



IOR  
Un istituto  
affiliato all'USI

# Biology of Richter's Transformation

**Davide Rossi, M.D., Ph.D.**

**Hematology**

**IOSI - Oncology Institute of Southern Switzerland**

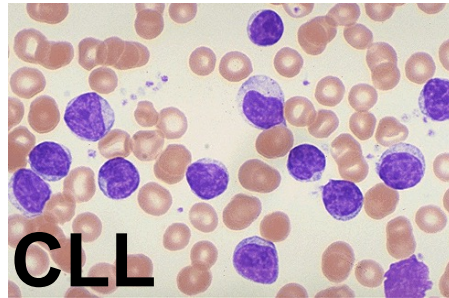
**IOR - Institute of Oncology Research**

**USI – Università' della Svizzera Italiana**

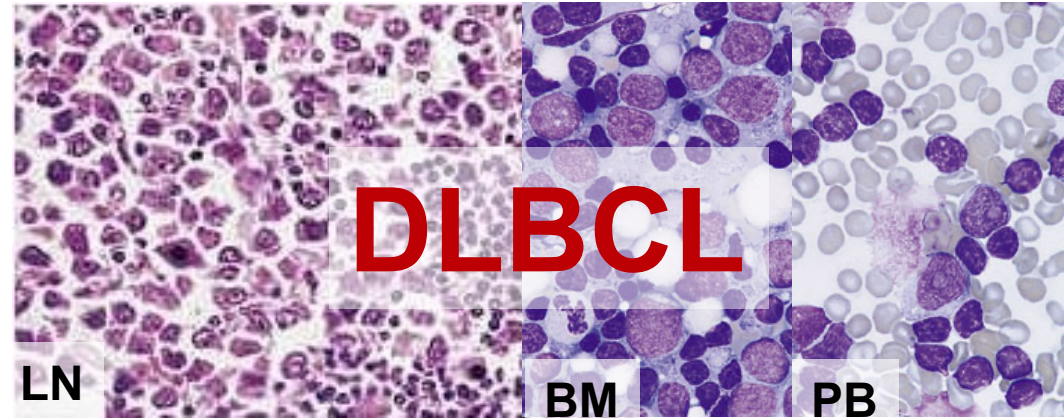
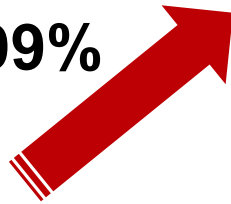
**Bellinzona - Switzerland**

