

Biological identification of high-risk mantle cell lymphoma

Elias Campo

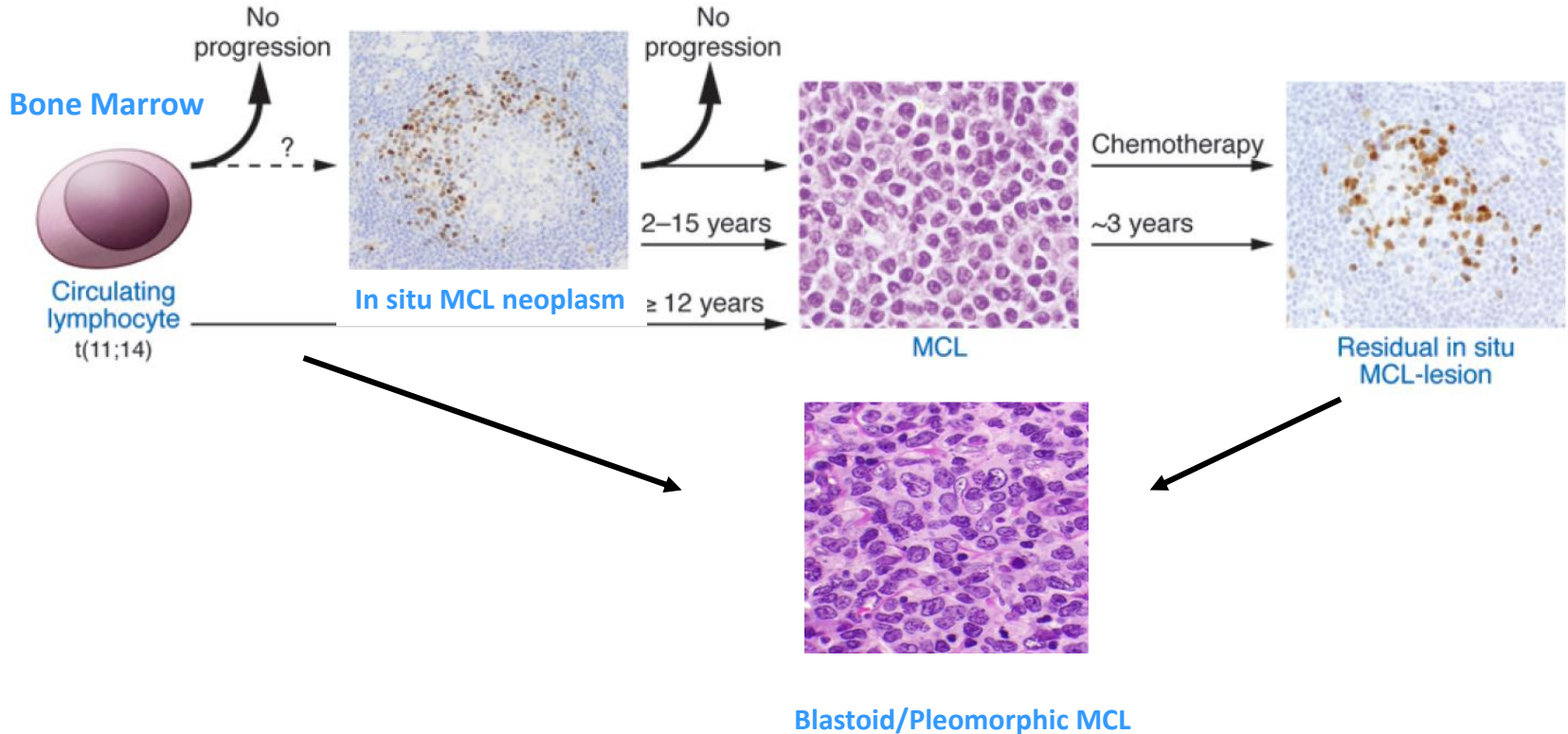
Institute of Biomedical Research August Pi I Sunyer (IDIBAPS),
Clinic Barcelona Hospital, University of Barcelona



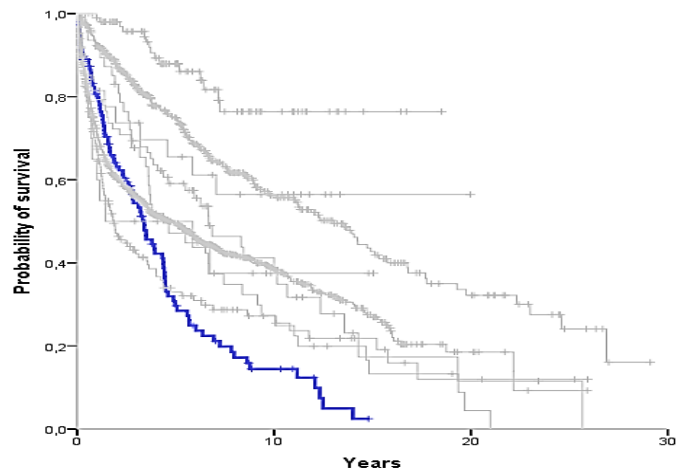
Disclosures

Roche	(Honoraria for educational activity)
Takeda	(Honoraria for educational activity)
Bristol Myers Squibb	(Honoraria for educational activity)
Janssen	(Honoraria for educational activity)
EUSA Pharma	(Honoraria for educational activity)
GenMab	(Consultant)
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MCL biological progression

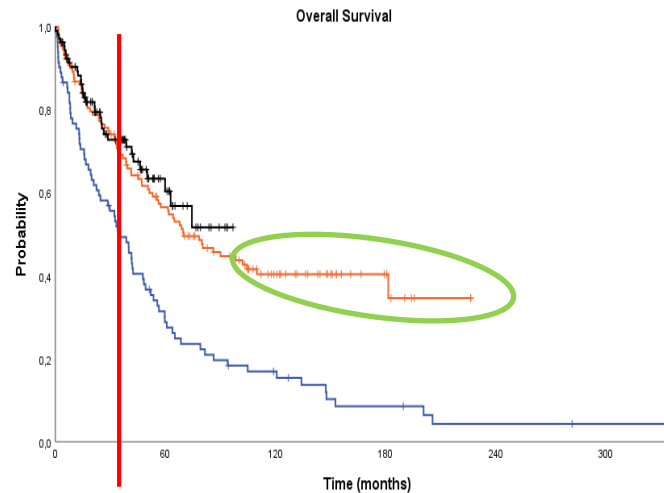


Mantle Cell Lymphoma Clinical Evolution



Hospital Clinic of Barcelona, **MCL**, B-NHL

(Courtesy Dr. López-Guillermo and E Giné)



Median survival:

--- **1990-2001**: 2.9 yr (CI 1.9-3.7)

--- **2002-2013**: 5.8 yr (CI 3.8-7.8)

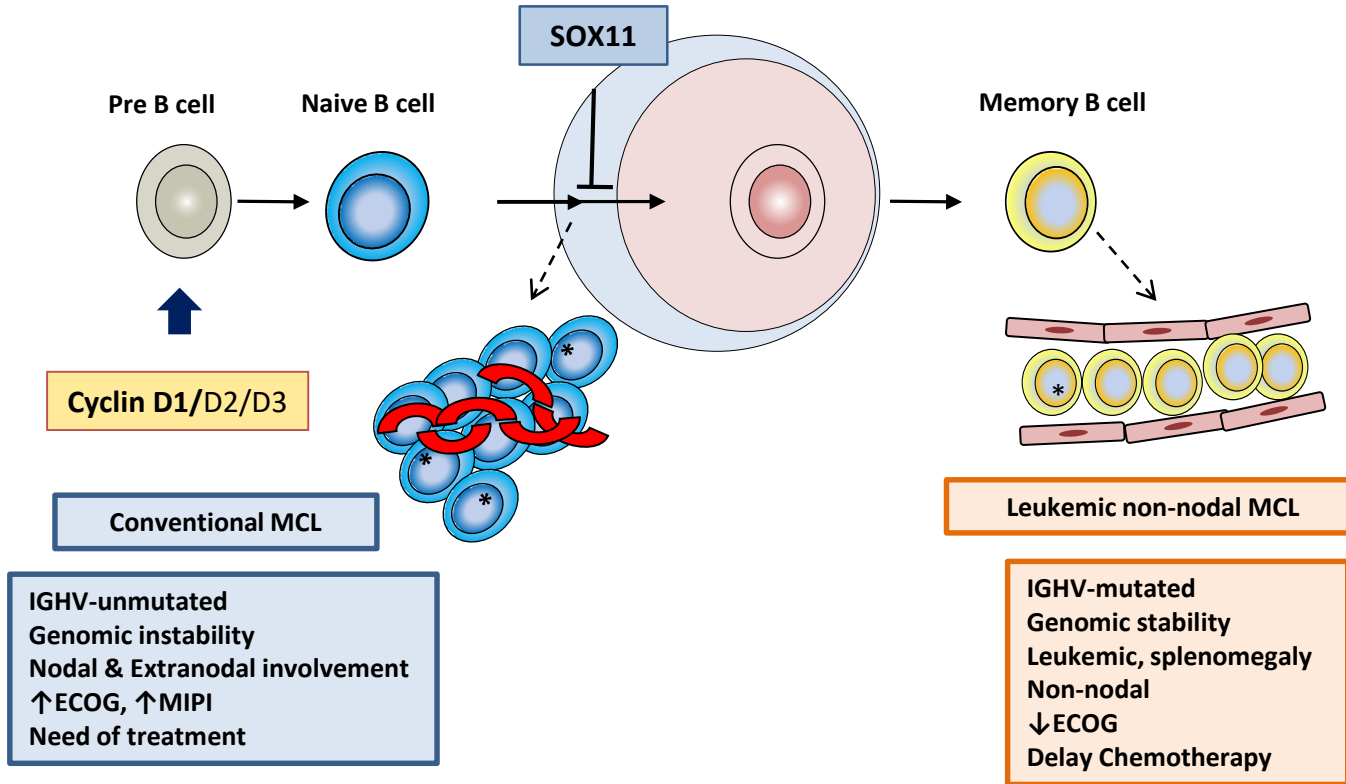
--- **2014-2022**: not reached

Mantle cell lymphoma Clinical Variants

- **Indolent:**
 - **Stable disease, safely observed without therapy**
- **High-Risk /Very Aggressive:**
 - **Rapid clinical evolution, poor response to standard chemoimmunotherapy, high-risk MIPI, shorter survival**

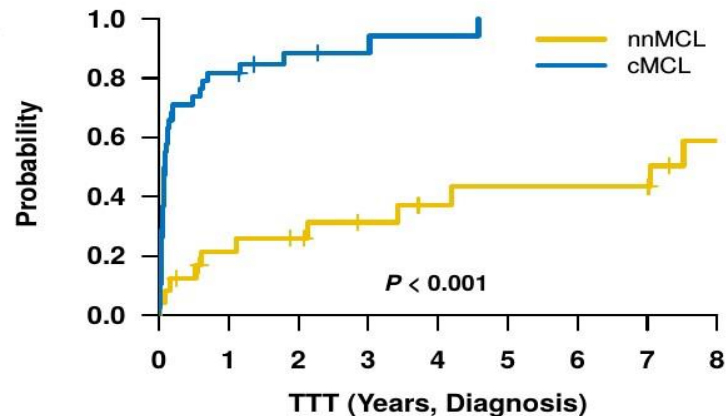
What are the biological drivers underlying MCL evolution ?

