

8° WORKSHOP IN EMATOLOGIA TRASLAZIONALE

DELLA SOCIETÀ ITALIANA DI EMATOLOGIA SPERIMENTALE

Firenze - Auditorium CTO - A.O.U. Careggi, 22-23 giugno 2023



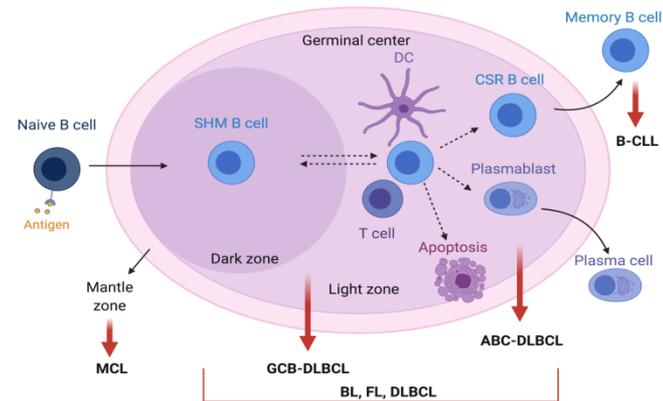
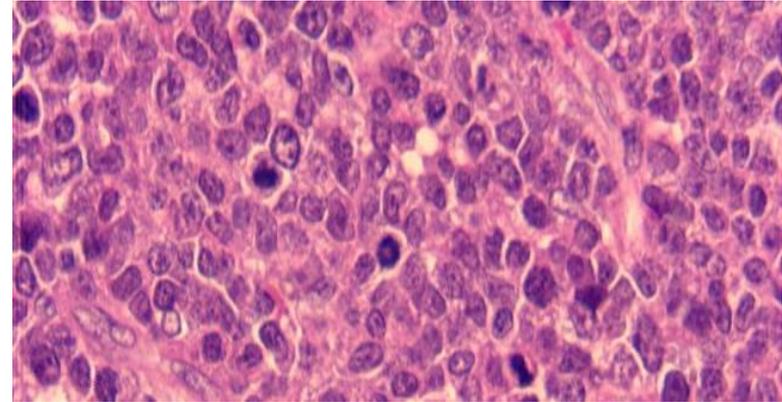
**Caratterizzazione clinica e molecolare del Linfoma Diffuso a Grandi cellule B:
studio del trascrittoma e del microambiente tumorale per l'identificazione
di nuovi sottotipi molecolari**

Robel Papotti, PhD

Oncoematologia clinico-sperimentale CRO Aviano

Diffuse Large B cell Lymphoma (DLBCL)

- The most common type of malignant lymphoma
- Classified on the basis of:
 - Morphology
 - Immunophenotype: CD19+, CD5-, CD20+, CD22+, CD79a+, PAX5, rearranged IGH; 40% CD10+, 60% BCL6+, 50% BCL2+
 - Genetic alteration: IGH-BCL2, IGH-BCL6, IGH-MYC, heterogenous genetic landscape
- Treatment: R-CHOP, response rate ~60%



Risk stratification



- International Prognostic Index (IPI):
 - age > 60 years
 - stage III/IV disease (Ann Arbor)
 - elevated lactate dehydrogenase [LDH] level
 - ECOG (performance status) ≥ 2
 - extranodal site of disease > 1
- PET-CT scans
- BCL2/MYC over-expression/translocation
- Cell of Origin
 - ABC: gene expression similar to activated B cells
 - GCB: gene expression reminiscent of germinal center B cells
 - Unclassified

International Prognostic Index for Diffuse Large B-cell Lymphoma (IPI and R-IPI) ☆

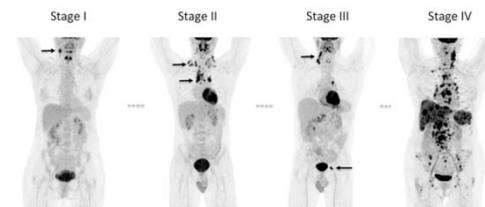
Predicts overall and progression-free survival in DLBCL based on risk factors.

