ORIGINAL ARTICLE

Germline Predisposition to Pediatric Lymphoid Malignancies: Genetic Tumor Syndromes Identified in a Single-Center Study

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SUMMARY

Background: Germline predisposition (GP) is associated with a variety of hematolymphoid malignancies. While GP has been addressed mostly in myeloid malignancies, recent diagnostic systems have newly introduced GP in lymphoid malignancies; however, evidence and data are limited, particularly in pediatric patients. In this study, we investigated the frequency and characteristics of GP in pediatric lymphoid malignancies.

Methods: The study subjects were pediatric patients diagnosed with lymphoid malignancies by bone marrow (BM) study between April 2021 and August 2024 at Samsung Medical Center, Seoul, Korea. The clinical and laboratory data were retrospectively collected from medical records. Next generation sequencing (NGS) tests for somatic variants and GP variants were performed on DNA extracted from BM aspirate samples and cultured skin fibroblasts or peripheral blood in remission, respectively.

Results: During the study period, a total of 65 pediatric patients were diagnosed with lymphoid malignancies (age, 0 - 17 years, median 7 years; 38 male and 27 female patients). Fifty-three patients with B Lymphoblastic Leukemia (B-ALL, 85%), 3 with Burkitt lymphoma/leukemia (4.6%) and 9 with T Lymphoblastic Leukemia (T-ALL, 14%). Five patients (5/65; 7.7%) had germline tumor syndromes as GP: one each patient with CBL syndrome in B-ALL, PTPN11-associated Noonan syndrome in Burkitt lymphoma/leukemia, and Shwachman-Diamond syndrome in B-ALL, and two patients with Li-Fraumeni syndrome in B-ALL. No patient with T-ALL had GP.

Conclusions: We found that a significant proportion of pediatric lymphoid malignancies had GP. The data of our series, including the first report of Shwachman-Diamond syndrome in B-ALL, are believed to expand our knowledge on GP in pediatric lymphoid malignancies. Identification of GP by NGS panel tests is critical in pediatric lymphoid malignancies in order to tailor treatment plans and implement entity-specific surveillance recommendations.

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Supplementary Data

Table S1. Genes included in somatic targeted next generation sequencing for lymphoid malignancies (n = 96).

ABL1	CDKN1A	EZH2	IKZF1	NRAS	RPS19
ABL2	CDKN2A	FANCA	IL7R	NTRK1	RUNX1
AKT1	CDKN2B	FANCC	JAK1	NTRK3	SBDS
ANKRD26	CEBPA	FANCG	JAK2	PAX5	SETBP1
ASXL1	CRLF2	FBXW7	JAK3	PDGFRA	SF3B1
ATM	CSF1	FGFR1	KIT	PDGFRB	SH2B3
BCOR	CSF3R	FLT1	KMT2A	PHF6	SRSF2
BCR	DDX41	FLT3	KRAS	PIK3CA	STAG2
BRAF	DKC1	FLT4	MAP2K1	PPM1D	STAT3
BRCA2	DNMT3A	GATA1	MAP2K2	PRPF8	STK11
CALR	EBF1	GATA2	MET	PTEN	TET2
CBFB	ELANE	GATA3	MPL	PTPN11	TP53
CBL	EP300	HAX1	MYD88	RAF1	U2AF1
CCND3	EPOR	HRAS	NF1	RARA	WHSC1
CDK4	ERG	IDH1	NOTCH1	RB1	WT1
CDK6	ETV6	IDH2	NPM1	RET	ZRSR2

Table S2. Genes included in targeted next-generation sequencing for germline predisposition to hematolymphoid malignancies (n = 93).

ANKRD26	ETV6	FANCP	NBN	RPL5	TAZ
AP3B1	EZH2	FANCQ	NF1	RPS10	TERC
ATM	FANCA	G6PC3	NHP2	RPS17	TERT
BLM	FANCB	GATA1	NOP10	RPS19	TINF2
BRCA1	FANCC	GATA2	NRAS	RPS24	TP53
CBL	FANCD1	GFI1	PTPN11	RPS26	UBE2T
CEBPA	FANCD2	HAX1	RAB27A	RPS29	USB1
CSF3R	FANCE	JAK2	RAC2	RPS7	VPS13B
CTC1	FANCF	JAK3	RAD51	RTEL1	VPS45
CXCR4	FANCG	KANSL1	RAD51C	RUNX1	WAS
DDX41	FANCI	KRAS	RAF1	SBDS	WIPF1
DIS3	FANCJ	LAMTOR2	RFWD3	SH2B3	WRAP53
DKC1	FANCL	LIG4	RPL11	SLC37A4	XRCC2
DNAJC21	FANCM	LYST	RPL15	SLX4	
EFL1	FANCN	MAD2L2	RPL26	SOS1	
ELANE	FANCO	MPL	RPL35A	SRP72	

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