Molecular Subtypes of MCL



Outcome according to cMCL and nnMCL signatures

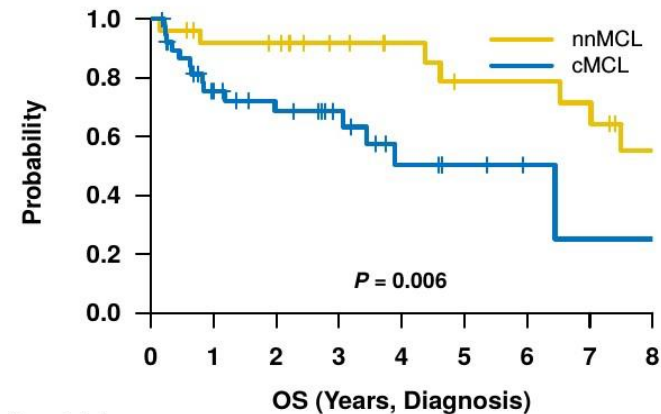
TTFT



No. at risk:

— nnMCL	24	17	15	12	10	9	9	9	5
— cMCL	38	7	3	2	1	0	0	0	0

OS

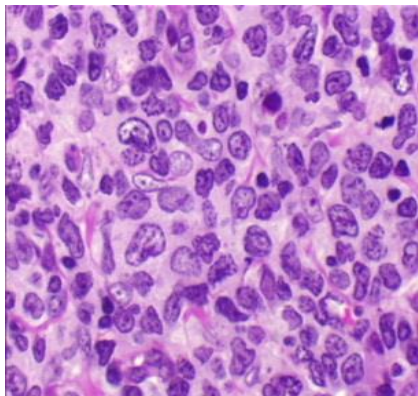


No. at risk:

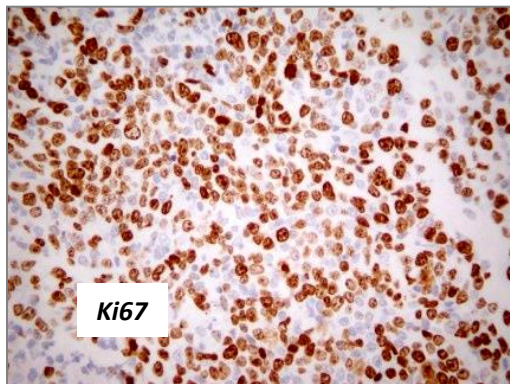
— nnMCL	26	21	20	16	14	11	11	10	6
— cMCL	39	25	19	13	7	4	2	1	1

Mantle cell lymphoma

Biological Drivers of Highly Aggressive variants



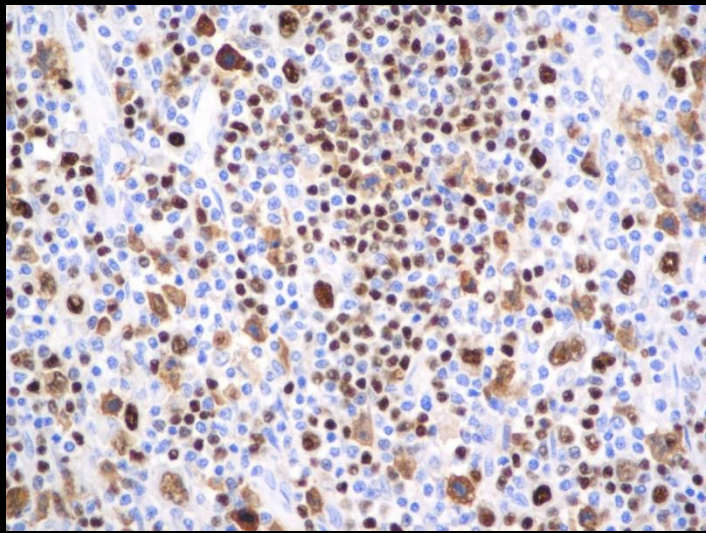
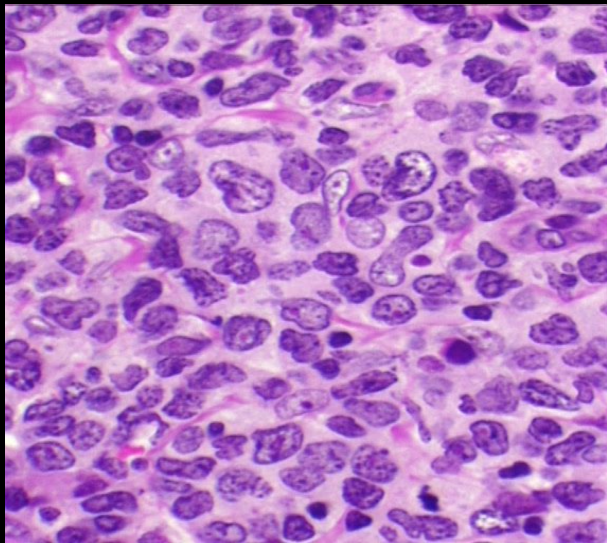
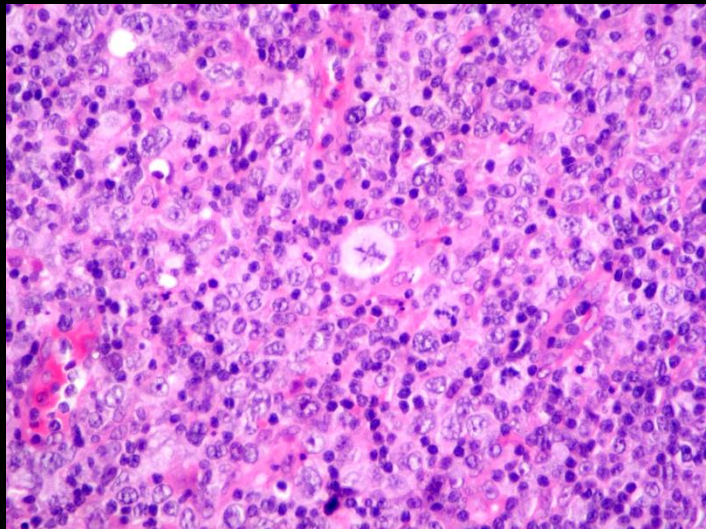
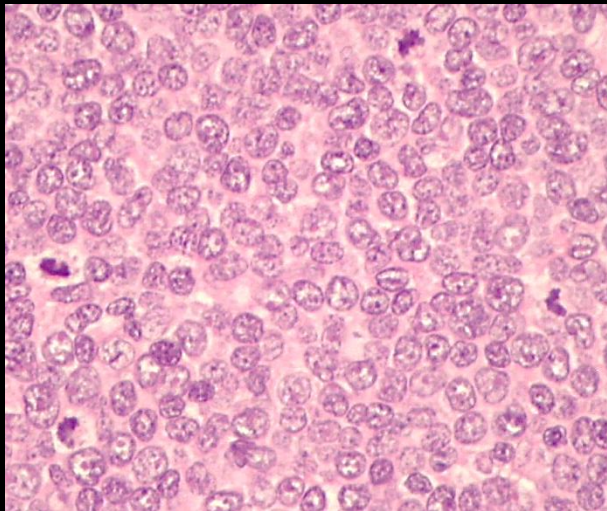
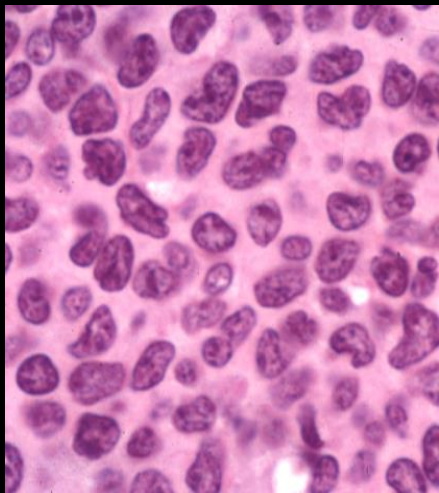
Blastoid MCL



High proliferation

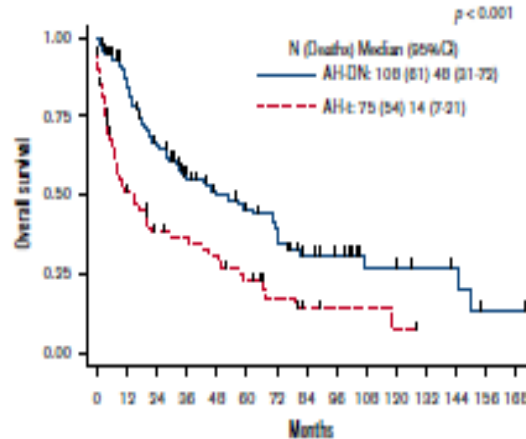
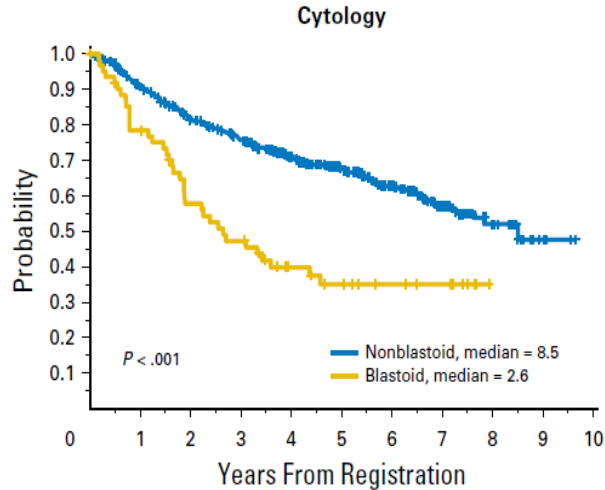


