#### **BIOGRAPHICAL SKETCH**

NAME: Giovanni Marconi

eRA COMMONS USER NAME (credential, e.g., agency login):-

POSITION TITLE: Dirigente medico di I livello (consultant hematologist/junior faculty)

#### **EDUCATION/TRAINING**

| INSTITUTION AND LOCATION                        | DEGREE<br>(if applicable)                          | Start Date<br>MM/YYYY | Completion<br>Date<br>MM/YYYY | FIELD OF STUDY                     |
|---|--|-----------------------|-------------------------------|------------------------------------|
| Liceo Classico F. Stabili, Ascoli Piceno, Italy | maturità<br>classica                               | 09/2003               | 07/2008                       | High school                        |
| Universitá degli studi di Bologna               | MD   | 09/2008               | 10/2014                       | Medicine and Surgery               |
| Universitá degli studi di Bologna               | Speciality in Hematology (PhD equivalent)          | 11/2016               | 11/2020                       | Hematology                         |
| Universitá degli studi di Bologna               | PhD in Oncology, Hematology and Pathology          | 11/2020               | Ongoing                       | Oncology, Hematology and Pathology |
| EHA   | EHA<br>CLASSICAL<br>MASTER<br>CLASS 2019 -<br>2020 | 9/2019                | 2/2021                        | Hematology                         |

### A. Personal Statement

In November 2020 I graduated as "specialista in ematologia" at "Istituto L. e A. Seragnoli" in Bologna. In Italy, this graduation comes after 4 years of active practice in hematology and it is considered the end of training and a PhD equivalent. I was recently selected for a consultant/junior faculty position at "Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST)". As I achieved this position relatively young, IRST will reserve 30% of my time for training, 50% of my time for research and 20% of my time for patient care for at least for the next 2 years. I was also selected for another PhD in experimental hematology, oncology and experimental pathology and agreed with PhD referee to attend PhD activity in my protected time and with extra efforts. I already published good research jobs many focused on retrospective or lab research on leukemia. Results from the prospective clinical trials that I set together with my actual mentor Giovanni Martinelli in 2017 and 2018 and that started enrollment in 2019, are coming, and major publications are expected in the next 2 years. I plan to continue a path to excellence in the field of acute leukemias with active training and I accepted to take this commitment also working to develop and open new frontiers in my home institution.

## **B.** Positions and Honors

From Sep 2012 to Jan 2015: training in Istituto Serágnoli, U.O Ematologia, Ospedale S. Orsola.

From 1 Feb 2015 to 31 Jan 2016: internship in research in Istituto Serágnoli, U.O Ematologia, Ospedale S. Orsola with a grant "Use of Next Generation Sequencing to Find Genetic Mutations in Patients with Core Binding Factor Acute Myeloid Leukemia and their Evaluation as Putative Independent Prognostic Markers", with Professor Giovanni Martinelli as tutor.

From 1 Nov 2016, 25 Mar 2020: Resident Medicine Doctor in Istituto Serágnoli, U.O Ematologia, Ospedale S. Orsola.

From 25 Mar 2020, 11 Nov 2020: 'CO.CO.CO' for an independent consultant position in Covid-19 intermediate care facility

From 15 Nov 2020, ongoing: consultant/junior faculty position at "Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (IRST)"

## C. Contributions to Science

My research career was centered on acute myeloid leukemia and acute lymphoblastic leukemia. From 2015, I am actively involved in clinical research, conducting research at institutional, local and national level. In 2015-2016, I collected and analyzed SNP array, WES, RNAseq from acute myeloid leukemia patients. In 2017, I started to organize 15-years of clinical data of my institution in query-able database; I lead and prepared a work on chromothripsis (published in Leukemia). In 2017-2018, I wrote 2 prospective and 2 retrospective clinical trial. Continued institution's database and work on complex karyotype AML. I set up with gastroenterology a clinical pipeline to detect hepatic damage in patients receiving Inotuzumab. In 2019-2020, I wrote 1 clinical trial. I analyzed in LAB 106 samples from IDH positive AML patients and produced interesting preliminary data on IDH1/2 mutation persistence after therapy (unpublished, in preparation). I collaborated at several work on AML and ALL. I presented early results from a prospective national trial (EHA). I also served as Investigator in phase I – II – III company sponsored clinical studies: Roche, Astellas, Cellgene, J&J, Novartis and in Investigator Initiated Studies.

