## بسم الله الرحمن الرحيم



# Sudan University of Science and Technology College of Medical Laboratory Science Department of Hematology

Detection KIT D816 Mutation and Its Association with Outcome of Sudanese Acute Myeloid Leukaemia Patients at Khartoum State.

الكشف عن الطفرة الجينية كيت دال 816 وعلاقتها بنتائج التحاليل لمرض سرطان الدم الكشف عن النخاعي الحاد لدى السودانيون في ولاية الخرطوم

A Thesis Submitted in Partial Fulfillments for The Requirements of the degree of M.SC in Hematology and Immunohematology . `

**Submitted by:** 

Israa Aboubaida Mohammed Basheir (B.SC MLS. 2010)

**Supervisor:** 

**Professor: Babiker Ahmed Mohamed Ahmed** 

**Karary University** 

#### بسم الله الرحمن الرحيم

#### قال تعالى:

### (وقل ربي زدني علما)

صدق الله العظيم (طه: 114)

#### **Dedication**

#### To my teachers

Who gave me the gift of sharing their minds and experiences.

To my father

Who gave me advices and support through the years, I am very grateful for everything you have done for me.

To my mother

Who is encouraging and guiding me toward success, made me a best woman and learned the meaning of love

To my brothers, sister, aunt, cousins and dear friends

Who always is being by my side through good and bad times.

#### **Best wishes**

#### Acknowledgement

By the graces of Allah and his help I completed this study.

Great thanks for my supervisor **Prof. Babiker Ahmed** that is deal with me as father's soul. And special thanks to **Dr. Ibrahim Khider** for him guiding, patience and understanding throughout this study. Also a lot of thanks for future lab company for support me to complete it. Also thanks for my lovely friends for any things.

Also, my thanks and appreciations are extended to **Dr. Mudather Abd-Alrahim** the head of Haematology department –College of Medical Laboratory Sciences, and all the staff members of the Department for useful advices and encouragement.

#### **Abstract**

This is a prospective and longitudinal cohort study carried out in Khartoum State in Radio Isotop Center Khartoum, Omdurman Millitary Hospital and Gafar Ibn Auf Paediatric Hospital in the period from (May 2015 to May 2017) to detect KITD 816 mutation and its association with outcome of Sudanese Acute Myeloid Leukaemia patients at Khartoum state under same chemotherapy treatment plan .Thirty diagnosed AML different subtypes of AML FAB patients with classifications (M0,M1,M2,M4,M5,M6) were selected 14 (46%) male and 16(53%) female. The age was range from (5-70 years), 4.5 ml of venous blood was withdrawn from each patients placed in 1%EDTA container it was divided for two parts, 200ul of blood for DNA extraction and the other part for CBC analysis, which would be replicated to all patients monthly with monitoring the clinical findings to follow up of patient's outcome during this period (minimum period to follow up 5 months). The results was analyzed by SPSS version 19. They AML patients were enrolled for two study groups:23(76.6%) patients were KIT D 816 mutation positive as case group and the other group contain 7(23.3%) patients were KIT D 816 mutation negative act as control group .The results showed association of KIT D 816 mutation with AML disease (p.value=0.00) patient's outcome if corresponded with some AML subtypes(M0,M4 and M5) (p.value=0.05) and males were high frequent than female (p.value=0.008) but no association between KIT D 816 mutation with patient's outcome generally and age of AML patients (p.value=0.666).

In light of this study results KIT D 816 mutation should be considered as diagnosed cytogenetic test of AML disease and to determine suitable treatment plan to benefit outcome.

#### الخلاصة

هذه الدراسة هي دراسة استطلاعية وطويلة أجريت في مدينة الخرطوم في مستشفي الذرة لعلاج الاورام ومستشفى السلاح الطبي ومستشفى جعفر بن عوف وبرج الامل في الفترة من مايو 2015 الى مايو 2017 للكشف عن الطفرة كت دال 816 وعلاقتها بنتيجة التشافي لدى المرضى السودانيون المصابين بسرطان الدم النخاعي الشوكي الحاد في مدينة الخرطوم, وعليه تم اختيار ثلاثون مريضا مشخص بسرطان الدم النخاعي الحاد بمختلف تصنيفاته المقررة من قبل التصنيف الفرنسي الامريكي البريطاني (م0,م2,م3,م4,م5,م6) منهم 14 من الذكور و16 من الاناث وكانت الاعمار متفاوتة من (5اعوام-70 عام) وتم اخذ 4,5 مليليتر من الدم الوريدي من كل مريض وتم وضعه في وعاء يحتوي على 1% مانع تجلط حمض ثنائي أمين ايثيلين رباعي حمض الاستيك بحيث قسمت الى جزئين :200مايكروليتر من الدم تم استخلاص حمض نووى ريبوزى منقوص الاكسجين للكشف عن طفرة كت دال 816 بواسطة تحليل الاليل المحدد مانع التنافسية بوليميراز المتسلسل (ACB-PCR), اما الجزء المتبقى من العينة تم استخدامه لتحليل خلايا الدم الشامل لمتابعة تقدم المرض لديهم مع مراقبة الاعراض السريرية, وتم تحليل النتائج بواسطة برنامج الحزم الاحصائية للعلوم الاجتماعية اصداره 19,وقد تم تقسيم مرضى سرطان الدم النخاعي الحاد الى مجموعتين :مجموعة تحتوي على 23(76%) مريض حامل لطفرة كت دال 816 والمجموعة الثانية تحتوي على 7 (23%) مرضى خاليين من طفرة كت دال 816 وتم اعتبارها كمجموعة ضابطة وقد اظهرت النتائج التحليلية ان طفرة كت دال 816 لها علاقة بحدوث مرض سرطان الدم النخاعي الحاد (بقيمة معنوية =0.00)وايضا لها علاقة عكسية بنتائج تحليل دم المريض اذا وجدت مرتبطة مع بعض التصنيفات الفرعية لمرض سرطان الدم النخاعي الحاد وخاصة (م.م4م5) (بقيمة معنوية=0.008), وكذلك وجد ان هناك علاقة بين هذه الطفرة وجنس المريض حيث اثبتت وجودها لدى الرجال اكثر من النساء (بقيمة معنوية =0.05),ولكن في المقابل وجد انه لاتوجد علاقة بين طفرة كت دال 816 ونتائج التحليل بصورة عامة كما انه لاتوجد علاقة بين وجود الطفرة وعمر سرطان الدم النخاعي الحاد (بقيمة معنوية=0.666)