(Epi) Genomic alterations

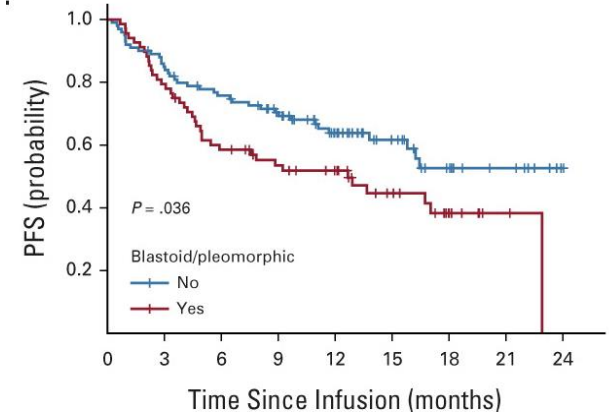


Mantle Cell Lymphoma

Impact of Blastoid/Pleomorphic Cytology



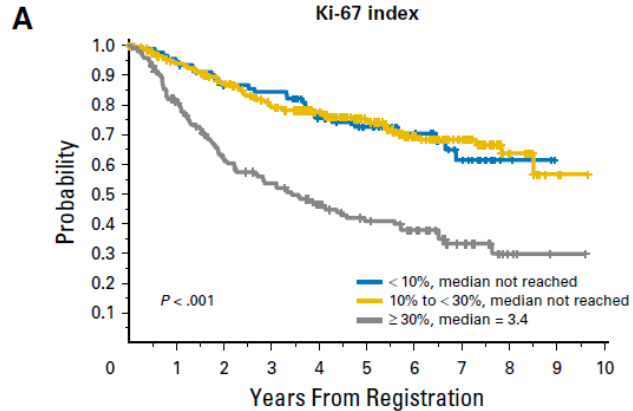
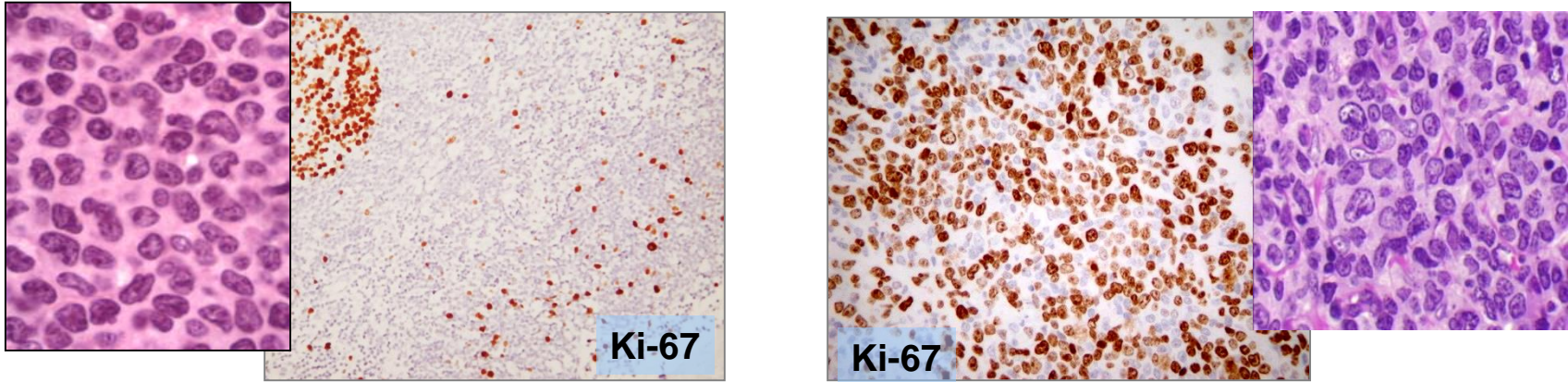
Primary vs transformed



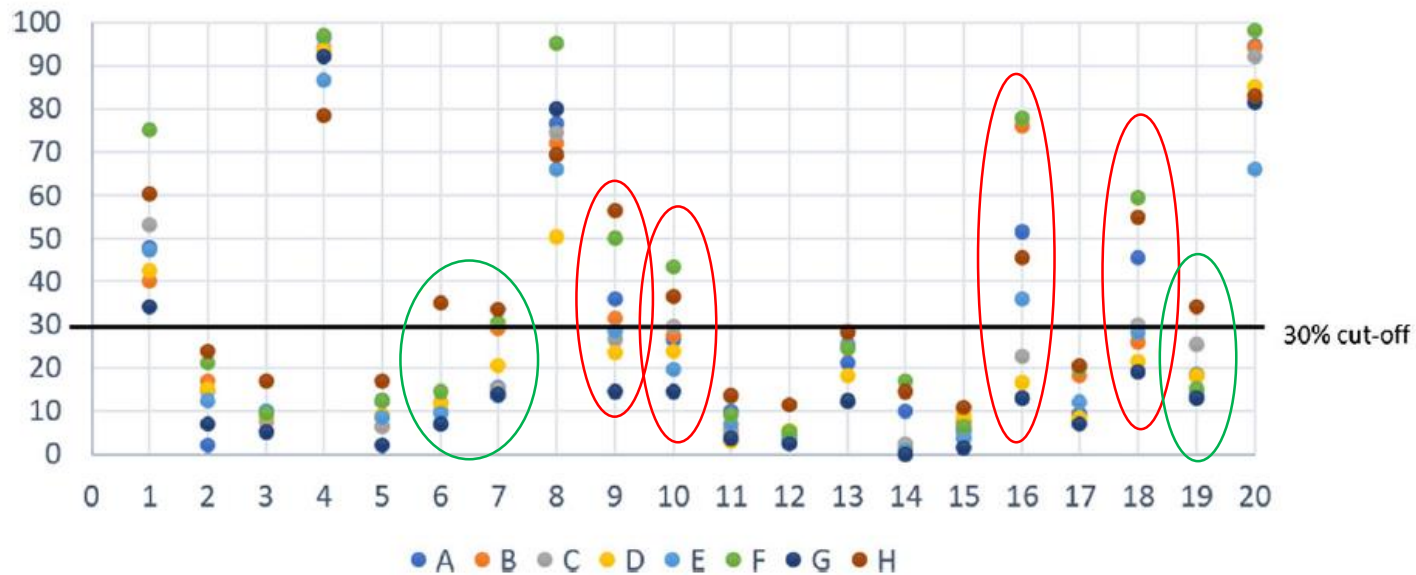
CAR-T

- Adverse impact of blastoid morphology explained in part by proliferaci3n
- Still recommended to recognize it and consider a high-risk factor

Prognostic Value of Proliferation in MCL

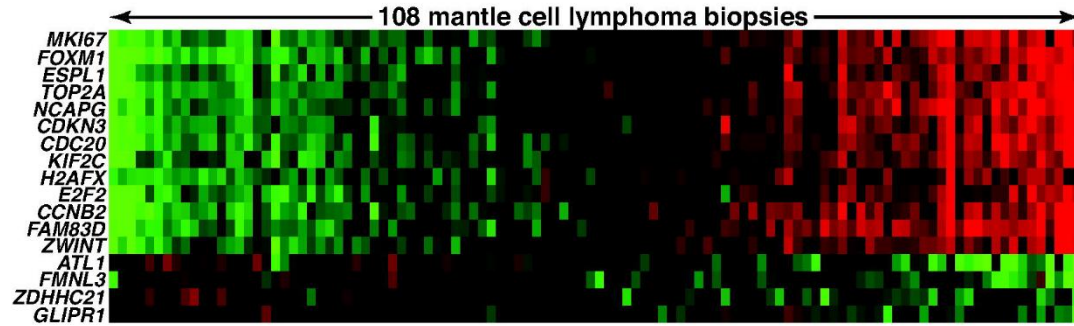
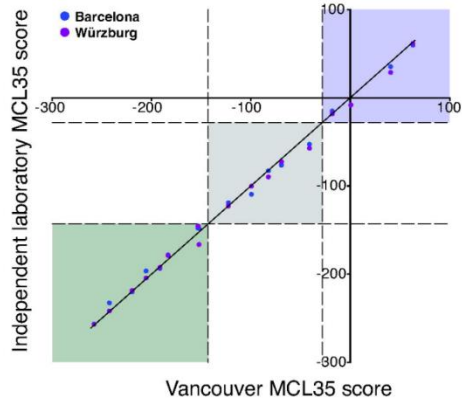


Ki67 Evaluation



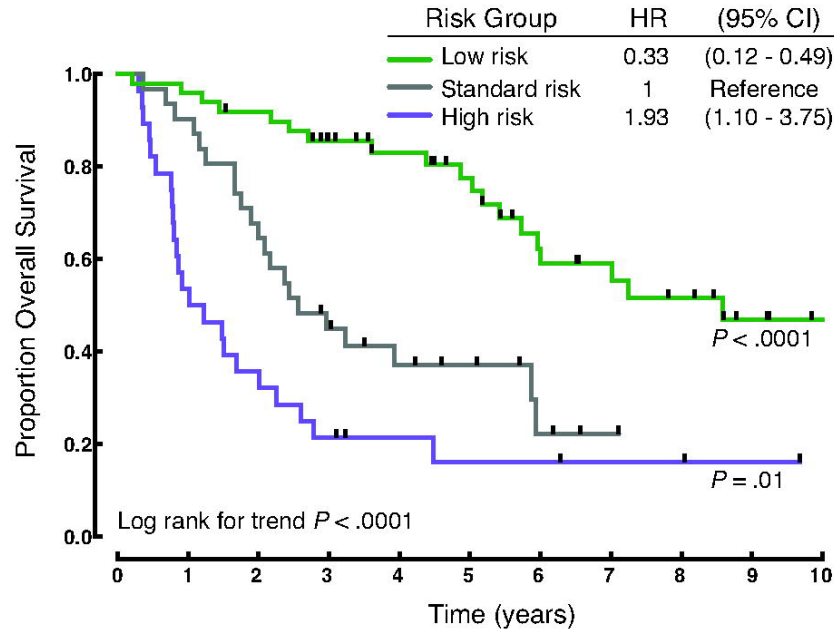
Molecular assay for proliferation signature in routine FFPE MCL samples

Inter-Laboratory



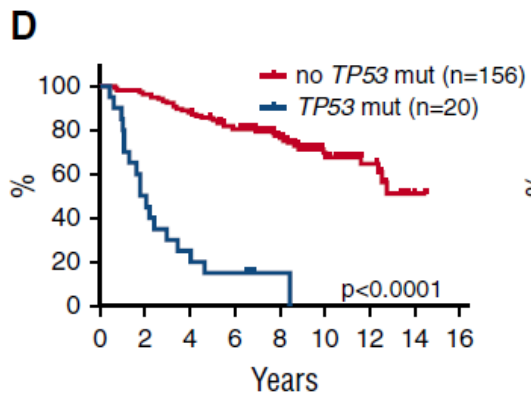
Molecular assay for proliferation signature in routine FFPE MCL samples