# Genetics of LBCCL-variant of RT

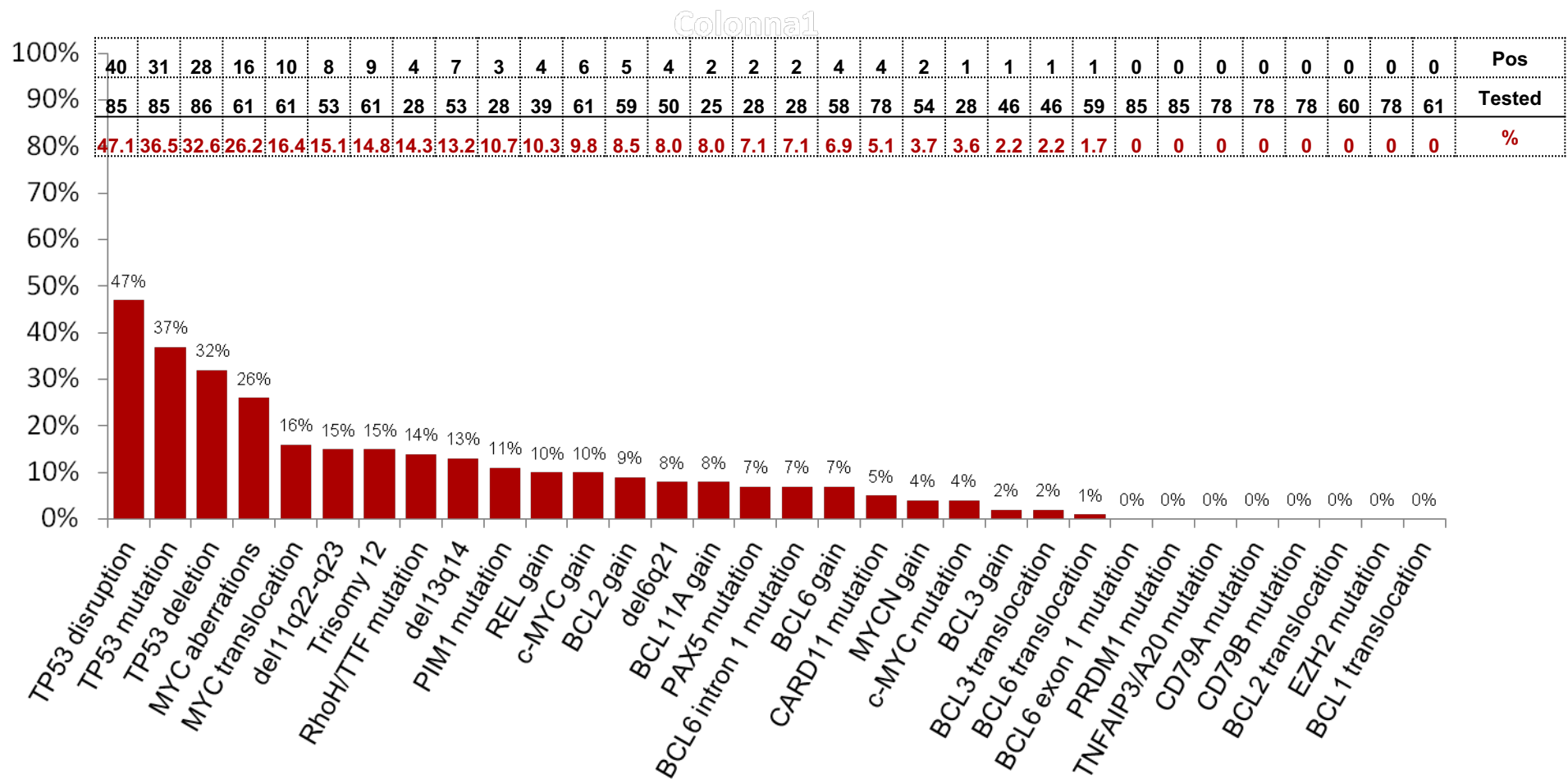
# Pathologic variants of RT



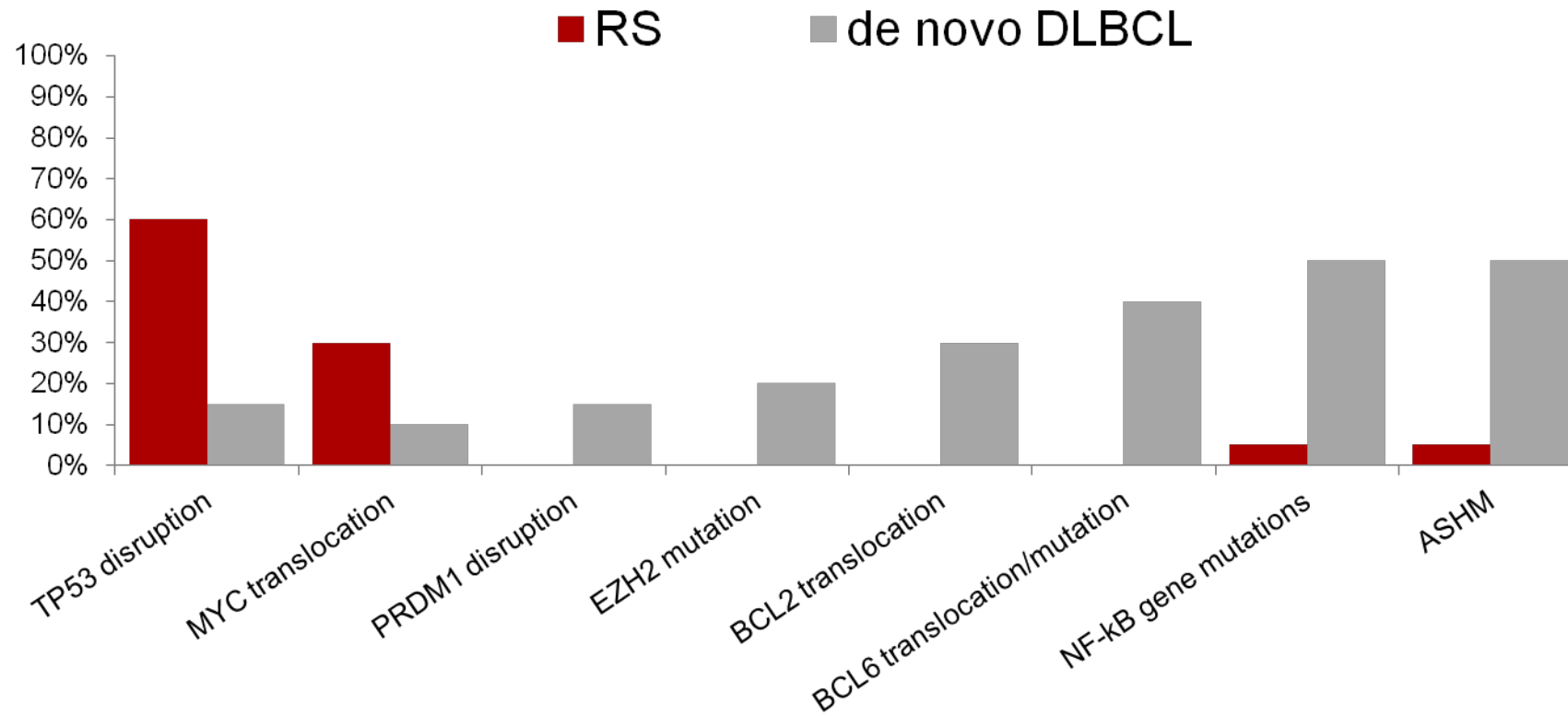
95-99%



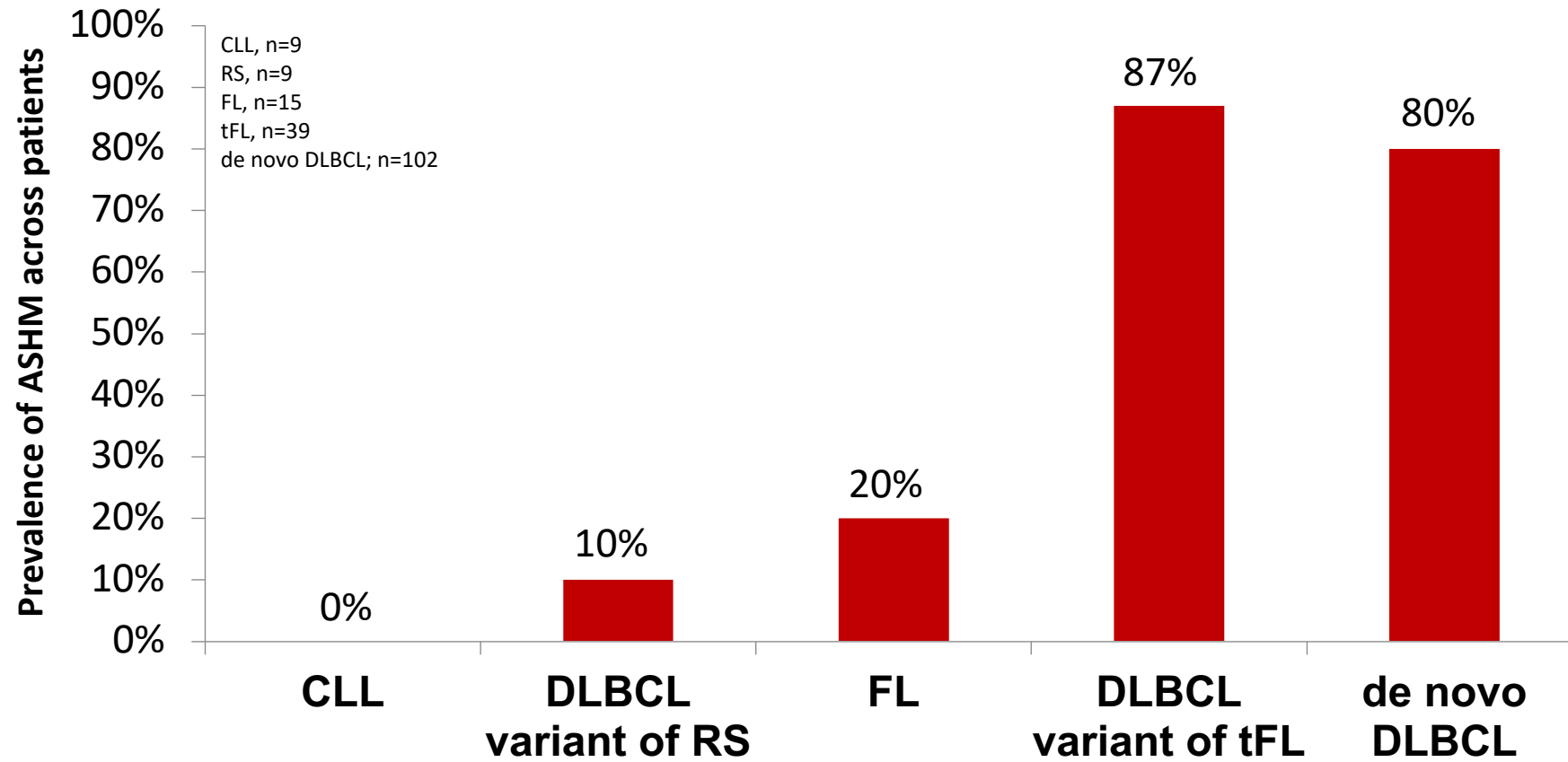
# “Driver” genetic lesions of RT in 2013



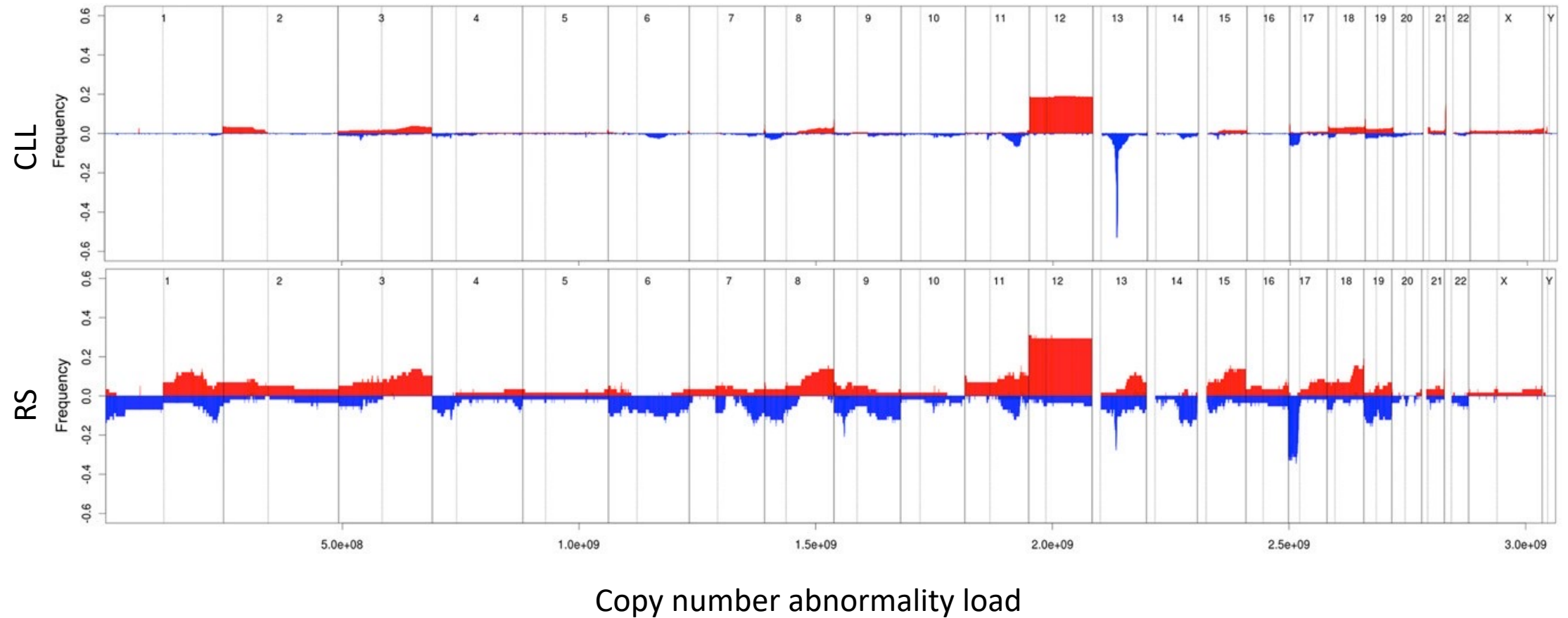
# The genetic profile of clonally related RT vs DLBCL



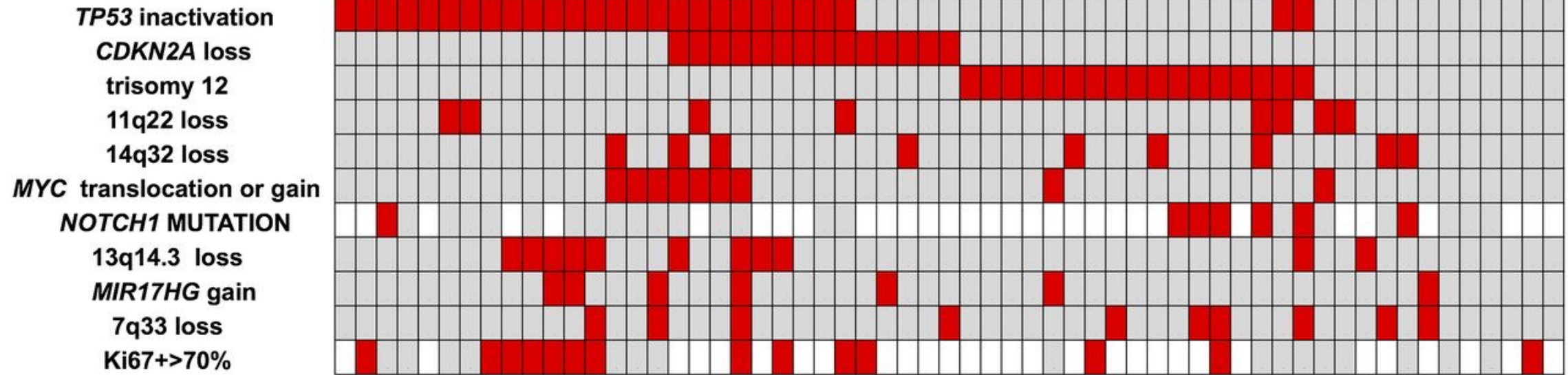
# Aberrant somatic hypermutation is not a mechanism of genetic instability of RT