في ضوء نتائج هذه الدراسة يجب ان تؤخذ طفرة كت دال 816 في الاعتبار التشخيصي لسرطان الدم النخاعي الحاد ضمن الفحوصات الخلوية كفحص تأكيدي للمرض وومساعد لاختيار خط العلاج الانسب للشفاء.

#### **List of Contents**

NO.	Subjects	Page NO
	الآية	I
	Dedication	II
	Acknowlodgement	III
	Abstract	IV
	ملخص الدر اسة	V
	Contents	VI-IX
	List of tables	X
	List of figures	XI
	List of abbreviations	XII
	Chapter one 1.Introduction	
		Τ.
1.1	General Introduction	1
1.2	Rationale	3
1.3	Objective	4
1.3.1	General objective	4
1.3.2	Specific objectives  Chapter two	4
	Chapter two 2.Literature review	
2.1	Acute Myeloid Leukemia	5
2.1.1	Epidemiology	5
2.1.2	Incidence of AML	5
2.1.3	Etiology	9
2.1.3.1	Genetic factors	9
2.1.3.2	Acquired genetic abnormalities	10
2.1.3.3	Physical and chemical factors	10
2.1.3.4	Secondary AML	11
2.1.4	Clinical features	13
2.1.5	Classification	13
2.1.5.1	De novo AML	15

2.1.5.2	Myelodysplasia related AML	17
2.1.6	WHO AML with cytogenetic abnormalities	18
2.1.7	Pathogenesis signs and symptoms	18
2.1.8	Laboratory finding	19
2.1.8.1	Peripheral blood and bone marrow finding	19
2.1.8.2	Cytochemical stain	20
2.1.8.2.1	Myeloperoxidase	21
2.1.8.2.2	Sudan black	21
2.1.8.2.3	Specific Esterase (Naphthol AS-D Chloracetate Esterase)	22
2.1.8.2.4	Nonspecific Esterase (Alpha –Naphthyl butyrate or Alpha-Naphthyl Acetate Esterase)	22
2.1.8.3	Flowcytometery	22
2.1.8.4	Cytogenetics and Molecular	26
2.1.9	Treatments	34
2.1.9.3	Remission induction regimens give the best outcome	35
2.1.9.4	Duration Treatment Approach	36
2.1.9.4	Bone marrow transplantation	37
2.1.10	Prognosis	38
2.2	KIT D816	40
2.2.1	Effect of KIT D816 mutation in AML	41
Chapter three Materials and methods		
3.1	Study design	43
3.2	Study area and population	43
3.3	Sampling and sample method	43
3.4	Inclusion criteria	43
3.5	Exclusion criteria	44
3.6	Data analysis	44
3.7	Laboratory investigations	44
3.7.1	Sample	44
3.7.2	DNA extraction by(G-spin total DNA extraction kit)	44
3.7.3	ACB-PCR	44

3.7.3.5	Basic elements of reaction mixture for PCR	45
3.7.3.5.1	Template DNA	45
3.7.3.5.2	Primer	46
3.7.3.5.3	Maxime PCR Primers Kit(i-Star Taq)	48
3.7.3.5.3.3	Gel electrophoresis	49
3.7.3.5.3.3.1	Preparation of 1.5% Agarose Gel	49
3.7.3.5.3.3.1.1	Precautions to use Ethidium Bromide	49
3.7.3.5.3.3.2	Visualization of the gel	50
3.7.3.5.3.3.3	Interpretation of Gel electrophoresis results	50
3.7.4	CBC (Automated sysmex )	51
3.7.4.1	Principle of sysmex	51
3.7.4.2	Method of sysmex	51
3.7.4.3	Normal value of cell blood count	51
3.7.4.4	Interpretation of a full blood count	51
	Chaptr four	
	Result	
4.1	Results	53
Chapter five		
Discussion, Conclusion and Recommendation		
5.1	Discussion	61
5.2	Conclusion	63
5.3	Recommendations	64
References' 65		
Appendices 67		