Validation cohort



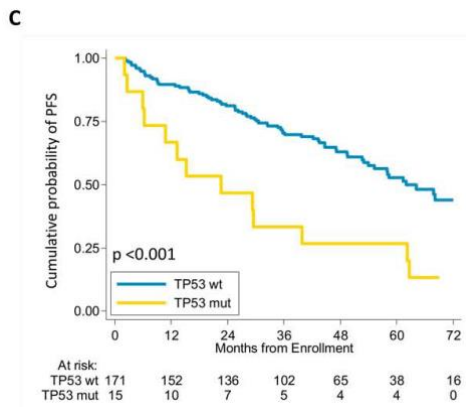
TP53 alterations in MCL

Nordic MCL2 and MCL3



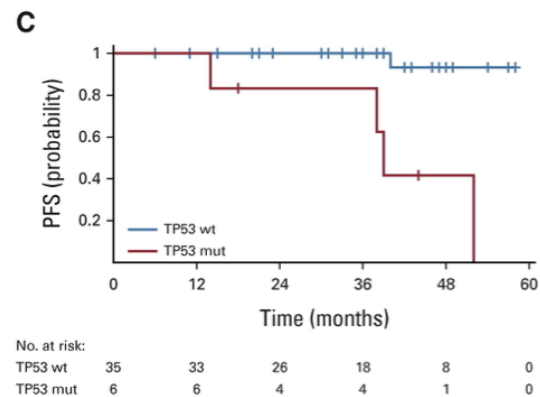
Eskelund, Blood, 2017

FIL-MCL0208 phase III trial



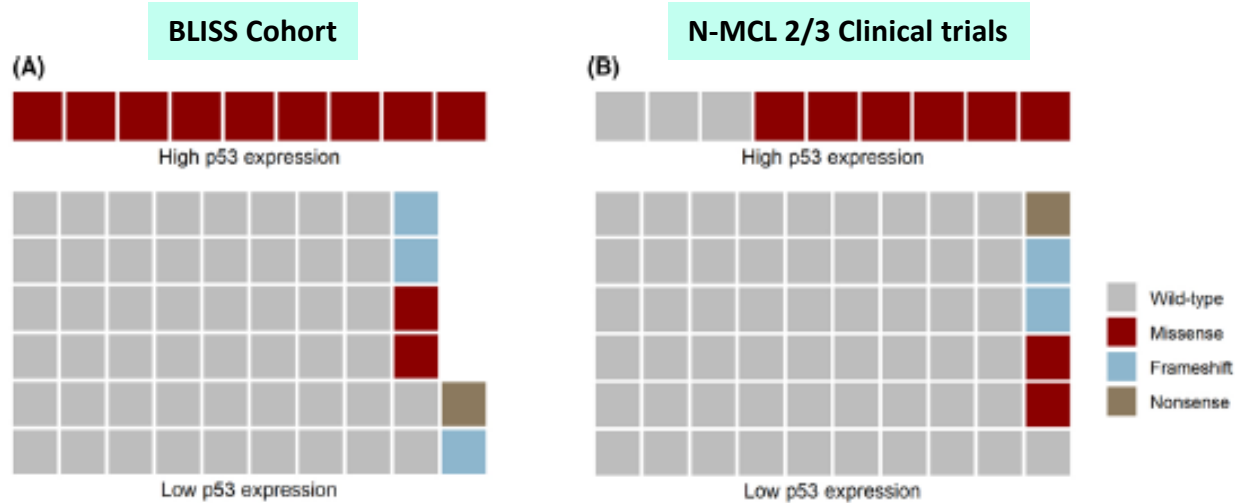
Ferrero, Haematologica, 2020

IMCL-2015



Giné, JCO 2022

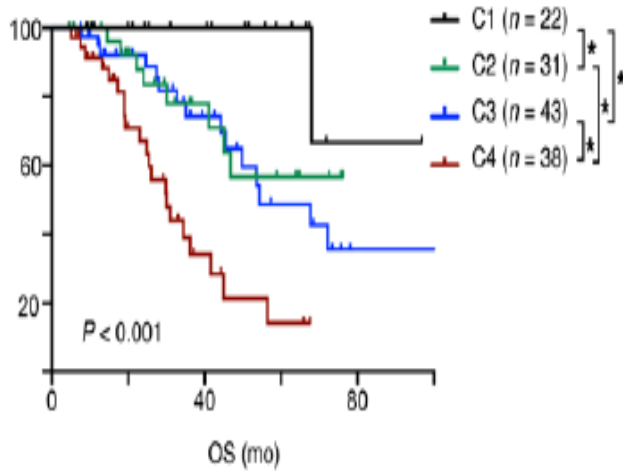
TP53* alterations in MCL should be studied by DNA sequencing** ***Immunohistochemistry vs Sequencing



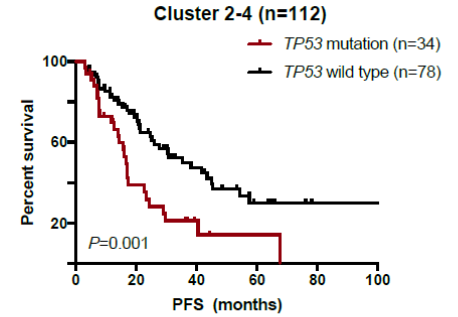
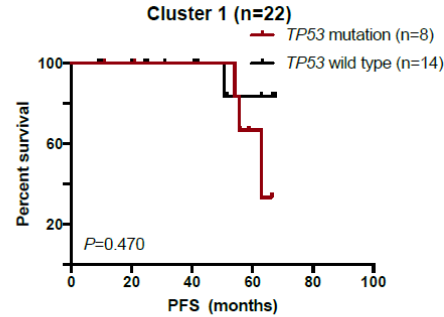
- **17% TP53 alterations by IHC were false positives**
- **40% all TP53 mutations may be missed by IHC**

- **Frameshift and non-sense mutations not detected by IHC (27% of TP53 mutations)**
- **18-25% Missense mutations missed by IHC**

TP53 Prognostic Impact and MCL Molecular Subtype

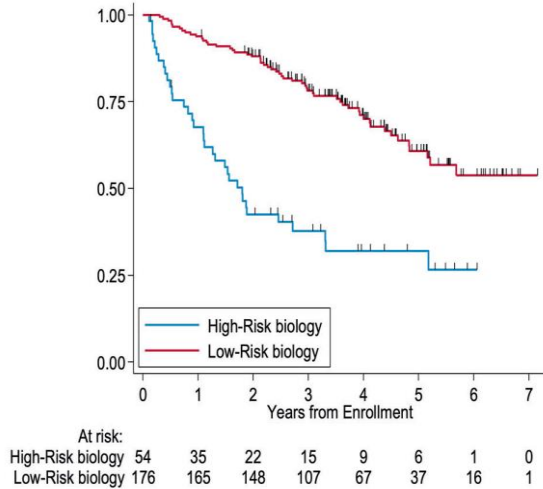


A



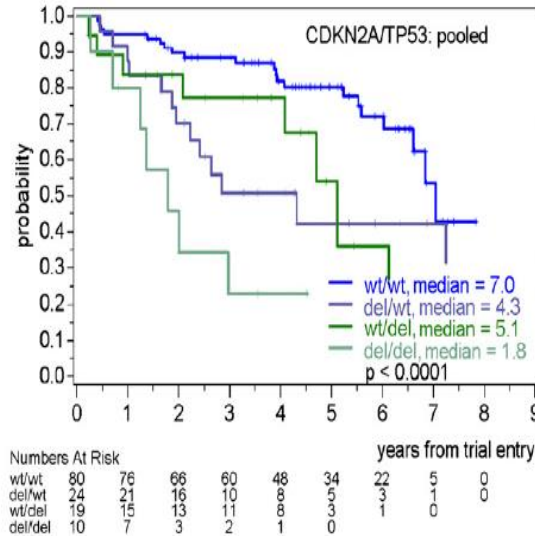
Increasing the prognostic Impact of *TP53* in MCL