## Main Communications at International Meetings:

- Two or More Chemotherapy Consolidation Courses, Followed by Autologous Bone Marrow Transplantation, and MRD Negativity, Give Long Term Overall Survival in Acute Myeloid Leukemia Patients; Blood 2015 126:3198; Dec 2015; Giovanni Marconi et al;
- Chromothripsis in AML patients: A new mechanism of cancer initiation and progression; cancer Research 76(14 Supplement): 3582-3582; Jul 2016; Maria Chiara Fontana, Giovanni Marconi et al;
- The alteration in key regulator genes of autophagy is mainstream mechanism of therapy resistance and impact prognosis of Acute Myelogenous Leukemia (AML): results from diagnosis genomic analysis on 148 consecutive patients treated with intensive chemotherapy and long-term survival follow-up; Proceedings of the 107th Annual Meeting of the American Association for Cancer Research; Giovanni Marconi et al.
- Vascular and Parenchymal Alterations of the Liver and Liver Surveillance in Patients Who Received Inotuzumab Ozagomicin As the Standard of Care for Relapse/Refractory Acute Lymphoblastic Leukemia; Blood; Volume 134, Issue Supplement\_1, November 13 2019; Giovanni Marconi, Federico Ravaioli et al.
- Safety run-in cohort 1 of GIMEMA AML1718: a safety run-in and phase 2 open-label study of venetoclax, fludarabine, cyratabine and idarubicine (v-FLAI) in induction therapy of acute myeloid leukemia; EHA 2020; Giovanni Marconi et al.

#### Peer-reviewed Publications:

- Impact of infectious comorbidity and overall time of hospitalization in total outpatient management of acute myeloid leukemia patients following venetoclax and hypomethylating agents; Cristina Papayannidis, Jacopo Nanni et al.; Eur J Haematol. 2022 Feb 14. doi: 10.1111/ejh.13753. Online ahead of print.
- Long-Term Outcome After Adoptive Immunotherapy with Natural Killer Cells: Alloreactive NK Cell Dose Still Matters; Parisi et al. Frontiers in Immunology; 12 2022; 10.3389/fimmu.2021.804988
- Hypomethylating Agent-Based Combination Therapies to Treat Post-Hematopoietic Stem Cell Transplant Relapse of Acute Myeloid Leukemia. Ciotti G, Marconi G, Martinelli G. Front Oncol. 2022 Jan 6;11:810387. doi: 10.3389/fonc.2021.810387. eCollection 2021.
- Targeting PARP proteins in acute leukemia: DNA damage response inhibition and therapeutic strategies.
   Padella A, Ghelli Luserna Di Rorà A, Marconi G, Ghetti M, Martinelli G, Simonetti G.t al, J Hematol Oncol. 2022 Jan 22;15(1):10. doi: 10.1186/s13045-022-01228-0.
- Assessment of liver stiffness measurement and ultrasound findings change during inotuzumab ozogamicin cycles for relapsed or refractory acute lymphoblastic leukemia. Ravaioli F, Marconi G, et al., Cancer Med. 2022 Feb;11(3):618-629. doi: 10.1002/cam4.4390. Epub 2021 Dec 30.
- Genome-wide association study identifies susceptibility loci for acute myeloid leukemia. Wei, et al. Nat Commun 12, 6233 (2021). https://doi.org/10.1038/s41467-021-26551-x