# Genomic complexity of RT

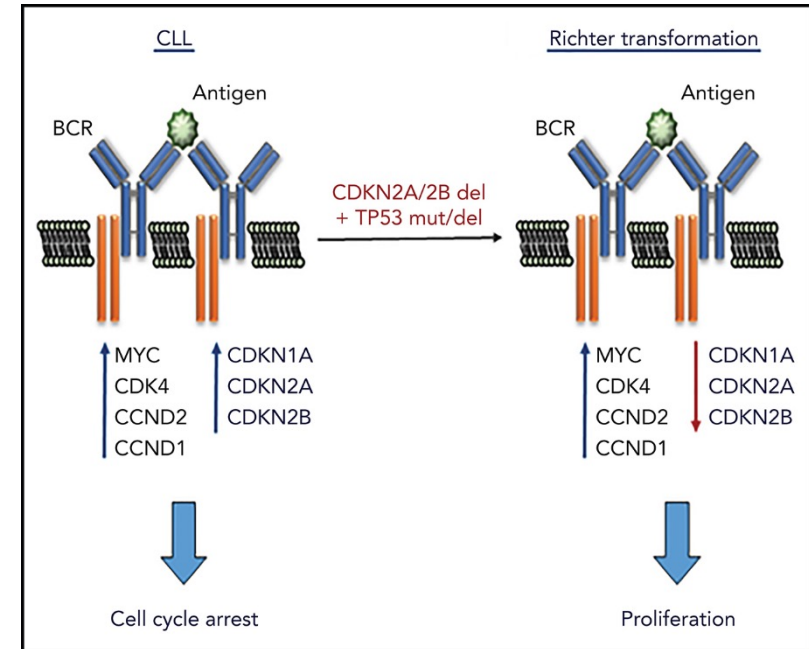
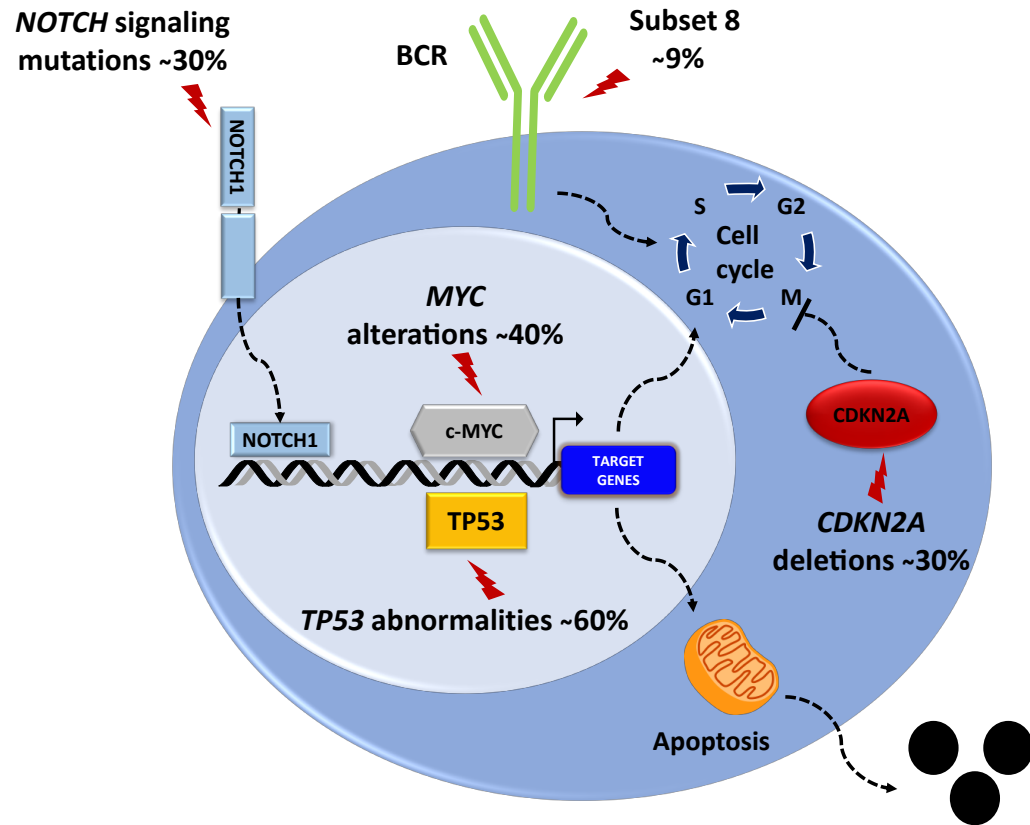


# ***TP53* and *CNKN2A* disruption and *MYC* activation**





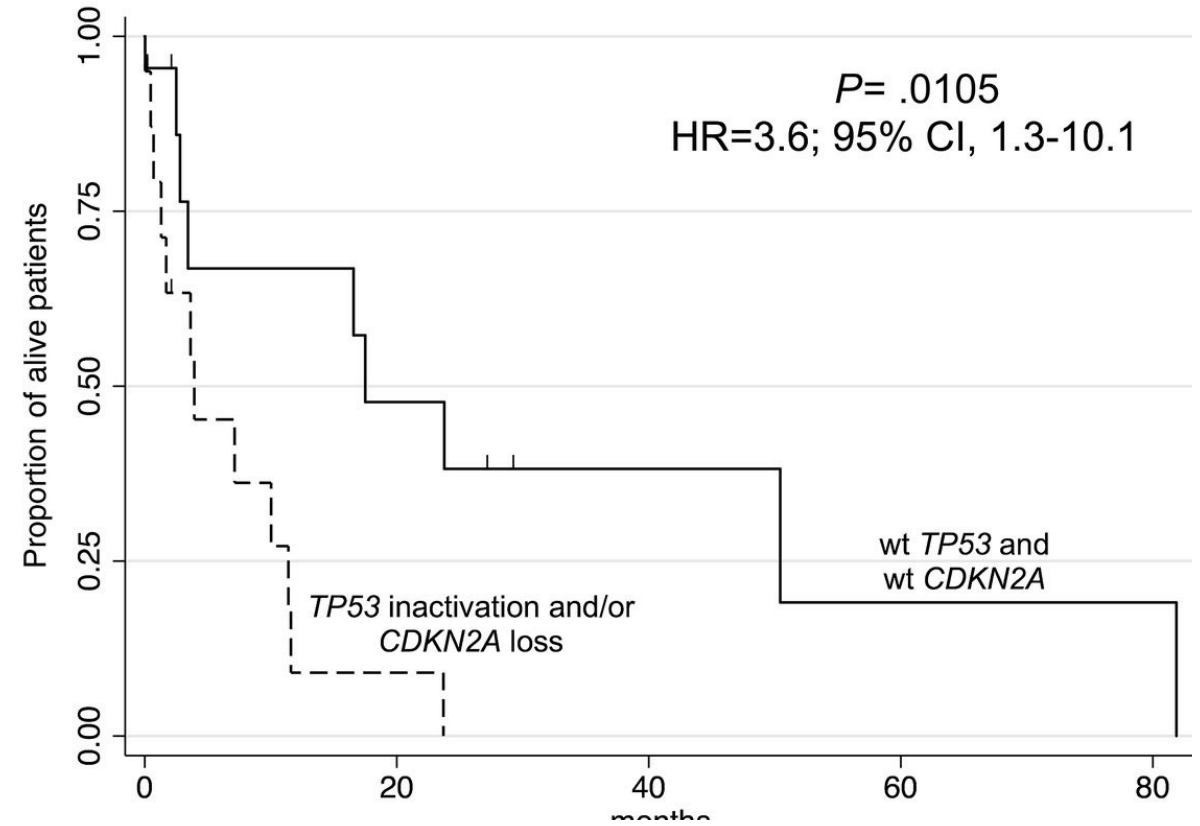
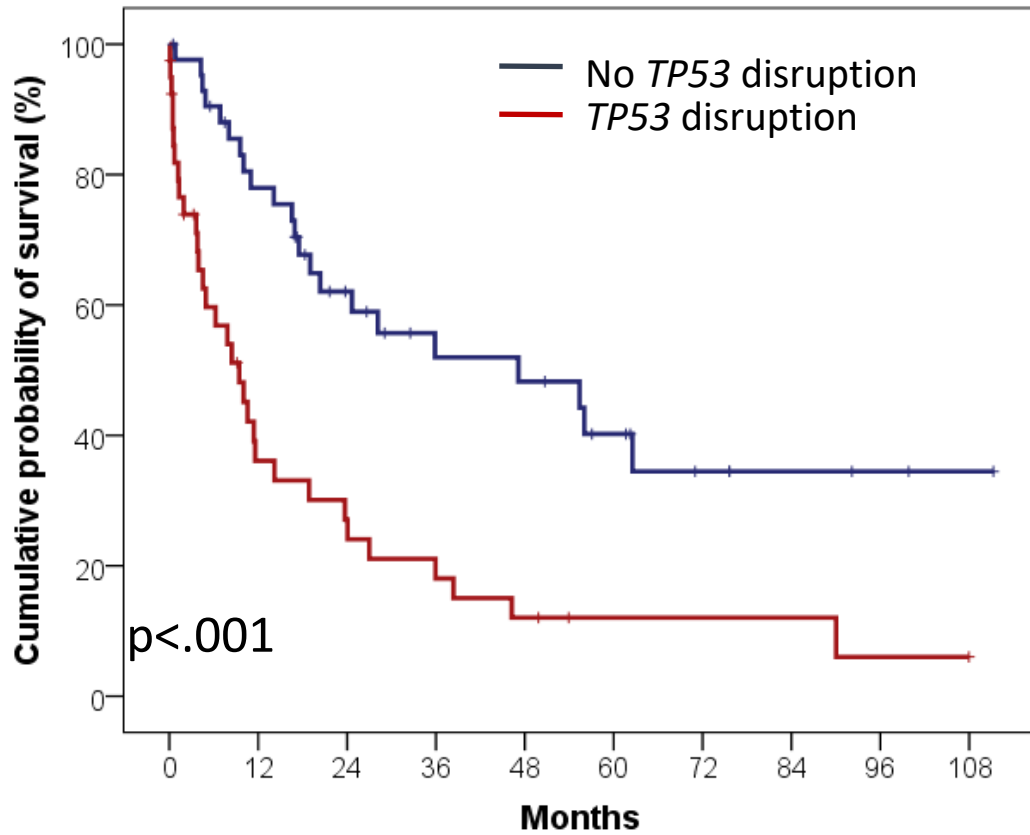
# Proliferation and apoptosis are the master cellular programs deregulated in RT