High MIPIc or *TP53* alt



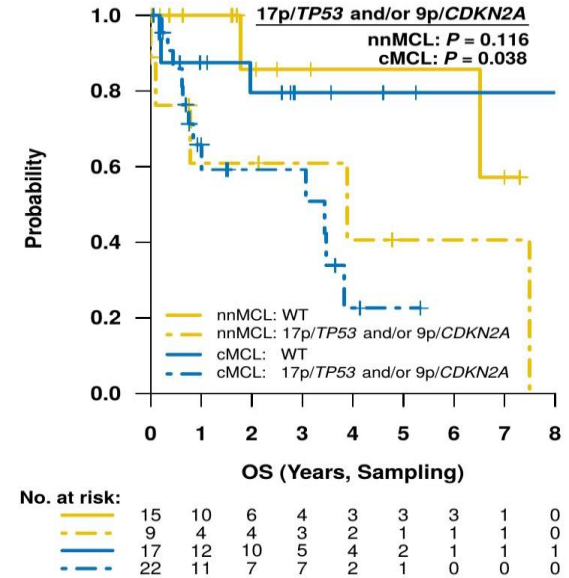
Scheubec G et al Leukemia 2023

TP53/CDKN2A MCL younger



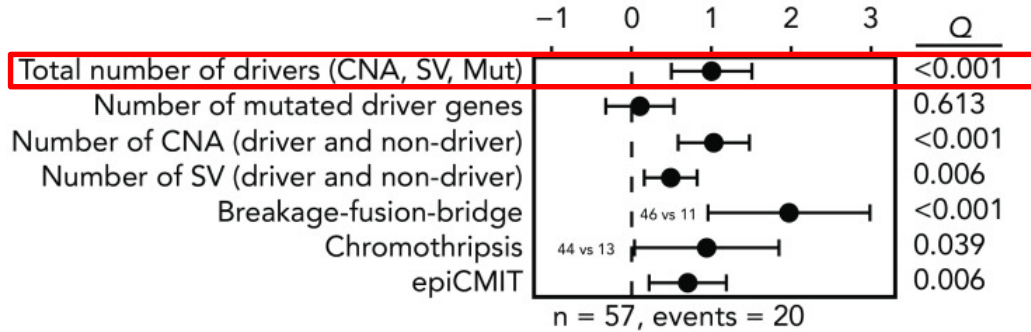
Delfau-Larue, Blood 2015

TP53/CDKN2A cMCL and nnMCL

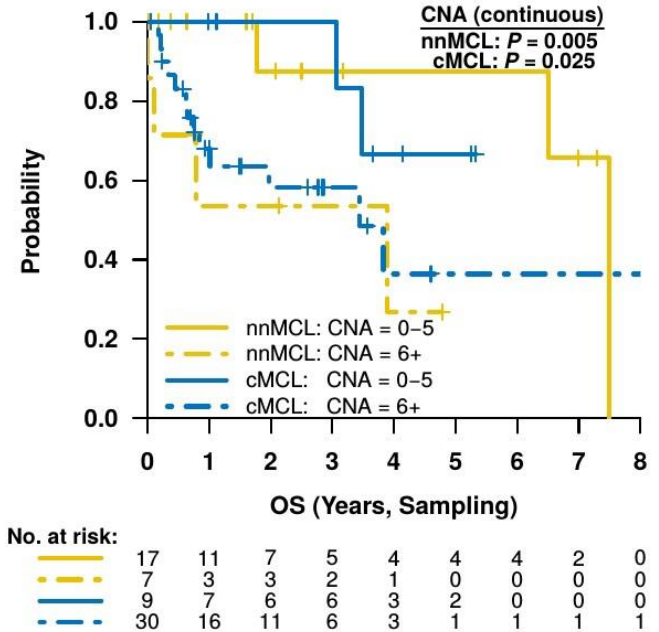


Clot G et al Blood 2018

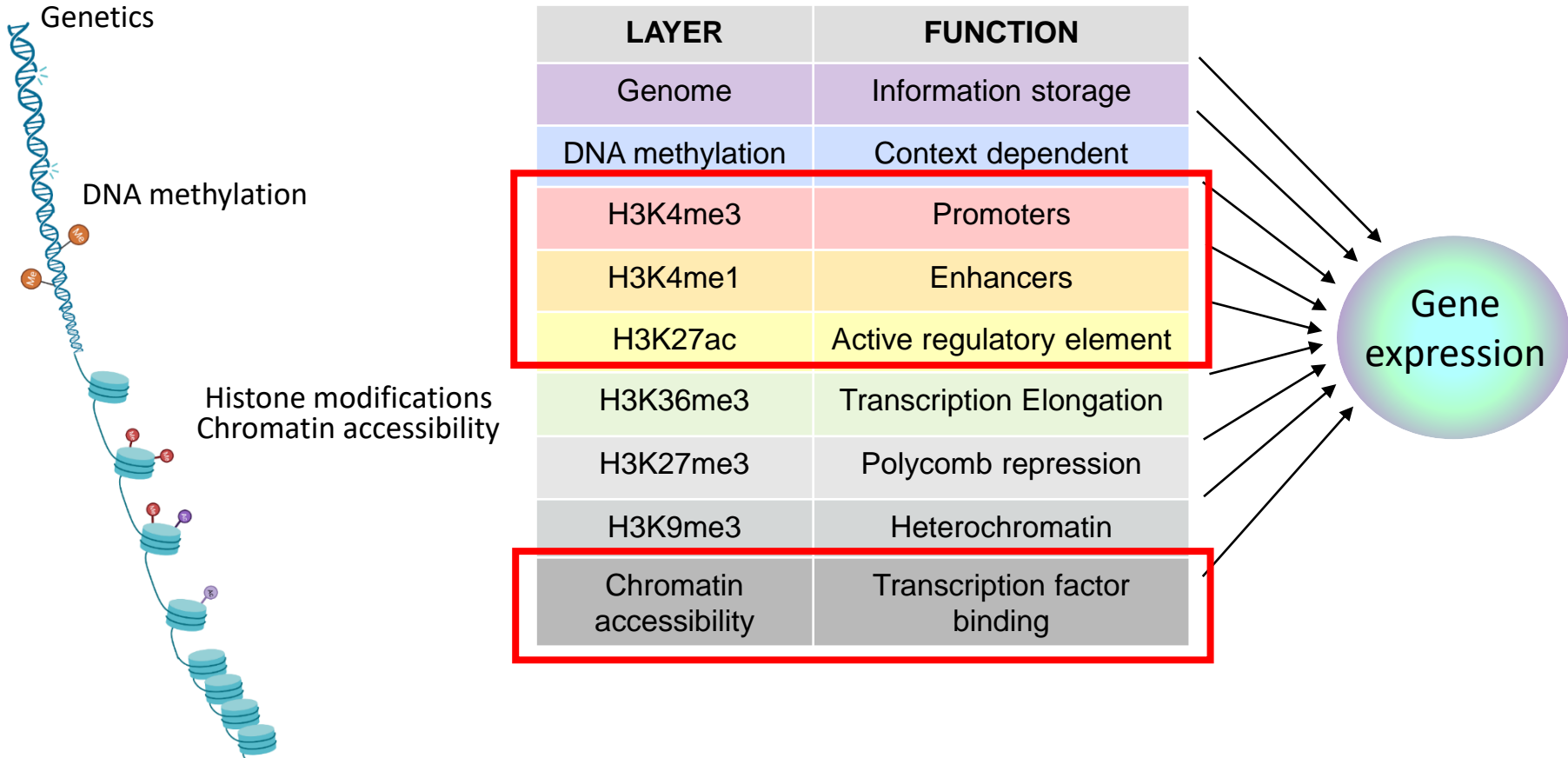
Genomic Complexity in cMCL and nnMCL



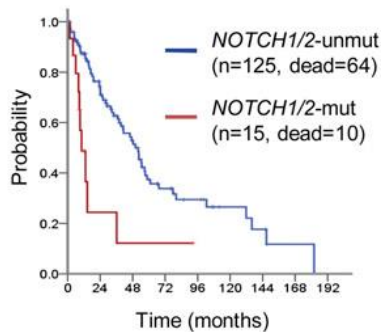
Genomic Complexity



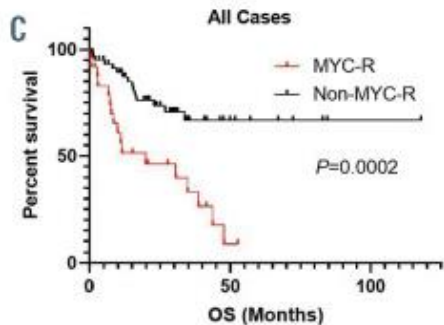
Multiple epigenetic layers regulate gene expression



Adverse Genomic Alterations in MCL



Bea S et al PNAS 2013

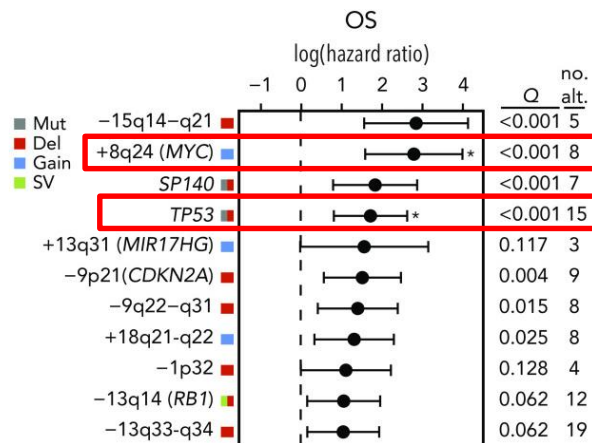


Wang L et al Haematologica 2021

E

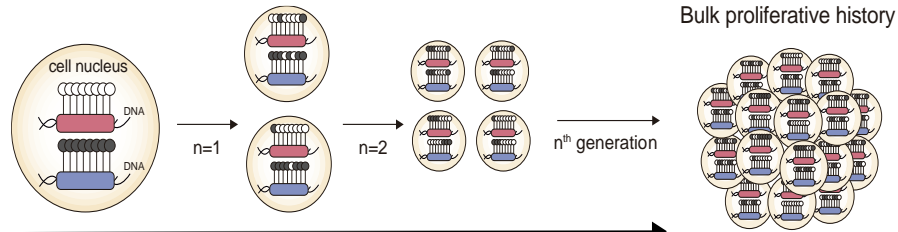
Variables	N	PFS			OS		
		HR	95% CI	P value	HR	95% CI	P value
IGHV unmut	112	9.7	3.2-30.0	<0.001	8.0	1.8-36.3	0.007
MIPI_risk							
Intermediate vs. low	49	1.3	0.6-2.8	0.584	2.8	0.8-9.8	0.116
High vs. low	49	2.9	1.2-6.4	0.010	4.0	1.2-13.9	0.028
NOTCH1 mut	9	5.8	2.3-14.5	<0.001	4.8	1.5-15.3	0.007
SP140 mut/del	21	2.0	1.1-3.6	0.032	2.3	1.1-4.9	0.035
SMARCA4 mut	10	2.8	1.2-6.4	0.013	2.1	0.8-5.8	0.148
PCDH10 mut	5	4.8	1.7-13.2	0.002	4.2	1.4-12.6	0.010
TP53 mut/del17p	59	3.8	2.1-6.7	<0.001	4.0	2.0-8.1	<0.001
Del9p21.3-q31.1	54	1.9	1.1-3.4	0.019	2.5	1.3-5.0	0.007

0.25 1 4 16



Yi S J Clin Invest 2022

DNA methylation changes accumulate upon cell division



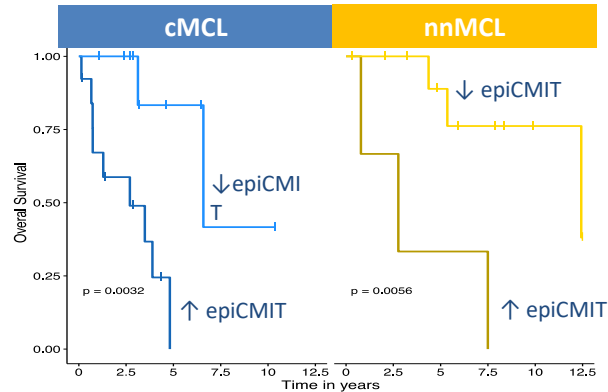
epiCMIT → reflects the proliferative history of a sample