INSTRUCTIONS

Note: IPI results are included for historical comparisons only. Use in CD20+ DLBCL patients. Do not use in patients with HIV, secondary malignancies, low grade lymphoproliferative disorders, or comorbidities precluding curative therapy attempt.

When to Use	Pearls/Pitfalls	Why Use
Age		
<input checked="" type="checkbox"/> ≤ 60 years		0
<input type="checkbox"/> >60 years		+1
Ann Arbor stage III-IV III: Involvement on both sides of the diaphragm, IV: Involvement of extranodal sites		
<input checked="" type="checkbox"/> No		0
<input type="checkbox"/> Yes		+1
ECOG performance status ≥ 2		
<input checked="" type="checkbox"/> No		0
<input type="checkbox"/> Yes		+1
Serum LDH level >1x normal		
<input checked="" type="checkbox"/> No		0
<input type="checkbox"/> Yes		+1
>1 extranodal site Bone marrow, GI tract, liver, lung, CNS, skin, testes, Waldeyer's ring		
<input checked="" type="checkbox"/> No		0
<input type="checkbox"/> Yes		+1

Ann Arbor Staging of Lymphoma



DLBCL molecular subtypes identified with GEP/IHC

■ Microarrays

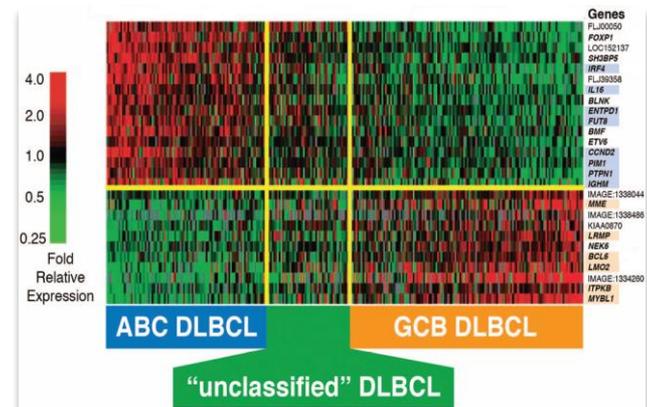
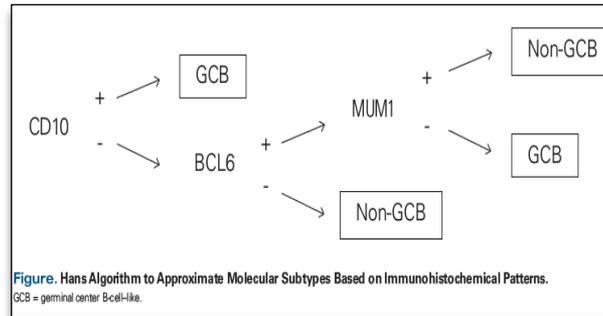
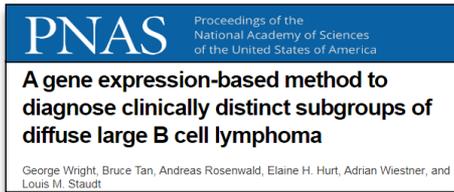
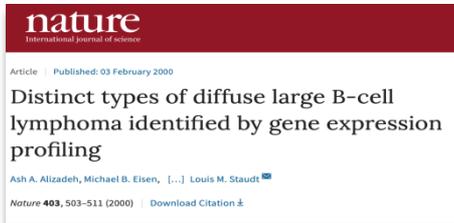
- Thousands of RNA targets
- RNA from fresh frozen tissues

■ Immunohistochemistry

- FFPE-Compatible COO classifiers
- Applicable in clinical practice

■ Lymph2Cx assay

- 20-gene signature for COO classification on FFPE (15 core genes, 5 housekeeping genes)



Genomic profiling of DLBCL



Chapuy et al 2018:

