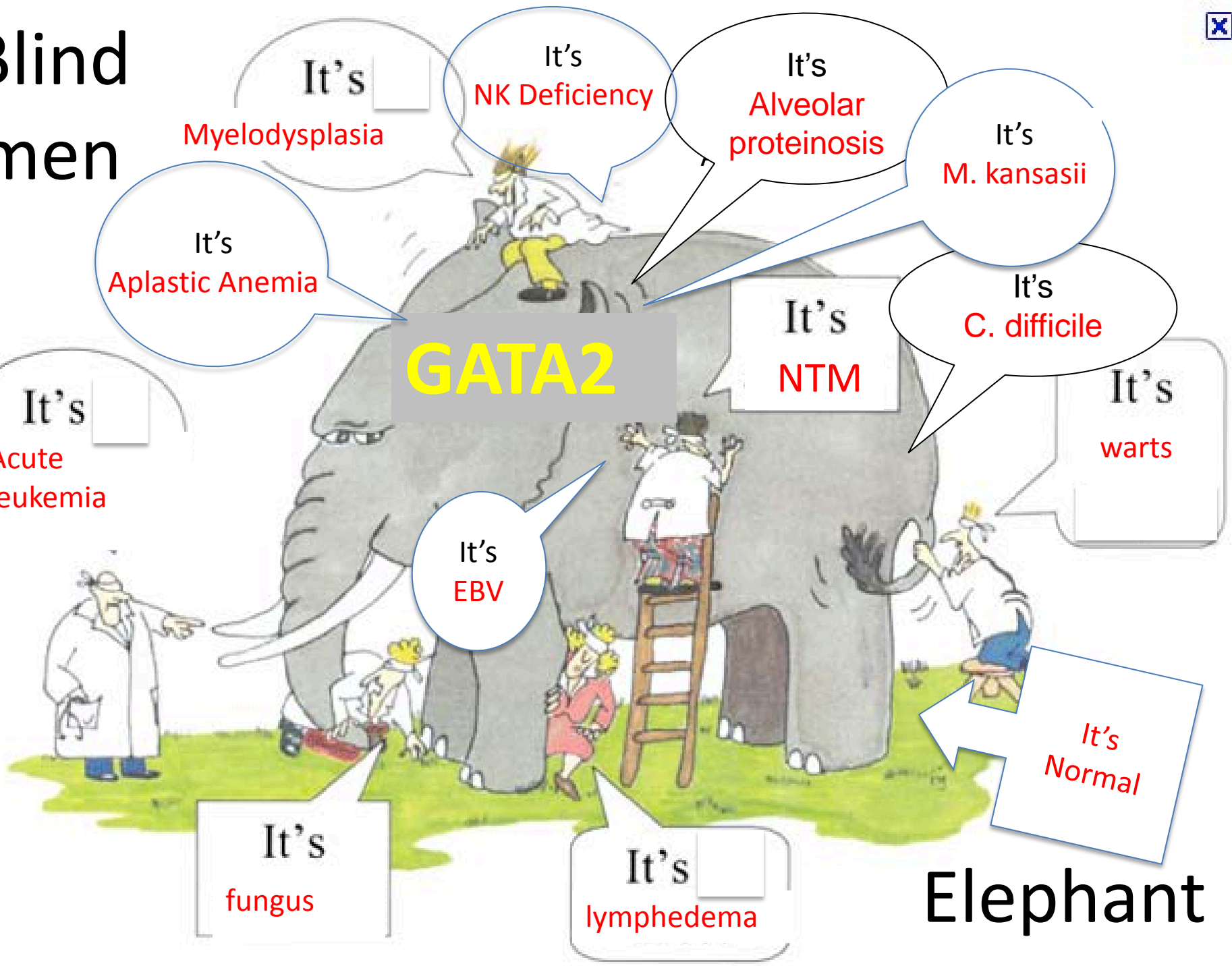
It's
EBV

It's
Normal

It's
fungus

It's
lymphedema

Elephant



Blind men

Myelodysplasia

It's
NK Deficiency

It's
Alveolar proteinosis

It's
Aplastic Anemia

GATA2?