Most DNA methylation changes are due to proliferative history

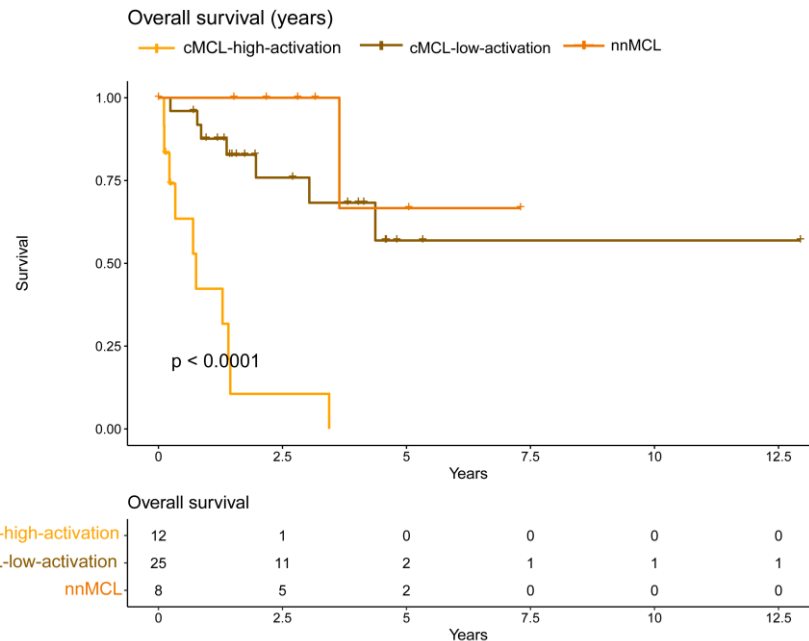
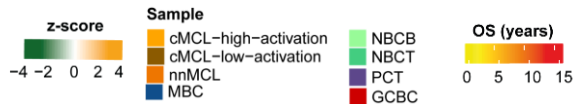
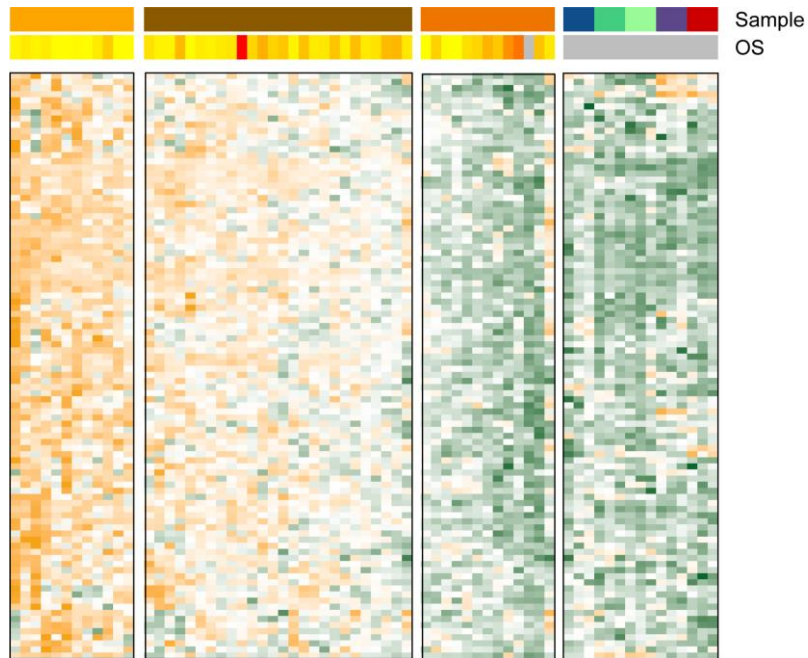
Time + Proliferation

epiCMIT

(epigenetic Cumulated MITosis)



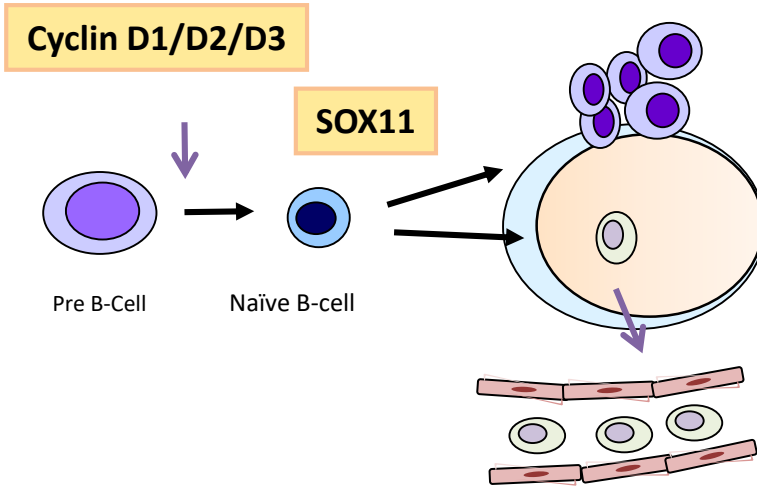
Association of chromatin activation with clinical data



Level of chromatin activation seems to be related with the clinical outcome

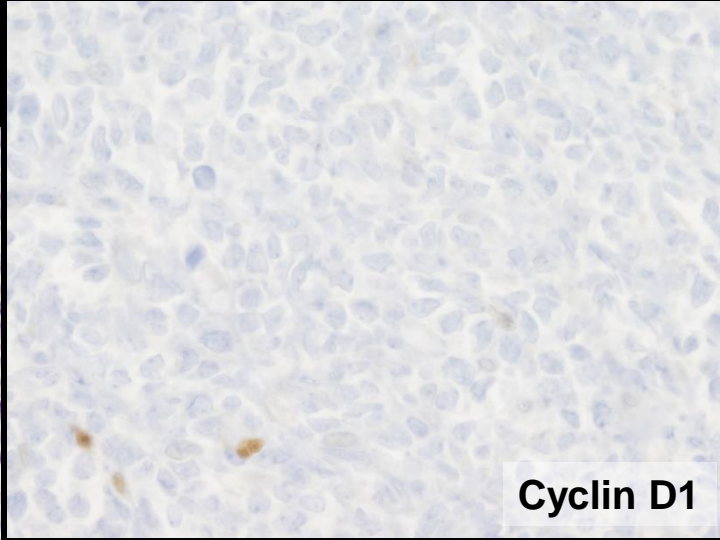
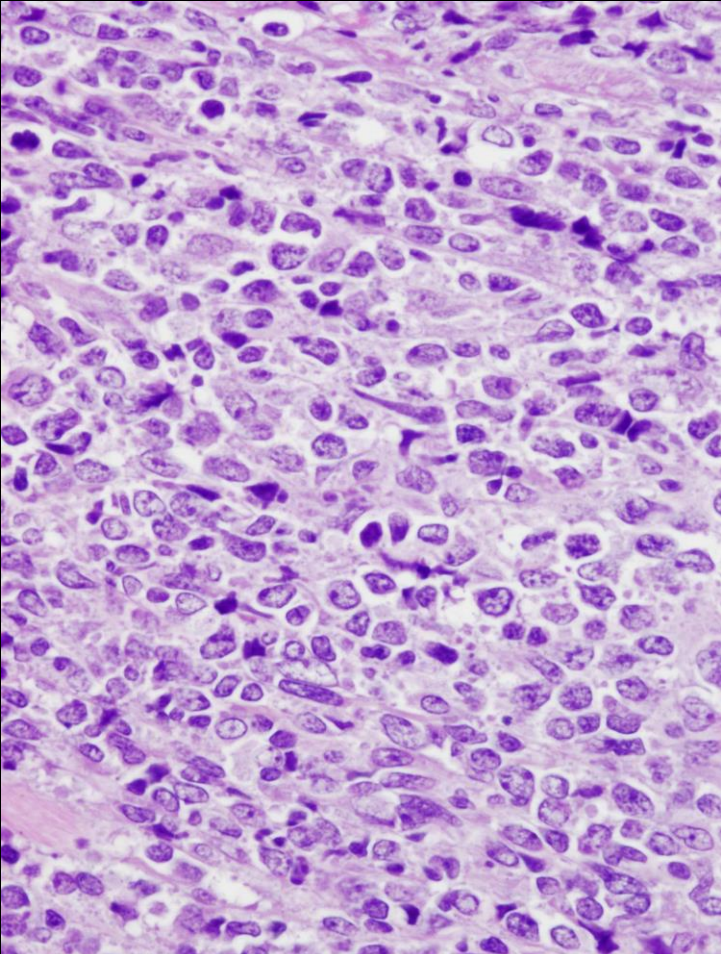
Biological Drivers of High-Risk MCL

Conventional MCL (SOX11+)

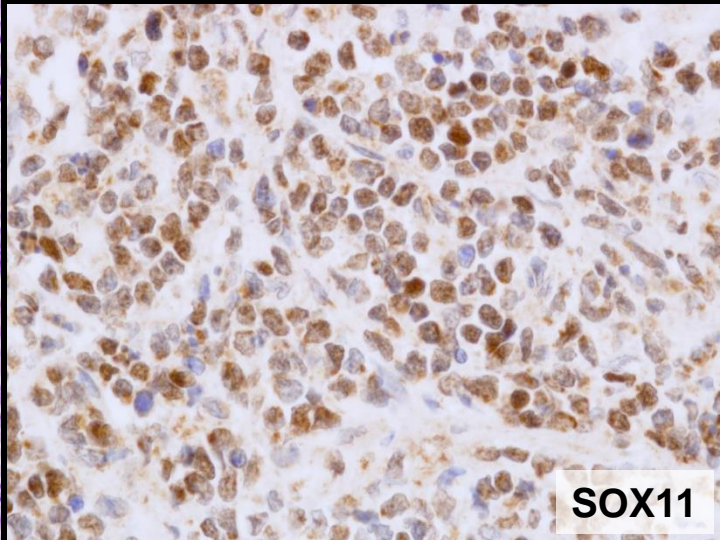


Leukemic non-nodal MCL (SOX11-)

Pleomorphic MCL

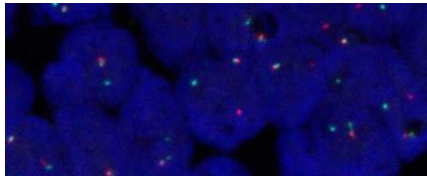
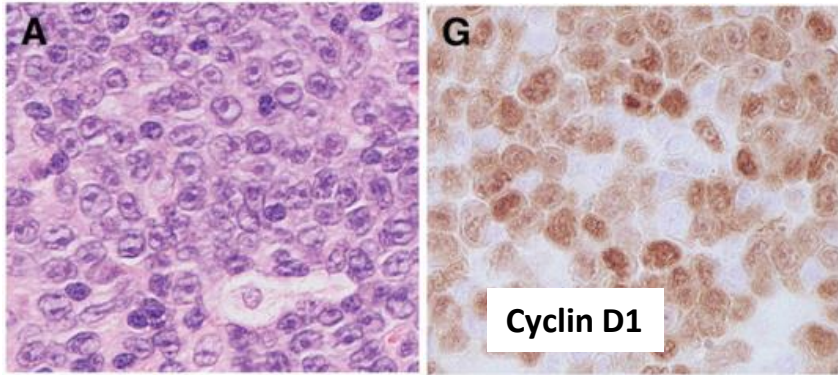


Cyclin D1



SOX11

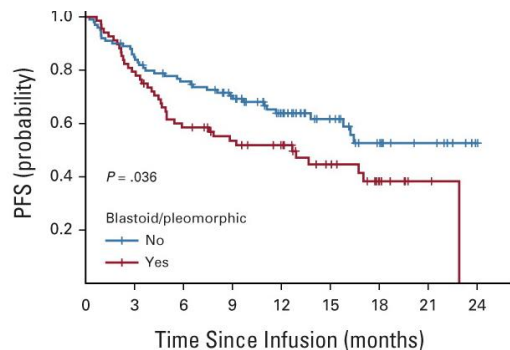
CCND1 Expression and Rearrangement as a Secondary Event in High Grade B-Cell Lymphoma and other B-cell neoplasms



- Large B cell morphology
- CD5 and SOX11-negative
- Usually CCND1 rearrangement negative but...
- Unusual cases *CCND1* rearranged
- Associated with multiple translocations (*BCL6*, *BCL2*, *MYC*)
- Unusual mutations (*KRAS* and *TNFRSF14*) in MCL