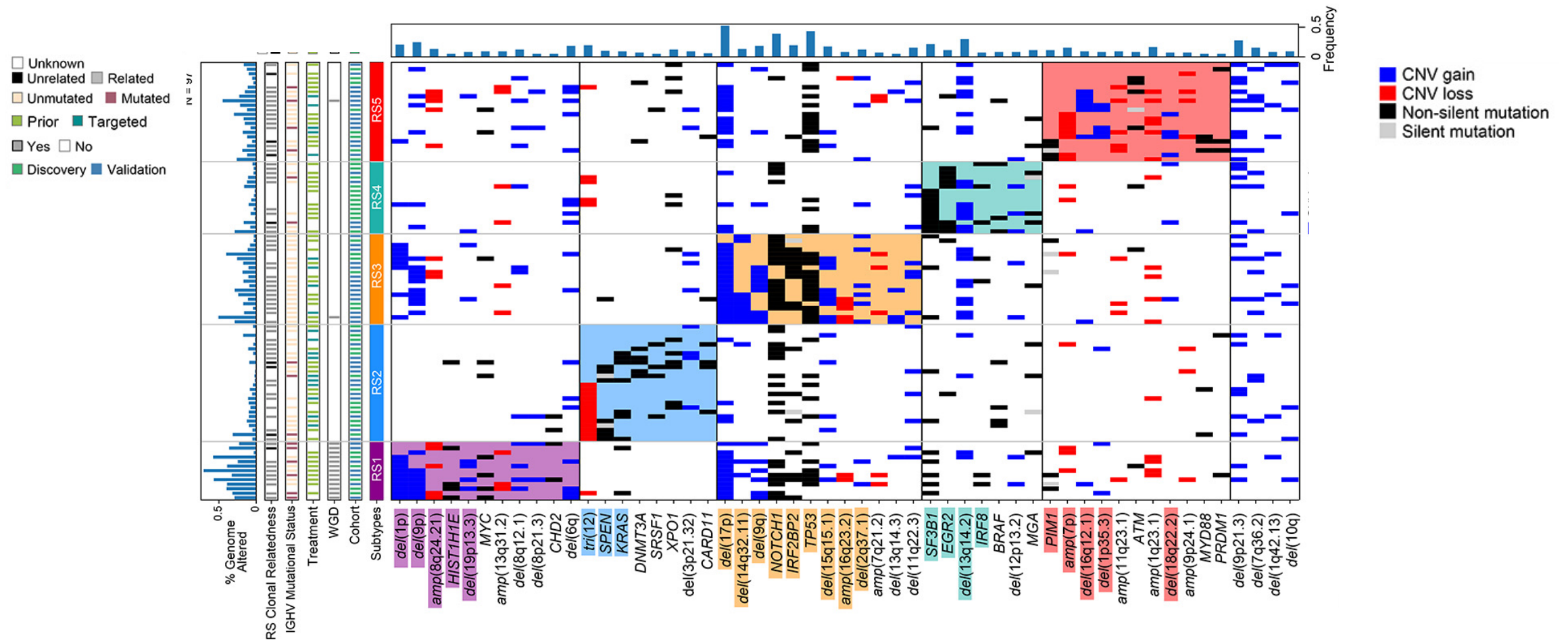
Chakraborty S, Blood. 2021

Rapidly progressive kinetics  
Chemorefractoriness

# *TP53* and *CDKN2A* disruption prognosticate survival of RT

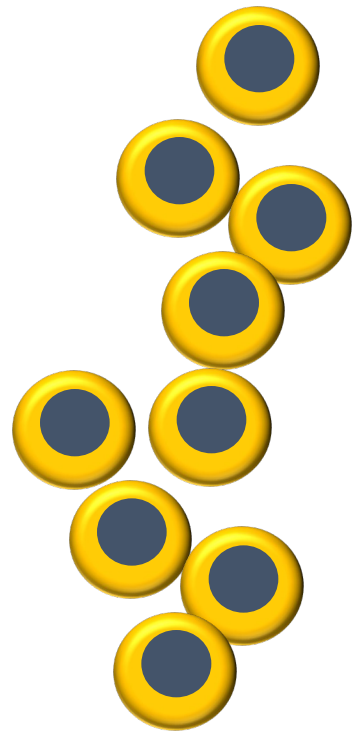


# Genetics of RT in 2023



# Genetics of de novo LBCL in CLL

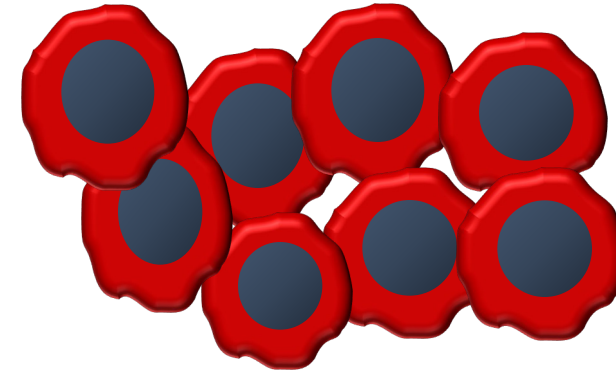
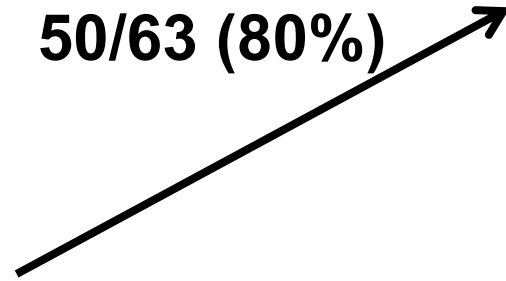
# Clonally related vs unrelated variants of RT



**CLL**

***V4-39 D6 J4***

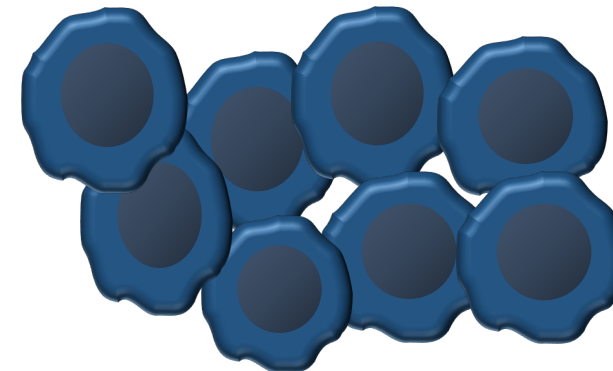
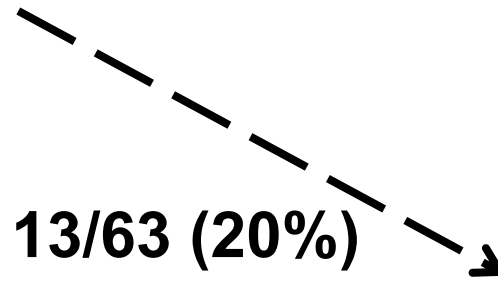
**50/63 (80%)**