#### **List of Tables**

No	Table	P.NO
(3.1)	Primer's sequence design.	47
(3.2)	Normal range of cells blood counts of healthy	52
	individuals age>6 years.	
(4.1)	Shows frequency and percentage of case and control.	53
(4.2)	Shows frequency and percentage of male and	53
	female	
(4.3)	Shows frequency and percentage subtypes of	53
	AML among case and control groups.	
(4.4)	Shows frequency and percentage of AML	54
	patient's outcome under chemotherapy	
	treatment	
(4.5)	Show frequency and percentage of KIT D 816	54
	mutation within AML patients comparing with	
	healthy individuals.	
(4.6)	Comparison of patient's outcome	56
	between case group and control group with	
	KIT D 816 mutation for patients under	
	chemotherapy treatments	
(4.7)	comparison of result KIT D 816 mutation	57
	among different age of AML patients	
(4.8)	Comparison of KIT D 816 mutations result	57
	with gender	
(4.9)	Comparison of KIT D 816 mutation results in	59
	different classifications of AML and patient's	
	outcome	

#### **List of Figures**

No	Figures	P.NO
(3.1)	Principle of ACB-PCR reactions	45
(4.1)	Frequency of KIT D 816 mutation within AML patients.	55
(4.2)	Comparison of KITD 816 mutation with patient's outcome	56
(4.4)	Comparison of KIT D 816 mutations result with gender	58
(4.5)	Comparison of KIT D 816 mutation results within different subtypes of AML and patient's outcome	60

#### **List of Abbreviations**

ACB-PCR	Allel Specific Competitive Blocker –Polymerease Chain
TICB I CK	Reaction
ALK1	Activin Like Kinase
ALL	Acute Lymphoblastic Leukemia.
AMk	Acute Megakaryoblastic Leukemia
AML	Acute Myeloid Leukemia.
AMML	Acute Myelomonocytic Leukemia
APL	Acut Promyelocytic Leukemia
ARF	Acute Renal Failure
ASR	Age Standardised Rate
ATP	Adenosine Triphosphate
ATRA	Alltrans Retinoic Acid
CALGB	Cancer and Leukemia Group B
CBC	Cancel and Leukenna Group B  Cpmblete Blood Count.
CBF	Core Binding Factor.
	Cytoplasmic Cluster of Differentiation
cCD CD	Cluster of differentiation.
CLL	Chronic Lymphocytic Leukemia
CML	Chronic Myeloid Leukemia
CNS	Central Nervous System.
CR-Rate	Conversion Rate.
CSF	Cerebro Spinal Fluid.
DNA	Deoxyribo Nucleic Acid.
DN	De Novo
DIC	Disseminated Intravascular Disease
DS	Down Syndrom
EBP	Enhancer Binding Protein
EGIL	European Group for the immunological Classification of
	Leukaemia.
ET	Essential Thrombocythemia
ETO	Early Termination Option
FAB	French American British classification.
FISH	Fluorescent in Situ Hybridization.
FLT 3	Fims-Like Tyrosine Kinase 3
FPD-AML	Familial Platelet Disorder with propensity to Myeloid
	Malignancy.
G-CSF	Granylocyte Colony Stimulating Factor
GM-CSF	Granulocyte Monocyte Colony Stimulating Factor

HLA	Human Leukocyte Antigen
IMF	Idiopathic Myelofibrosis
IL	Interleukein
Inv	inversion.
ITD	Internal Tandem Repeat Duplication
JM	Juxtamembrane
kD	Killo Dalton
LDH	Lactic Dehydrogenease
MDP	Multidrug Resistance Protein.
MDR-AML	Myelodysplasia Related-AML
MDS	Myelodysplesia Syndrom
MLL	Mixed Lineage Leukemia
MPO	Myeloperoxidase
MYH1	Myosin Heavy Chain 1.
NCR	National Population-based Cancer Registry
NPM	Nucleophosmin
NSE	Nonspecific esterase
PCR	Polymearase Chain Reaction .
PDGF	Platelet Derived Growth Factor
PKC	Protein Kinase C
PML	Promyelocytic Leukemia
PTK	Protein Tyrosin Kinase
PV	Polycythemia Vera
RA	Retinoic Acid
RAR	Retinoic Acid Receptor
RARA	Retinoic Acid Receptor
RHD	Runt Homology Domain .
RICK	Radio Isotop Center Of Khartoum
RNA	Ribose Nucleic Acid .
RT-PCR	Real Time –Polymerease Chain Reaction
RUNX1	Runt Related Protein
SBB	Sudan Black B
SM	Systemic Mastocytosis
TdT	Terminal Deoxynucleotidyl transferase.
USA	United State of American
US	United State
WBCs	White blood cells.
WHO	World Health Organization
ZIP	Zipper