Adverse Biological Factors in MCL CAR-T treatment

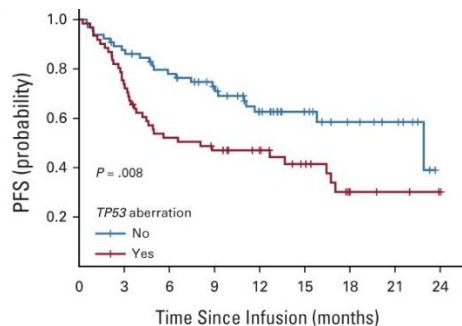
Blastoid/Pleomorphic



No. at risk:

No	100	84	73	62	41	25	14	8	1
Yes	68	54	39	32	26	16	8	2	0

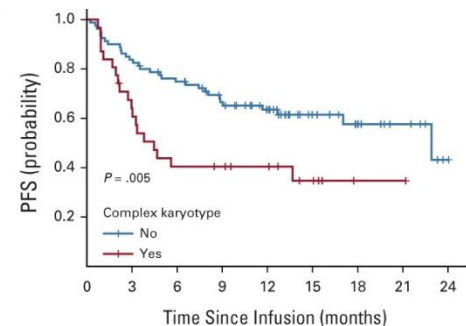
TP53



No. at risk:

No	65	56	48	39	27	17	10	7	0
Yes	61	45	31	27	20	13	5	3	1

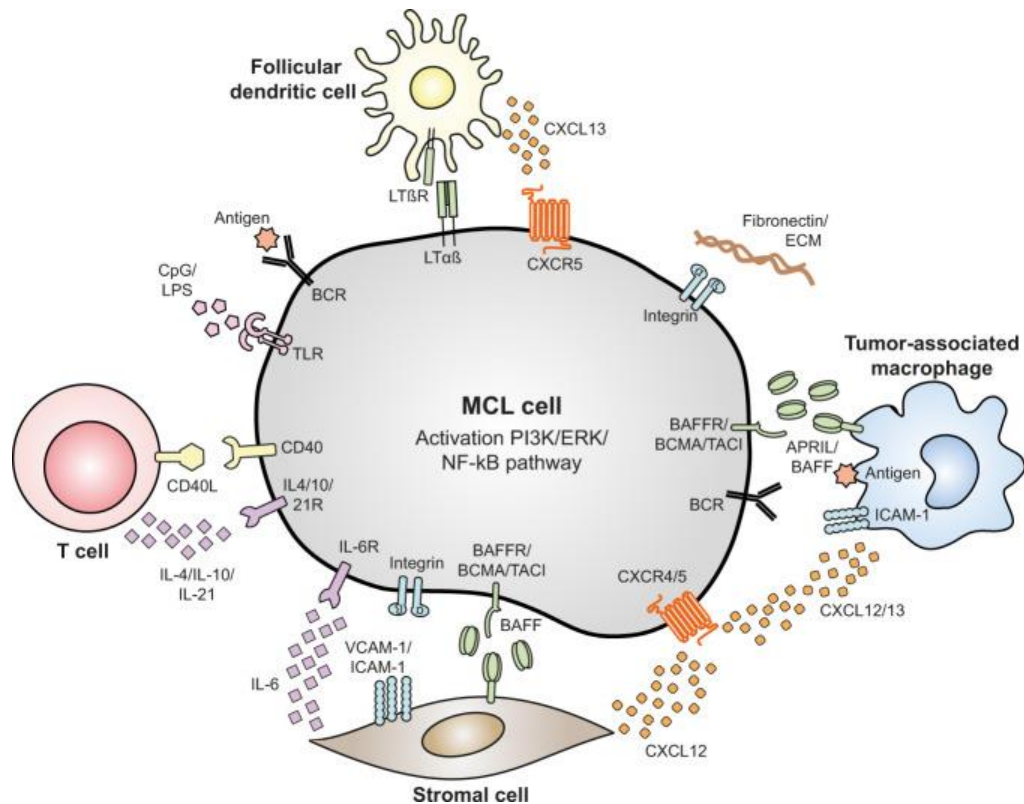
Complex Karyotypes



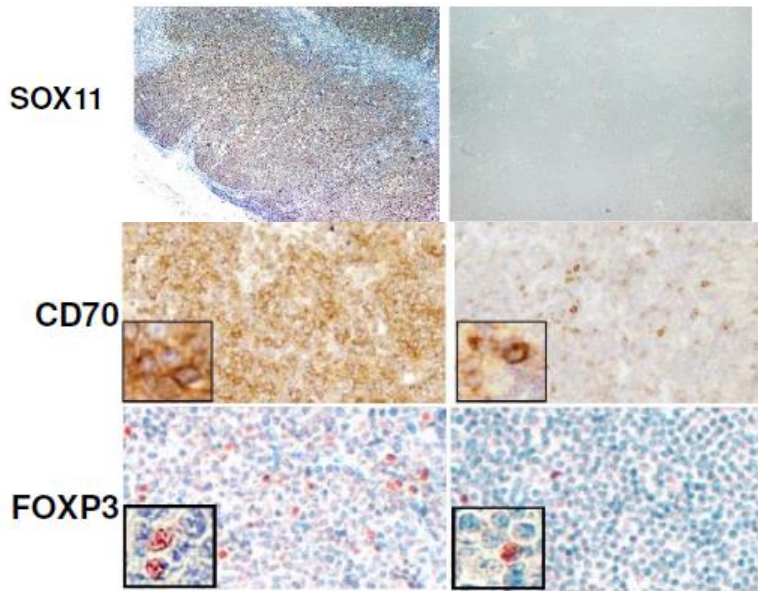
No. at risk:

No	80	67	58	47	36	20	13	7	1
Yes	31	19	12	11	9	5	1	1	0

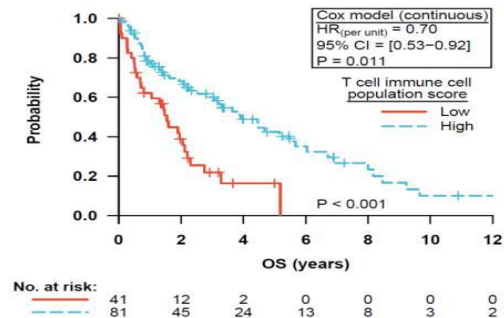
Tumor and microenvironment interactions in MCL



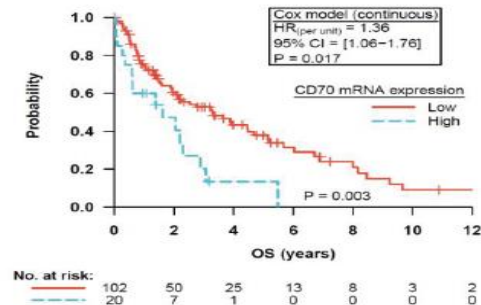
SOX11+ MCL overexpresses CD70 and has a tumor promoting microenvironment



T-cell score



CD70 expression



3rd edition

Unmet challenges in high risk hematological malignancies: from bedside to clinical practice

Turin, September 21-22, 2023

Starhotels Majestic

Scientific board:

Marco Ladetto (Alessandria)

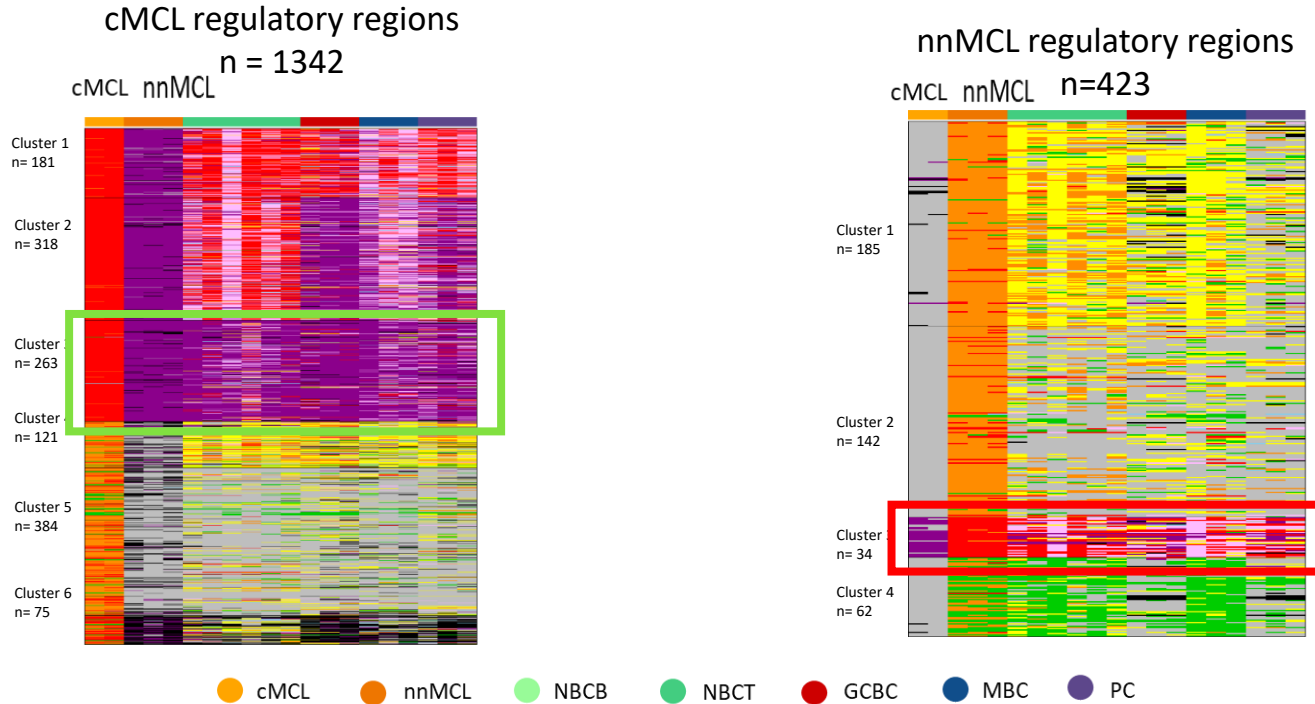
Umberto Vitolo (Candiolo-TO)