**Clonally related RS**

***V4-39 D6 J4***

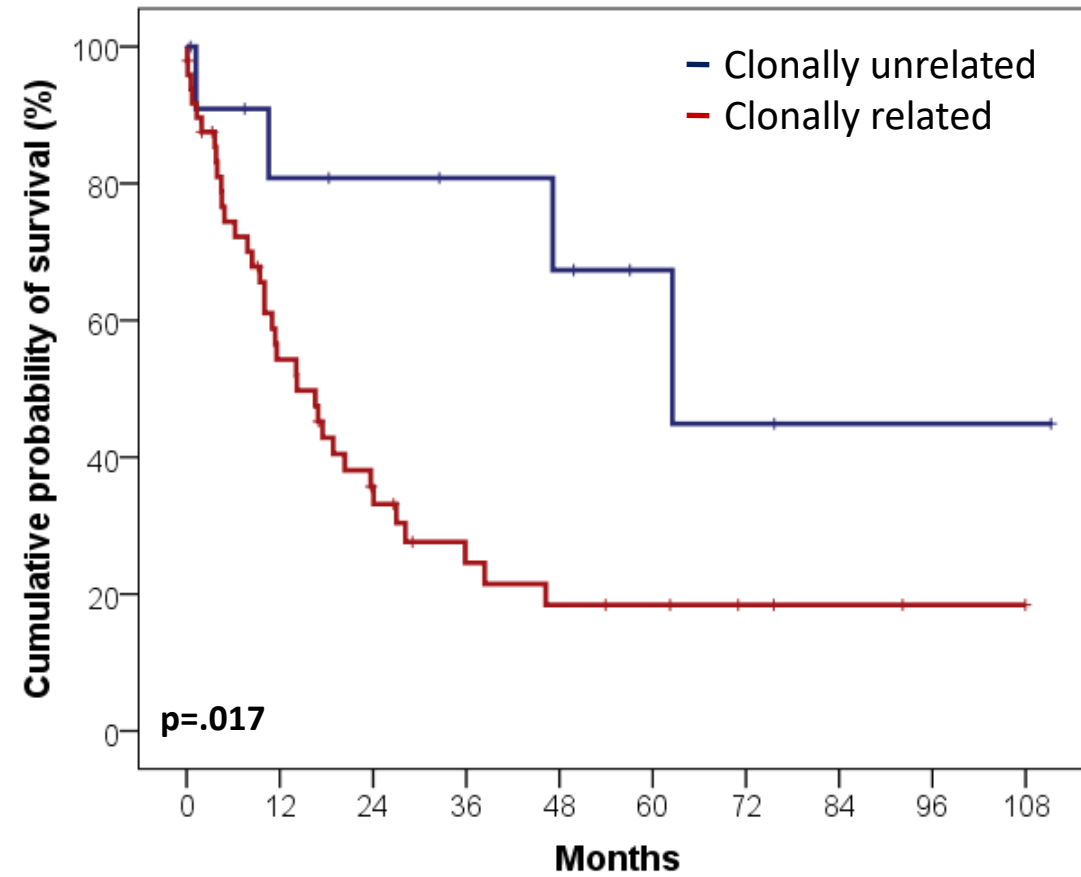
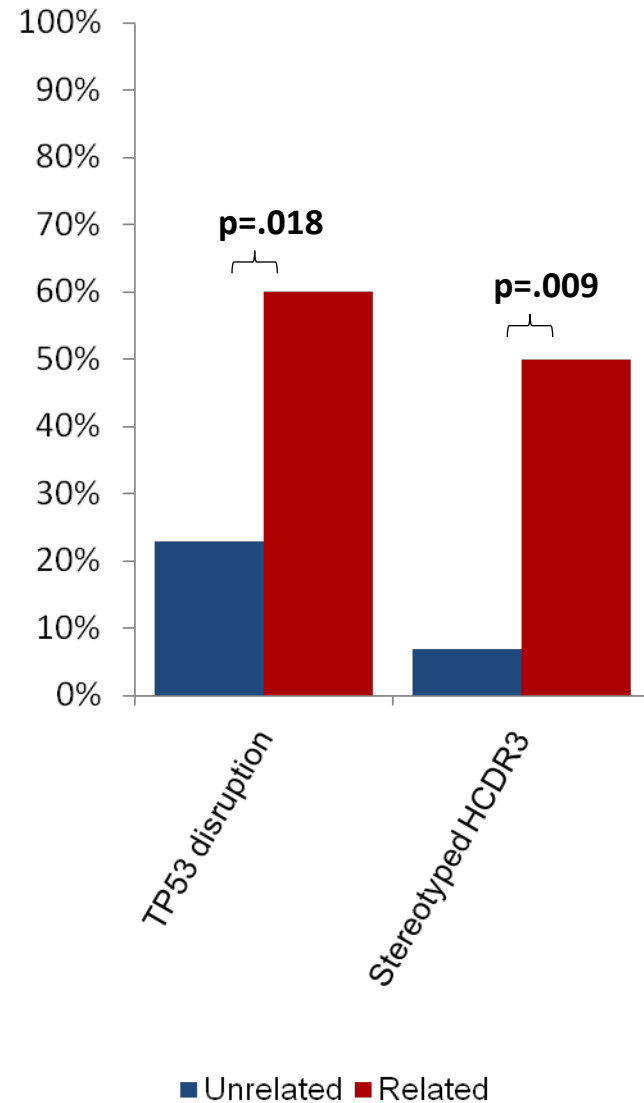
**13/63 (20%)**



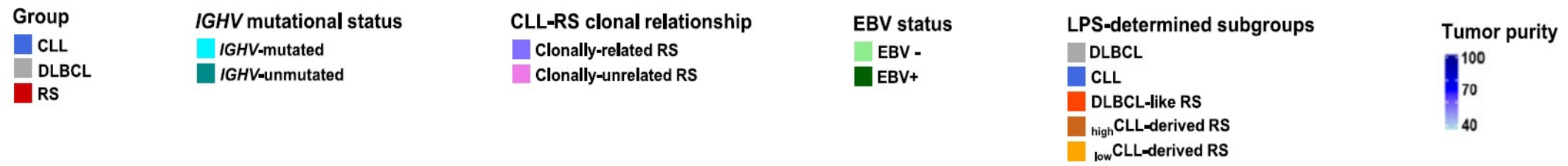
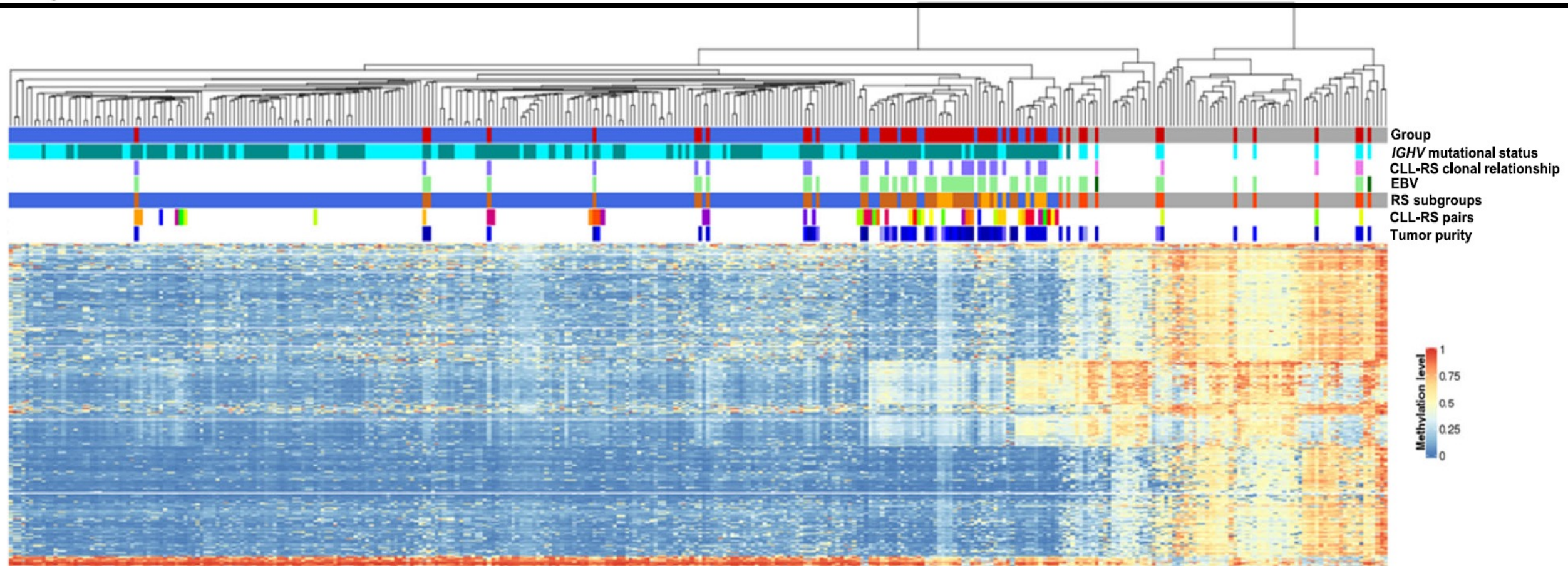
**Clonally unrelated RS**