mycobacteria

It's
C. difficile

Acute
leukemia

warts

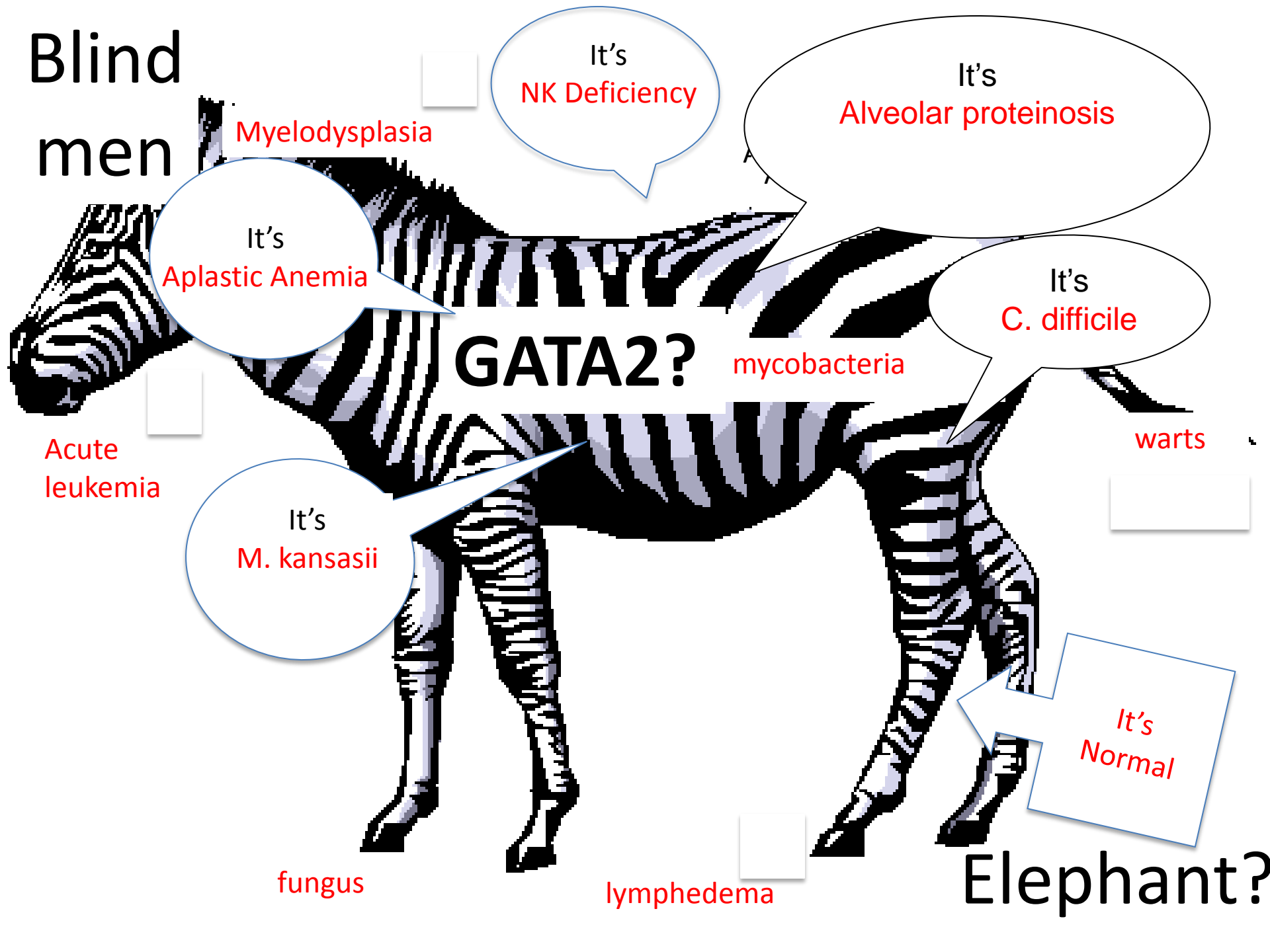
It's
M. kansasii

It's
Normal

fungus

lymphedema

Elephant?



GATA2 Haploinsufficiency

It is already complex and getting more complex

We are still learning about its phenotypes

It does seem to have exquisite susceptibilities

(M. kansasii, C. difficile, HPV, EBV)

It is not the only disease that can have similar
features

Phenotype Changes with Time, Exposure, Perspective



But the origin of the story stays the same

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