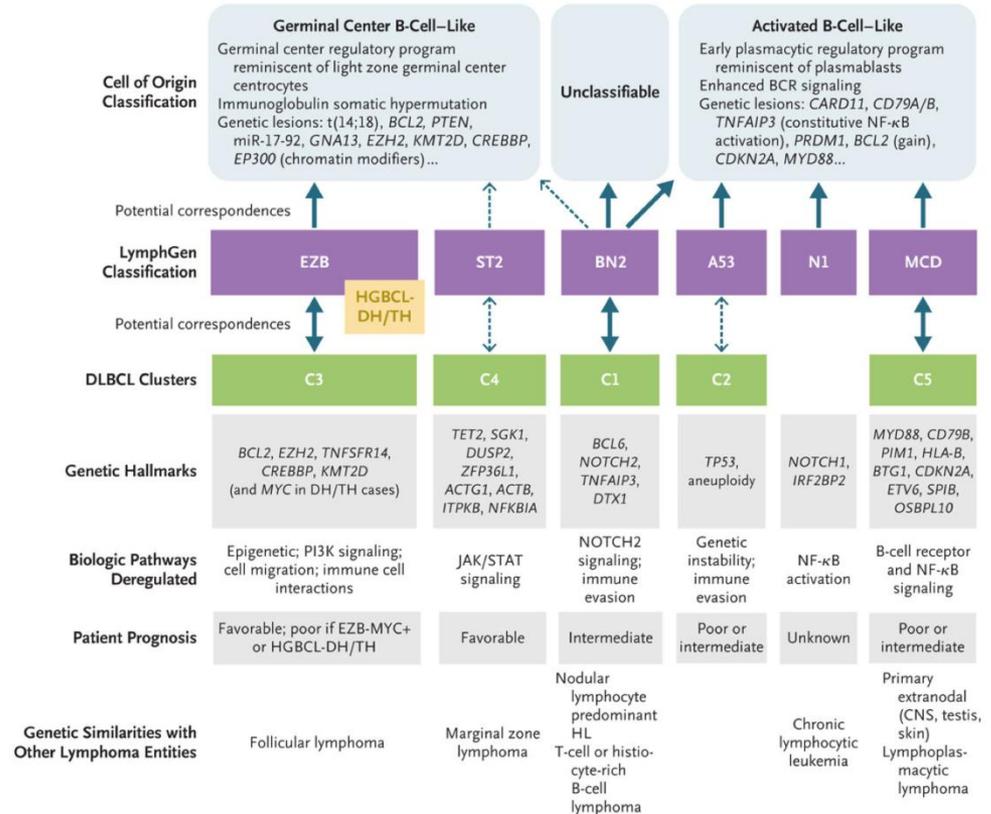
- C1: BCL6 fusion and NOTCH2 mutations
- C2: TP53 mutations and 17p deletion
- C3: BCL2 alterations and EZH2 mutations
- C4: TET2 and SGK1 mutations
- C5: MYD88 (L265P) and CD79B mutations

Schmitz et al 2018:

- MCD: MYD88 and CD79B mutations
- EZB: EZH2 mutation and BCL2 translocation
- BN2: BCL6 fusion and NOTCH2 mutations
- N1: NOTCH1 mutations

Wright/Staudt 2020:

EZB – ST2 – BN2 – A53 – N1 – MCD



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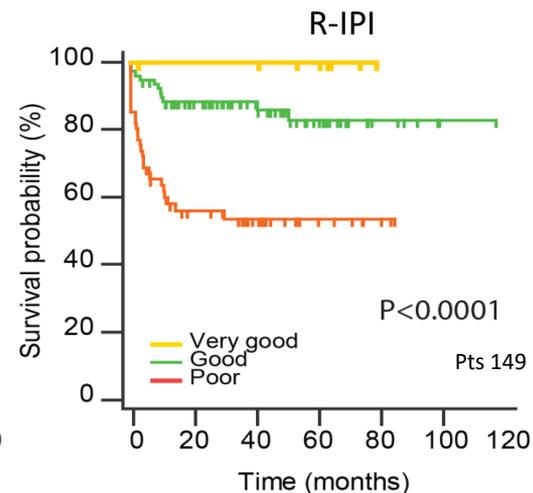
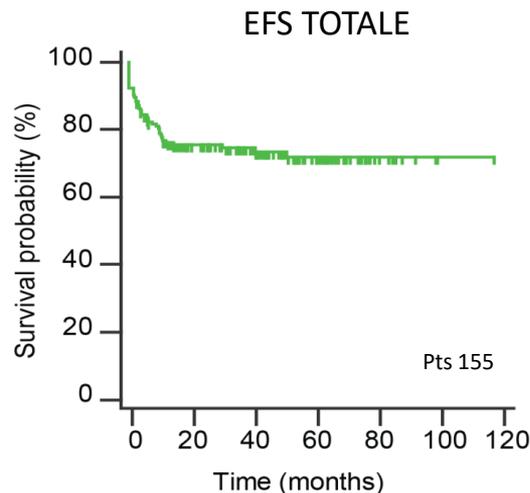
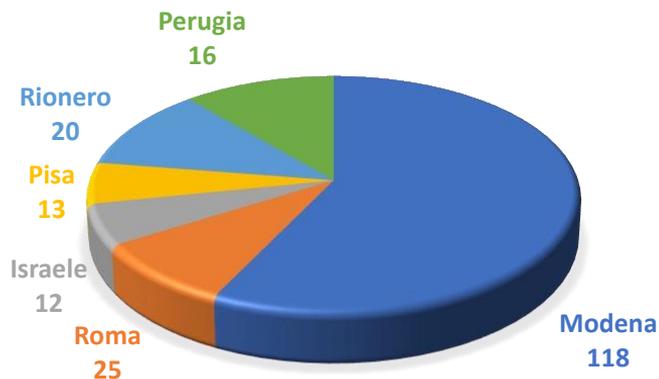
The project exploits transcriptomic-based approaches, coupled with existing prognostic tools, to explore:

- Gene expression profiling
- Immunoglobulin status
- Mutational landscape
- Microenvironmental interactions of tumor cells (Ecotypes)

Multicenter cohort characterization



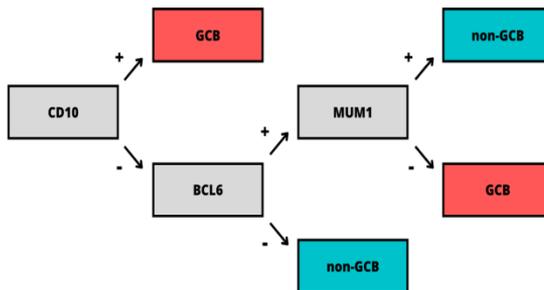
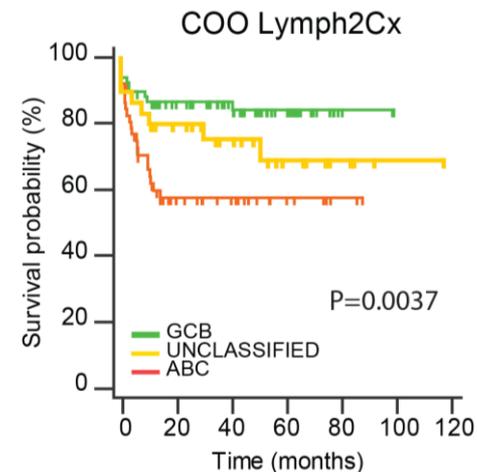
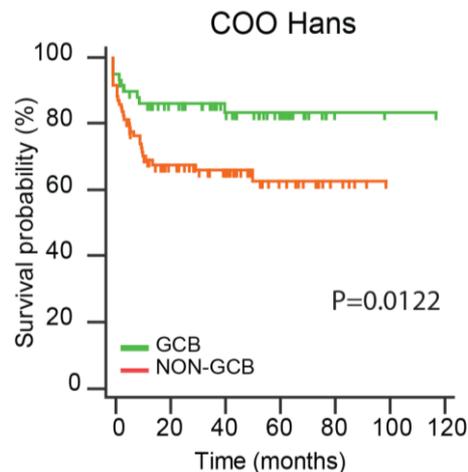
- 204 DLBCL cases with PET-CT-defined stage
- 2 years minimum follow up
- R-CHOP or R-CHOP-like regimens
- Nucleic acids were extracted from Formalin fixed paraffin embedded (FFPE) tissues
- Median follow-up of 32 months
- 3 years EFS of 75% (95CI 68-83%)
- EFS events were in total 40 progression and/or relapses