***V4-34 D2-2 J3***

# Clonally related and unrelated Richter's syndrome



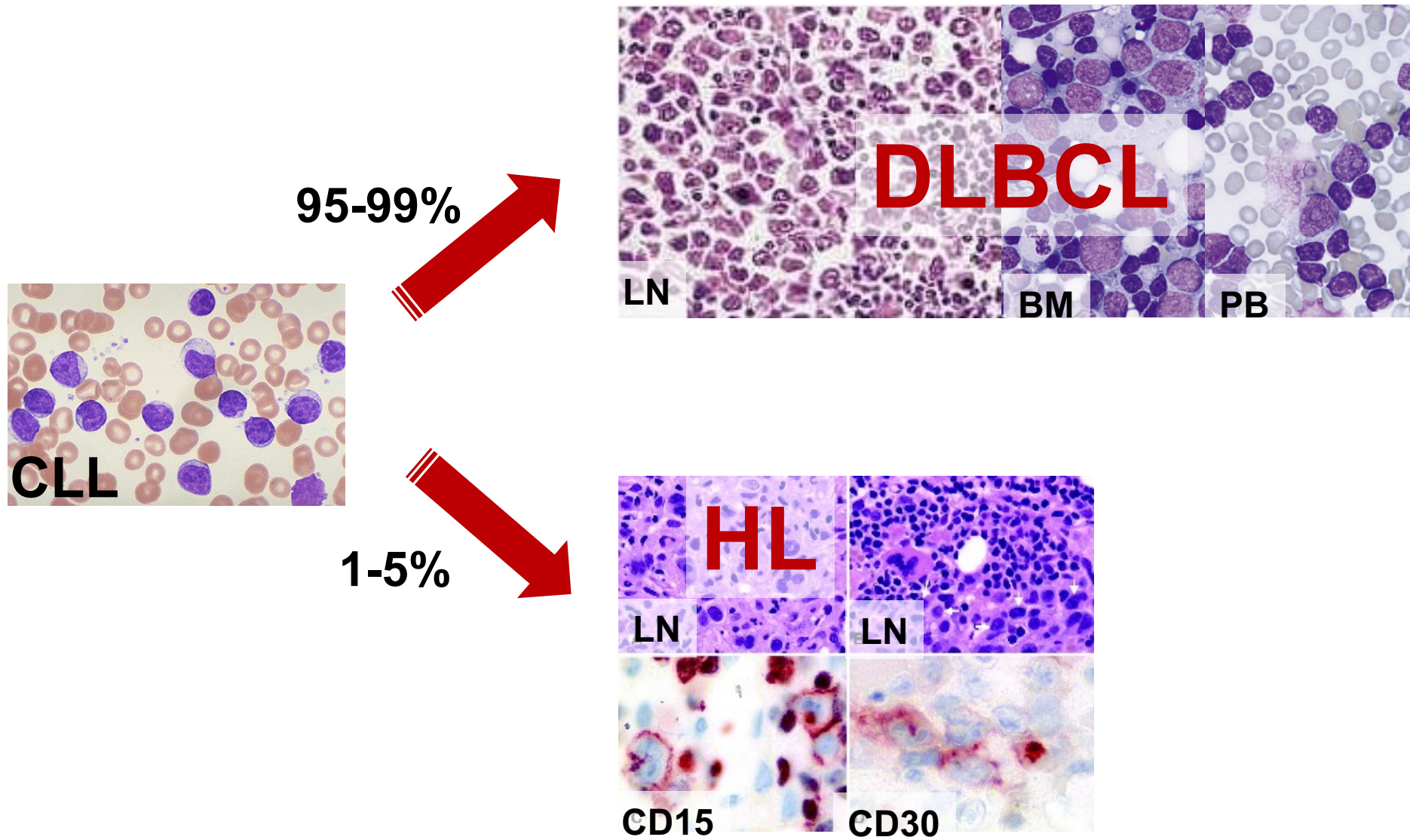
# Epigenetically, de novo LBCL arising in patients with CLL cluster apart from RT