- Prevalence of Gastrointestinal Symptoms in Severe Acute Respiratory Syndrome Coronavirus 2 Infection: Results of the Prospective Controlled Multinational GI-COVID-19 Study. Marasco G et al. Am J Gastroenterol. 2021 Nov 9. doi: 10.14309/ajg.000000000001541.
- INCB84344-201: Ponatinib and steroids in frontline therapy of unfit patients with Ph+ acute lymphoblastic leukemia. Martinelli G et al; Blood Adv. 2021 Oct 14:bloodadvances.2021004821. doi: 10.1182/bloodadvances.2021004821.
- An IDO1-related immune gene signature predicts overall survival in acute myeloid leukemia. Ragaini S, et al. Blood Adv. 2021 Sep 17. doi: 10.1182/bloodadvances.2021004878.
- Safety of FLT3 inhibitors in patients with acute myeloid leukemia. Cerchione C et al. Expert Rev Hematol.
   2021 Sep;14(9):851-865. doi: 10.1080/17474086.2021.1969911. Epub 2021 Aug 30.
- Integrated genomic-metabolic classification of acute myeloid leukemia defines a subgroup with NPM1 and cohesin/DNA damage mutations. Simonetti G, et al. Leukemia. 2021 Oct;35(10):2813-2826. doi: 10.1038/s41375-021-01318-x. Epub 2021 Jun 30.
- Clinical Efficacy of Ponatinib in Philadelphia-Positive T-Cell Acute Lymphoblastic Leukemia with Extramedullary Involvement. Cristiano G et al. Acta Haematol. 2021 Jun 15:1-5. doi: 10.1159/000516003.
   Online ahead of print.
- Inotuzumab ozogamicin and donor lymphocyte infusion is a safe and promising combination in relapsed acute lymphoblastic leukemia after allogeneic stem cell transplant. Papayannidis C, et al. Hematol Oncol. 2021 Oct;39(4):580-583. doi: 10.1002/hon.2886. Epub 2021 May 7.
- Pharmacological Inhibition of WIP1 Sensitizes Acute Myeloid Leukemia Cells to the MDM2 Inhibitor Nutlin-3a. Fontana MC, et al. Biomedicines. 2021 Apr 6;9(4):388. doi: 10.3390/biomedicines9040388.
- Safety profile and impact on survival of tyrosine kinase inhibitors versus conventional therapy in relapse or refractory FLT3 positive acute myeloid leukemia patients. Marconi G, et al. Leuk Res. 2021 Feb;101:106497. doi: 10.1016/j.leukres.2020.106497. Epub 2020 Dec 25.
- Loss of PALB2 predicts poor prognosis in acute myeloid leukemia and suggests novel therapeutic strategies targeting the DNA repair pathway. Padella A et al. Blood Cancer J. 2021 Jan 7;11(1):7. doi: 10.1038/s41408-020-00396-x.
- Safety profile and impact on survival of tyrosine kinase inhibitors versus conventional therapy in relapse or refractory FLT3 positive acute myeloid leukemia patients. Marconi G, et al. Leuk Res. 2021 Feb;101:106497. doi: 10.1016/j.leukres.2020.106497. Epub 2020 Dec 25.
- MEC (mitoxantrone, etoposide, and cytarabine) induces complete remission and is an effective bridge to transplant in acute myeloid leukemia. Marconi G et al. Eur J Haematol. 2020 Jul;105(1):47-55. doi: 10.1111/ejh.13406. Epub 2020 Apr 7.
- Identification of Two DNMT3A Mutations Compromising Protein Stability and Methylation Capacity in Acute Myeloid Leukemia. Bruno S, et al. J Oncol. 2019 Oct 30;2019:5985923. doi: 10.1155/2019/5985923. eCollection 2019.
- Synergism Through WEE1 and CHK1 Inhibition in Acute Lymphoblastic Leukemia. Ghelli Luserna Di Rorà
  A, et al. Cancers (Basel). 2019 Oct 25;11(11):1654. doi: 10.3390/cancers11111654.
- Acute Myeloid Leukemia Mutations: Therapeutic Implications. Papayannidis C, et al. Int J Mol Sci. 2019 Jun 3;20(11):2721. doi: 10.3390/ijms20112721.
- Aneuploid acute myeloid leukemia exhibits a signature of genomic alterations in the cell cycle and protein degradation machinery. Simonetti G, et al. Cancer. 2019 Mar 1;125(5):712-725. doi: 10.1002/cncr.31837. Epub 2018 Nov 27.
- Inotuzumab ozogamicin is effective in relapsed/refractory extramedullary B acute lymphoblastic leukemia. Bertamini L, et al. BMC Cancer. 2018 Nov 15;18(1):1117. doi: 10.1186/s12885-018-5026-x.
- Mesenchymal stromal cells from myelodysplastic and acute myeloid leukemia patients display in vitro reduced proliferative potential and similar capacity to support leukemia cell survival. Corradi G, et al. Stem Cell Res Ther. 2018 Oct 25;9(1):271. doi: 10.1186/s13287-018-1013-z.
- Targeting WEE1 to enhance conventional therapies for acute lymphoblastic leukemia. Ghelli Luserna Di Rorà A, et al. J Hematol Oncol. 2018 Aug 1;11(1):99. doi: 10.1186/s13045-018-0641-1.

- Chromothripsis in acute myeloid leukemia: biological features and impact on survival. Fontana MC,
   Marconi G et al. Leukemia. 2018 Jul;32(7):1609-1620. doi: 10.1038/s41375-018-0035-y. Epub 2018 Feb 23.
- Efficacy of Azacitidine in the treatment of adult patients aged 65 years or older with AML. Tenti E, et al. Expert Opin Pharmacother. 2016 Dec;17(18):2479-2486. doi: 10.1080/14656566.2016.1258056. Epub 2016 Nov 21.
- Revealing very small FLT3 ITD mutated clones by ultra-deep sequencing analysis has important clinical implications in AML patients. Zuffa E, et al. Oncotarget. 2015 Oct 13;6(31):31284-94. doi: 10.18632/oncotarget.5161.

Scopus H-index: 8, avg impact factor 5.8

# D. Additional Information: Research Support and/or Scholastic Performance

| YEAR | Honor/support N  | lote                    |
|------|--|-------------------------|
|      |  |                         |
| 2016 | ASH Abstract Achievement Award   |                         |
| 2017 | AACR-Pezcoller Foundation Award  |                         |
| 2017 | Pfizer granted research founding and drug to test Inotuzumab in MRD vositive ALL (phase 2 clinical trial)                                | •                       |
| 2018 | Abbvie granter research founding to test Venetoclax in combination with VFLAI in AML patients (phase 1/2 clinical trial)                 | •                       |
| 2019 | Pfizer granted research founding to collect real life clinical experience with Inotuzumab in ALL (phase 4 clinical trial)                | -                       |
| 2019 | AstraZeneca granted research founding and drugs to test in vitro and exvivo activity of AURK1 inhibitor in AML                           | Vriting proposal, co-PI |
| 2019 | ASH Abstract Achievement Award   |                         |
| 2020 | EHA Abstract Achievement Award   |                         |
| 2020 | Incite granted research foundings to test epacadostat, INCMGA0012 and Vazacytidine in unfit patients with AML (phase 1/2 clinical trial) | Vriting trial           |