Disclosures of **NAME SURNAME**

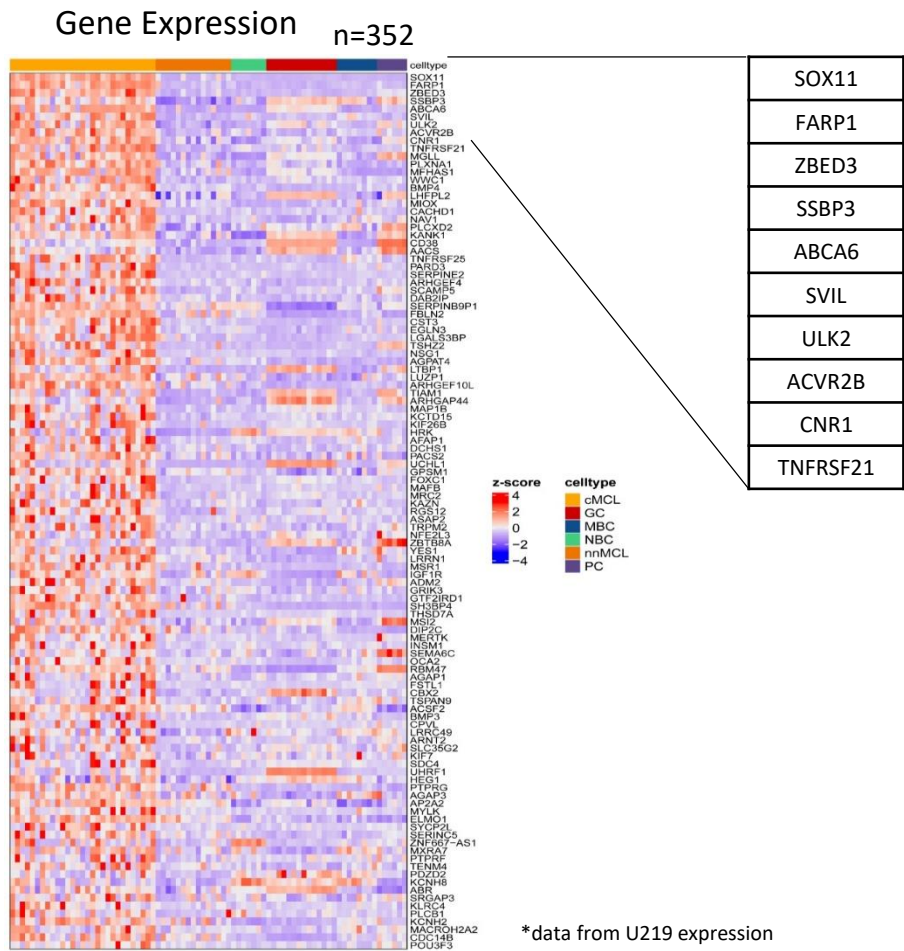
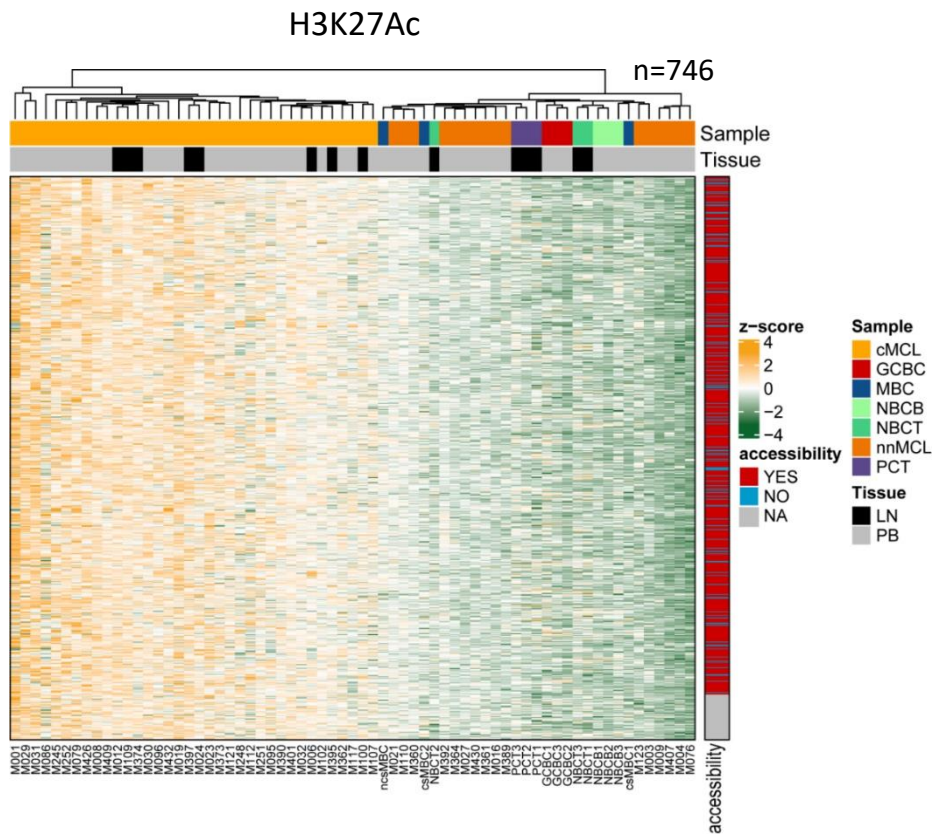
Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other

cMCL-nnMCL differences based on chromatin states

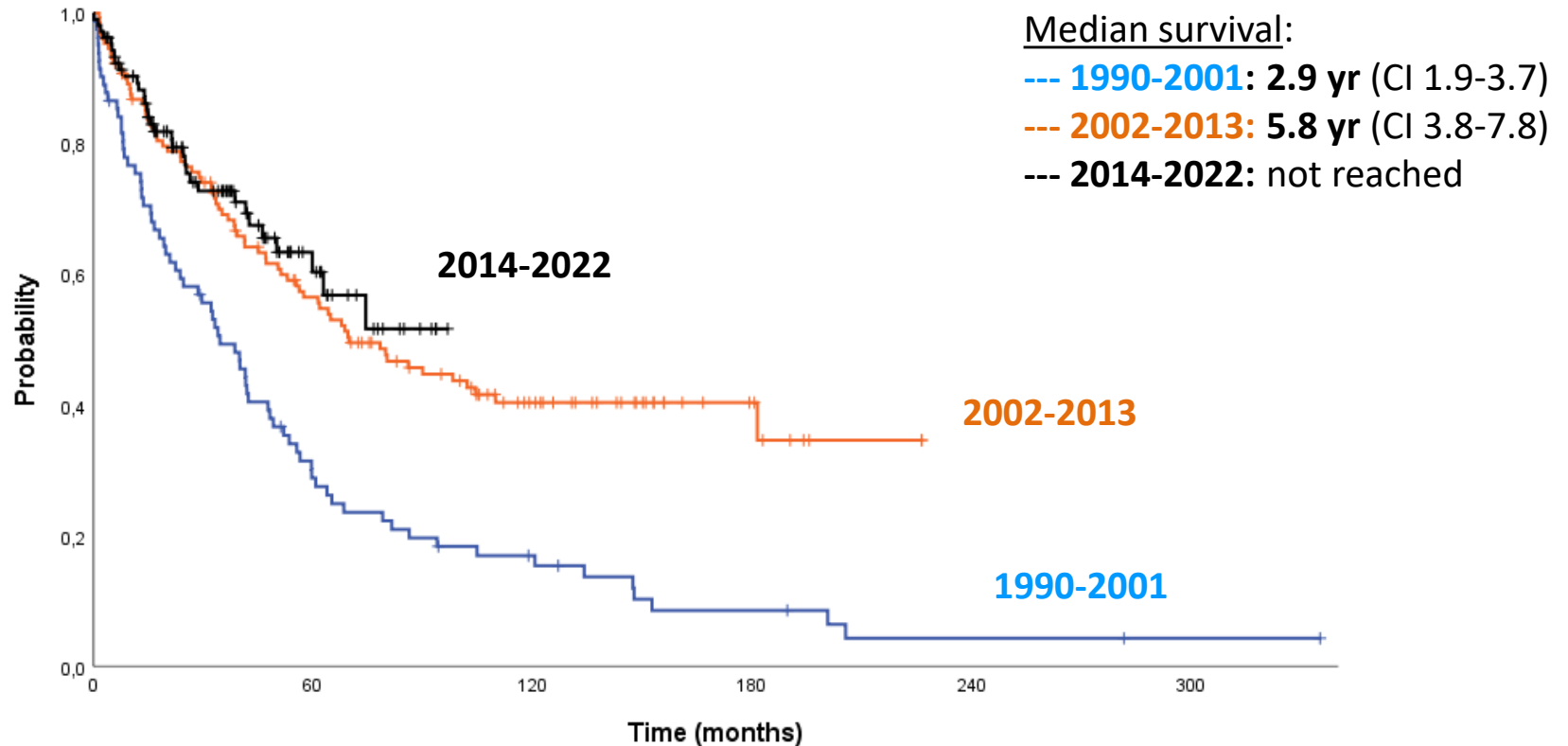


Chromatin activation is more remarkable in cMCL.
Regions that are activated in nnMCL as compared to cMCL are in fact already active or partially-active in B cells.

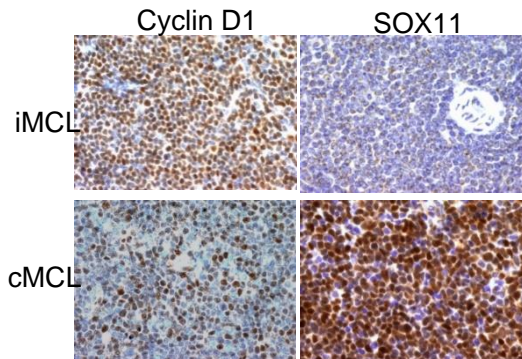
cMCL *de novo* regions



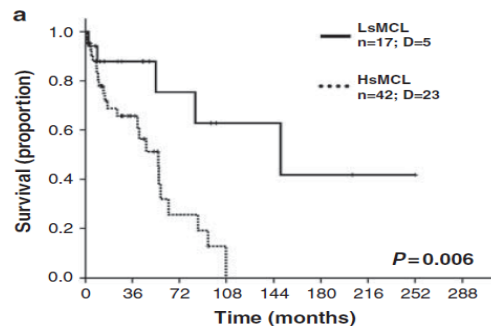
Overall Survival in MCL



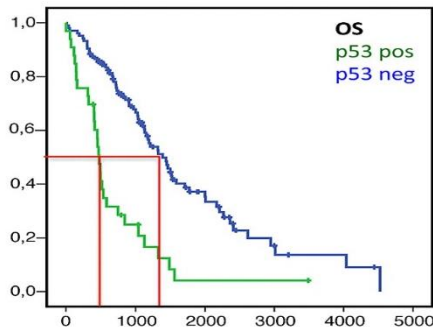
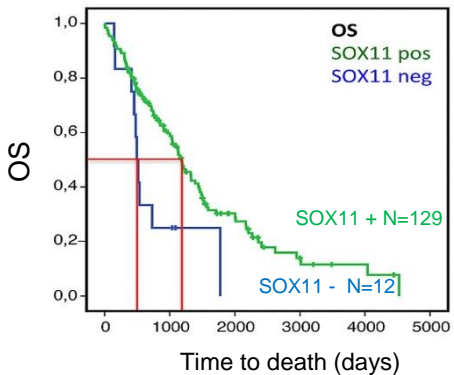
SOX11 as a marker for indolent MCL?



Fernández V., et al. *Cancer Res.* 2010



Royo C et al, *Leukemia* 2012



p53 positive	
SOX11-neg	9/13 (69%)
SOX11-post	24/152 (16%)

Nygren L et al, *Blood* 2012