# Genetics of cHL variant of RT

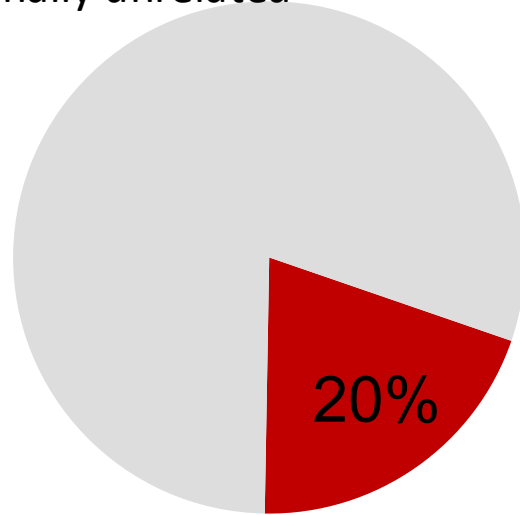


# Pathologic variants of RT

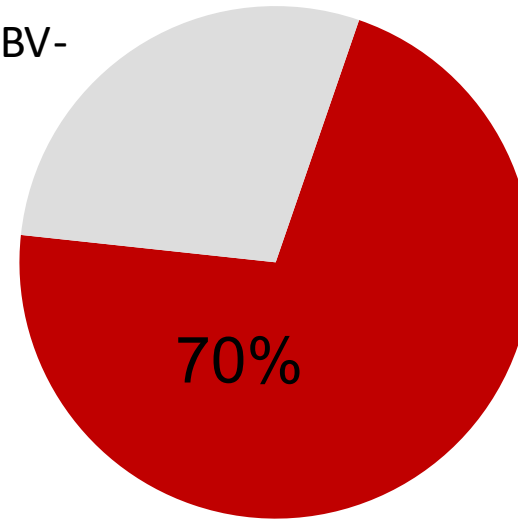


# Classic Hodgkin lymphoma variant of RT

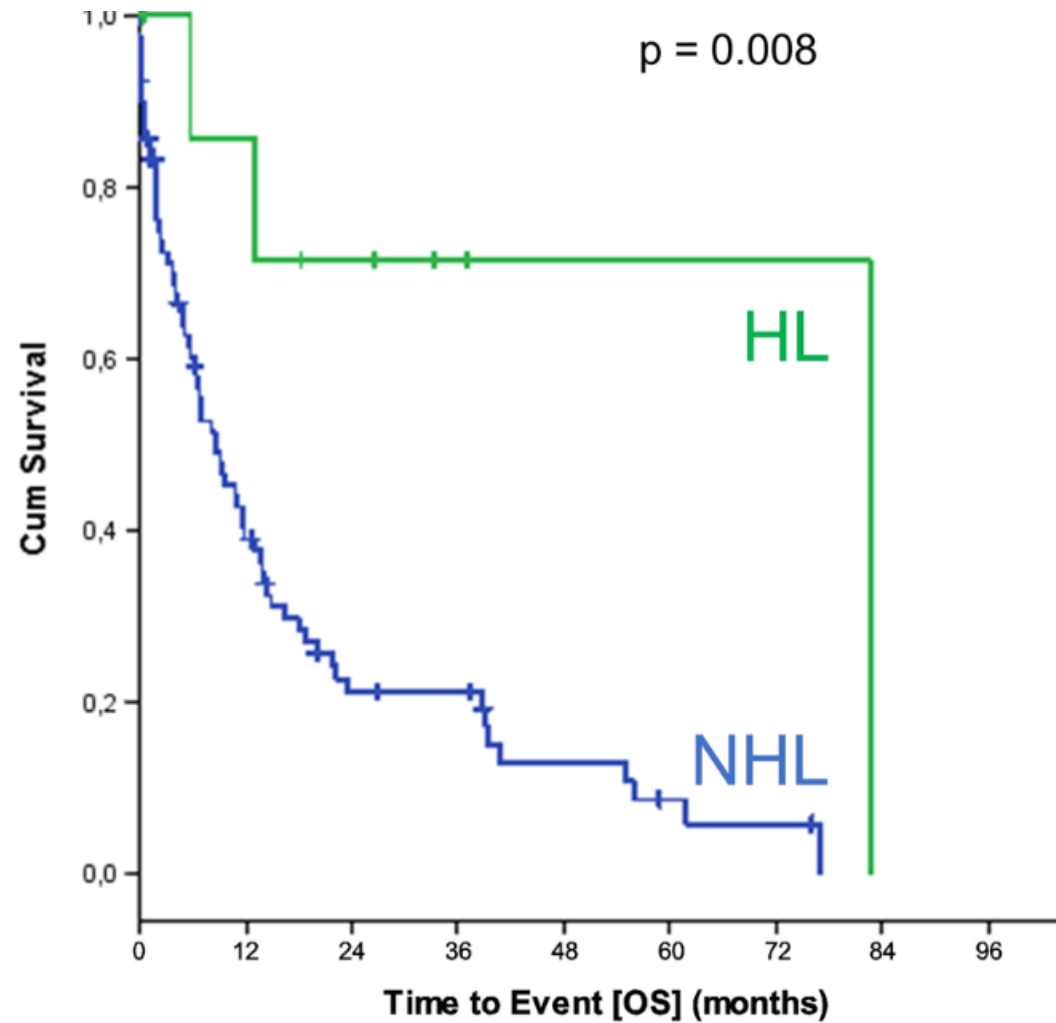
- Clonally related
- Clonally unrelated



- EBV+
- EBV-

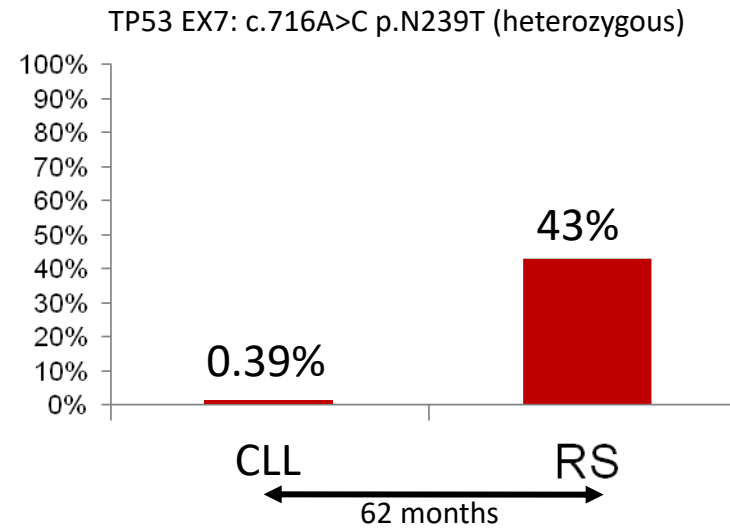
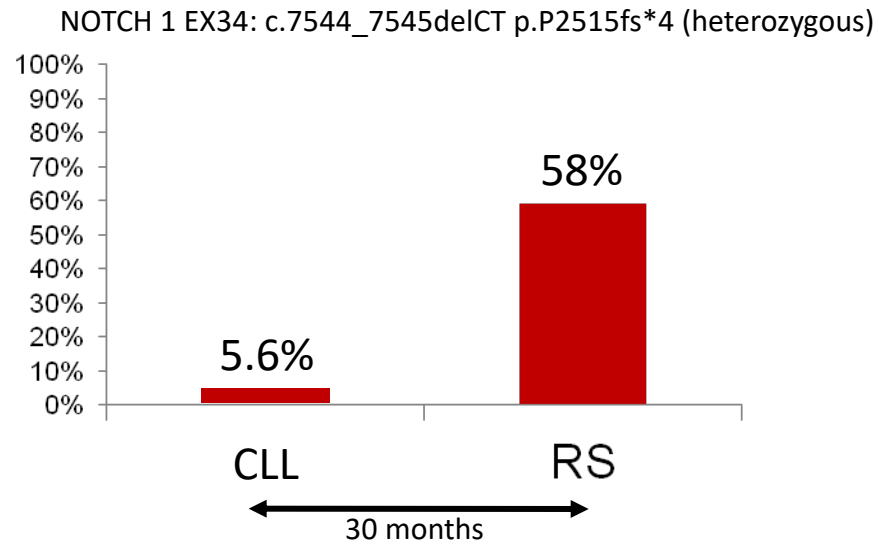


# Post-transformation survival of cHL arising in patients with CLL

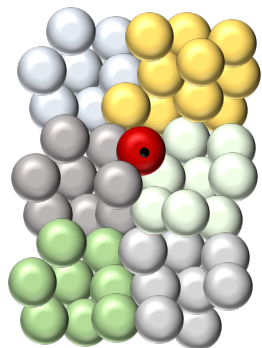


Early seeding of transformed clones

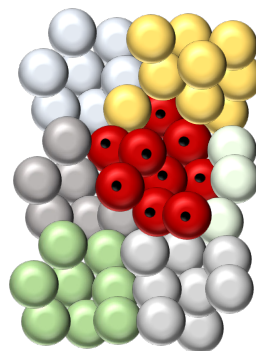
# Early seeding of the RT clones



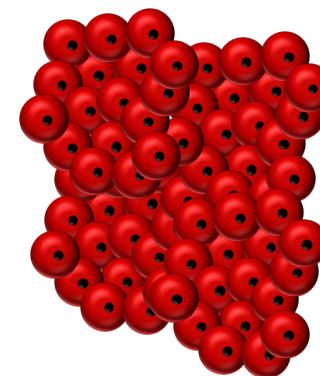
RS precursor



CLL diagnosis

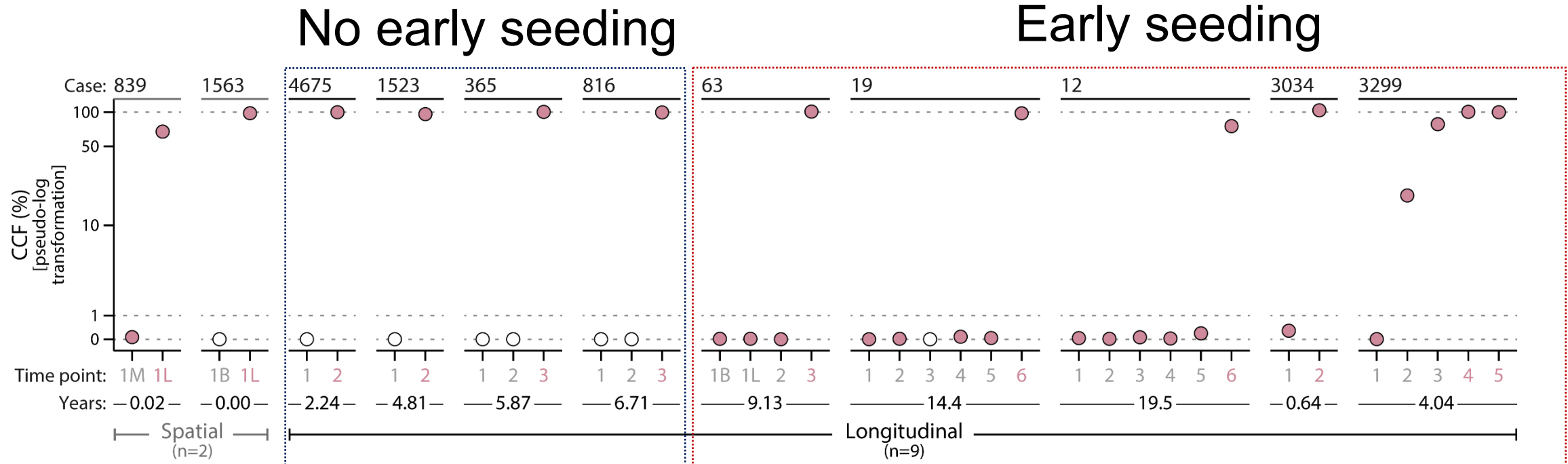


CLL progression



RS transformation

# Early seeding of the RT clone is frequent (ca. 50%)

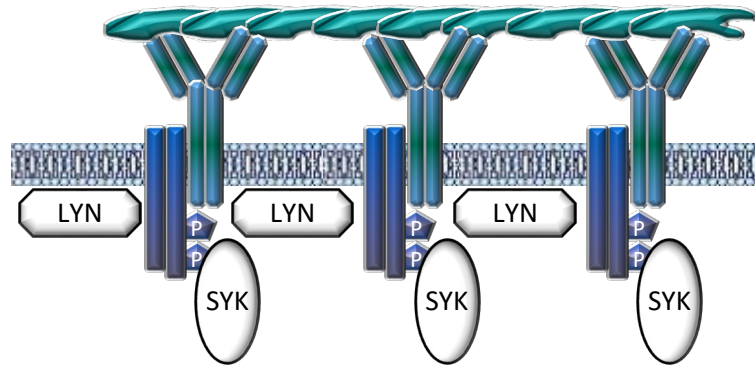


# BCR signaling

# Usage of subset 8 configuration of the BCR is biased in RT

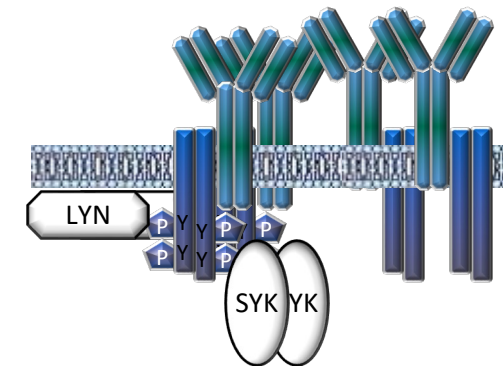
## External antigens

Autoantigens exposed on apoptotic cells



## Cell autonomous BCR signal

Interaction between of one BCR with another BCR that functions as an autoantigen



**BTK**

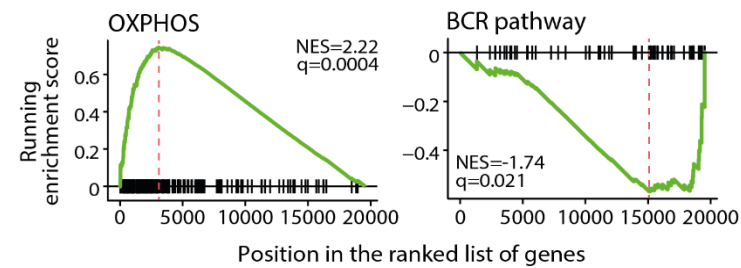
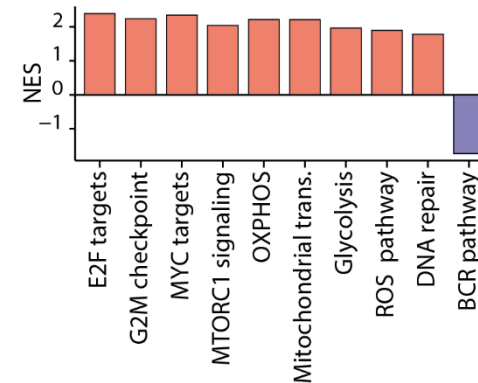
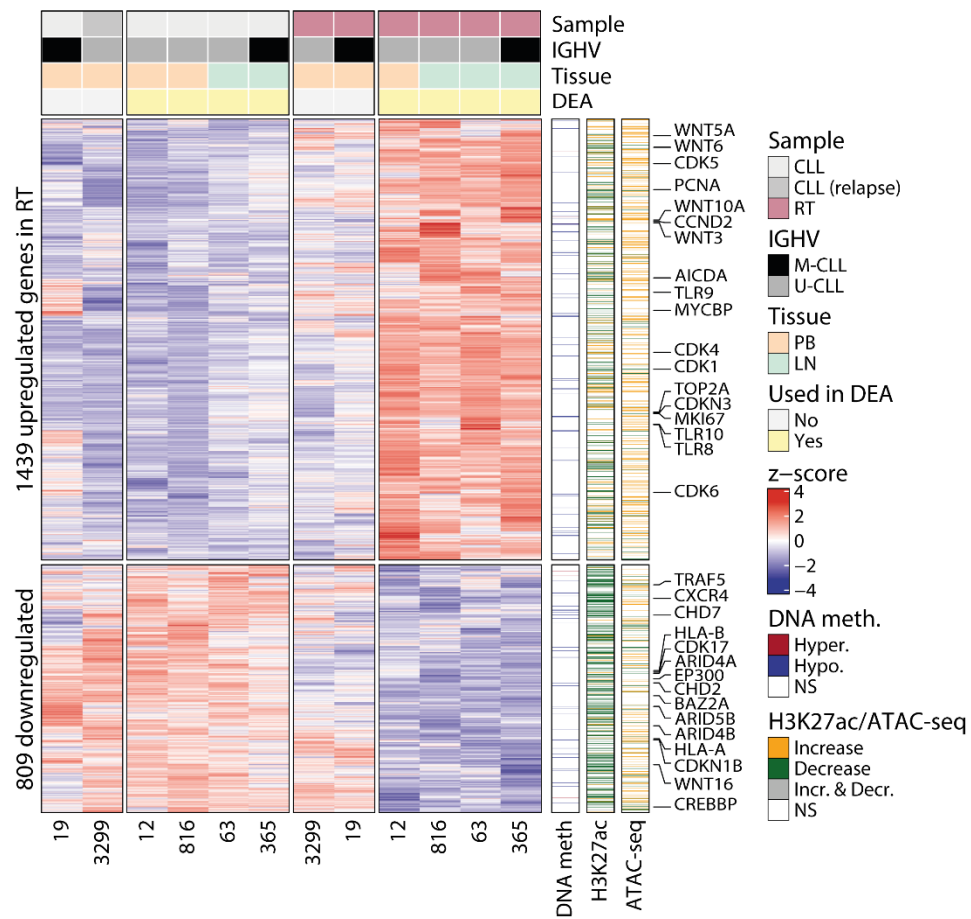
**PI3K**

## Substet #8

- 0.5% of CLL
- 10% of Richter syndrome
- IGHV unmutated
- Low affinity homotypic interactions
- Extreme antigen polyreactivity
- Strong phosphorylation of PLC $\gamma$ 2 and ERK1/2

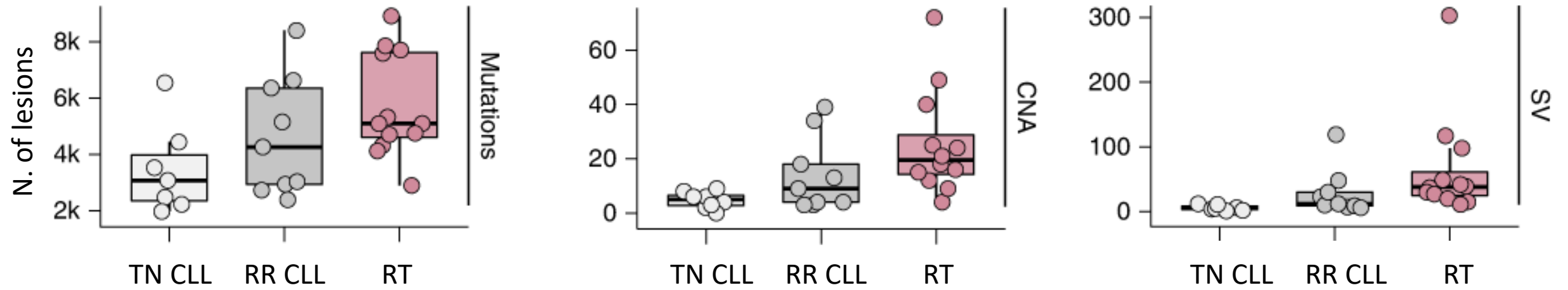


# The OXPHOS<sup>high</sup>-BCR<sup>low</sup> transcriptional axis of RT

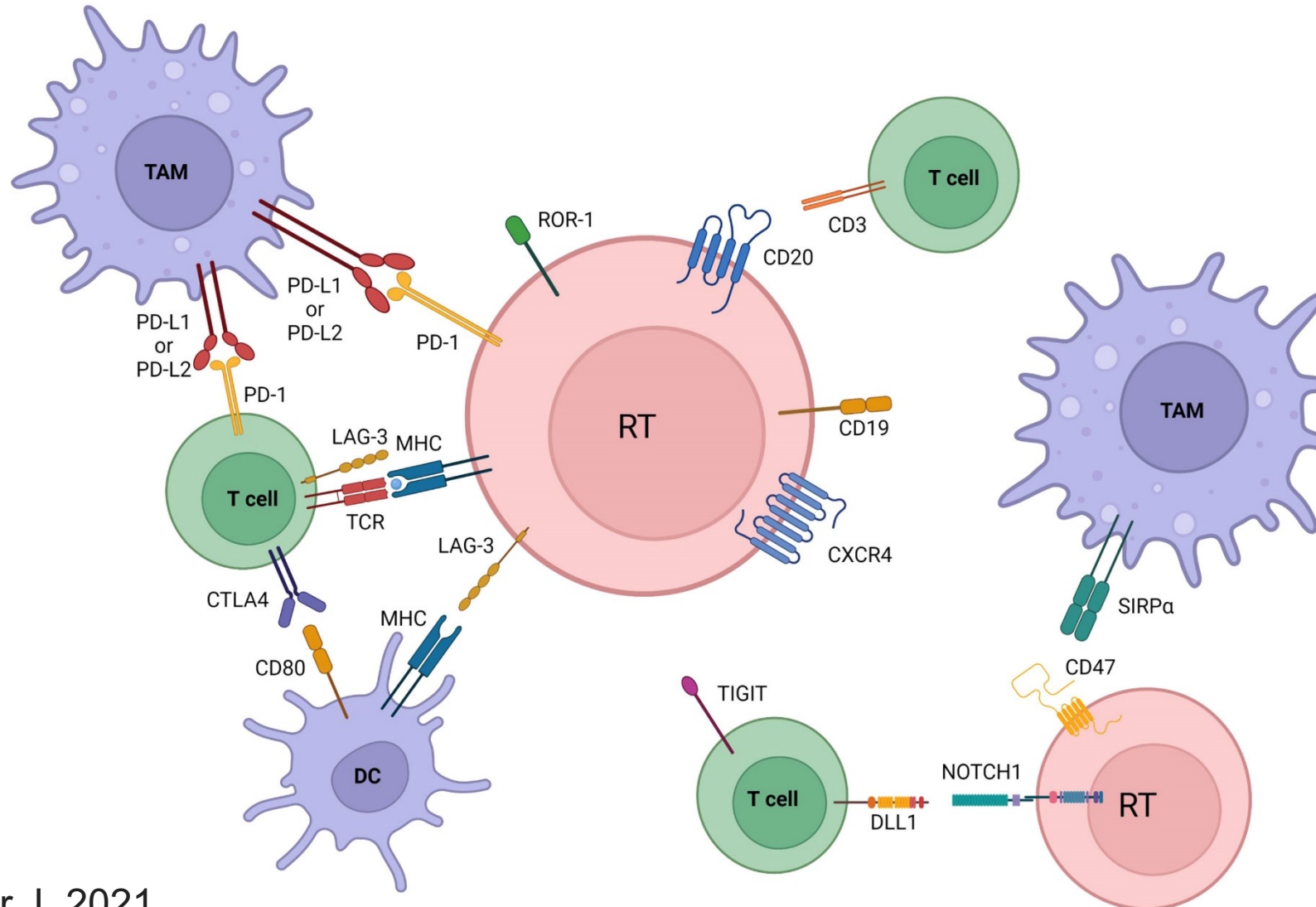


Immune escape

# Genomic complexity of RT (implication for neoantigens?)



# RT has an immune suppressive microenvironment



Wang Y, Blood Cancer J. 2021

Gould C, Br J Haematol. 2021

# Implications for management

---

- RT should be carefully differentiated from de novo LBCL and de novo cHL an
- Treatment of RT should include agents that circumvents the block of DNA damage response (e.g. venetoclax)
- Treatment of RT should leverage on immunotherapy
- Early seeding of RT clones prompts the development of diagnostic tests for their detection during the CLL phase