Cell of Origin classification

	Cases	Status	N (%)
COO by Hans' Algorithm	184	GCB	77 (42)
		non-GCB	107 (58)
COO by Lymph2Cx	191	ABC	67 (35)
		GCB	90 (47)
		Unclassified	34 (18)

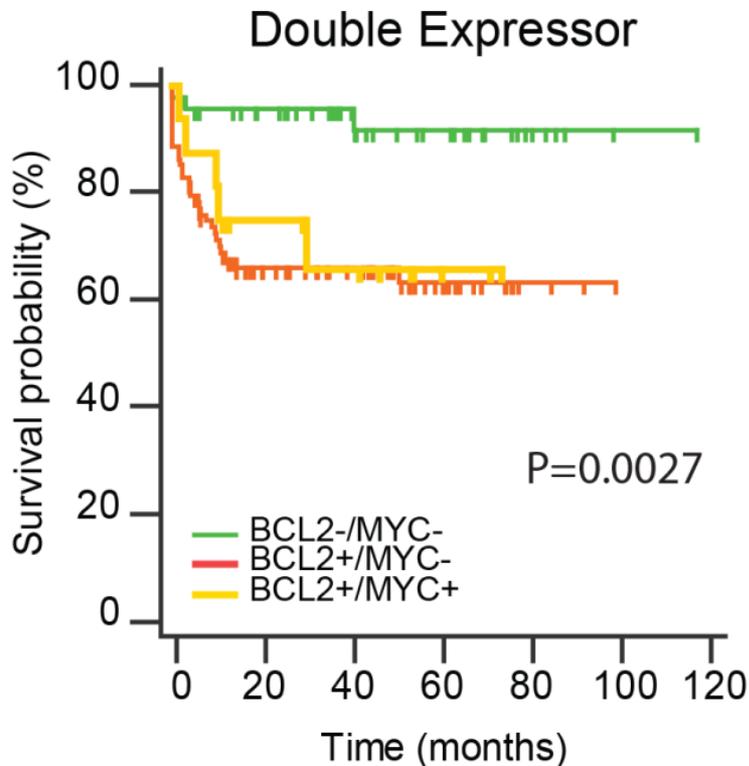
0.719 k-statistic comparison value between the classification based on IHC and Lymph2Cx



BCL2/MYC expression by IHC

Variable	Status	N	n (%)
BCL2	+	192	129 (67)
MYC	+	190	28 (15)
BCL2/MYC			
	BCL2-/MYC-		57 (30)
	BCL2-/MYC+		5 (3)
	BCL2+/MYC-		104 (55)
	BCL2+/MYC+		23 (12)

Covariate	Status	5-yr EFS (95CI)	HR (95CI)	p-value
BCL2/MYC	BCL2-	91 (71-100)	1.00	
	BCL2+/MYC-	63 (24-68)	5.23 (2.53-10.81)	=0.0006
	BCL2+/MYC+	65 (31-88)	4.73 (0.93-20.64)	=0.0114



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RNA sequencing

204 total cases



192 with adequate material



186 with successful library amplification



NovaSeq6000 (ILLUMINA)

S4 ILLUMINA flow-cell
2x100 paired-end reads
chemistry

Final output: > 20 billion reads

RNA sequencing statistics

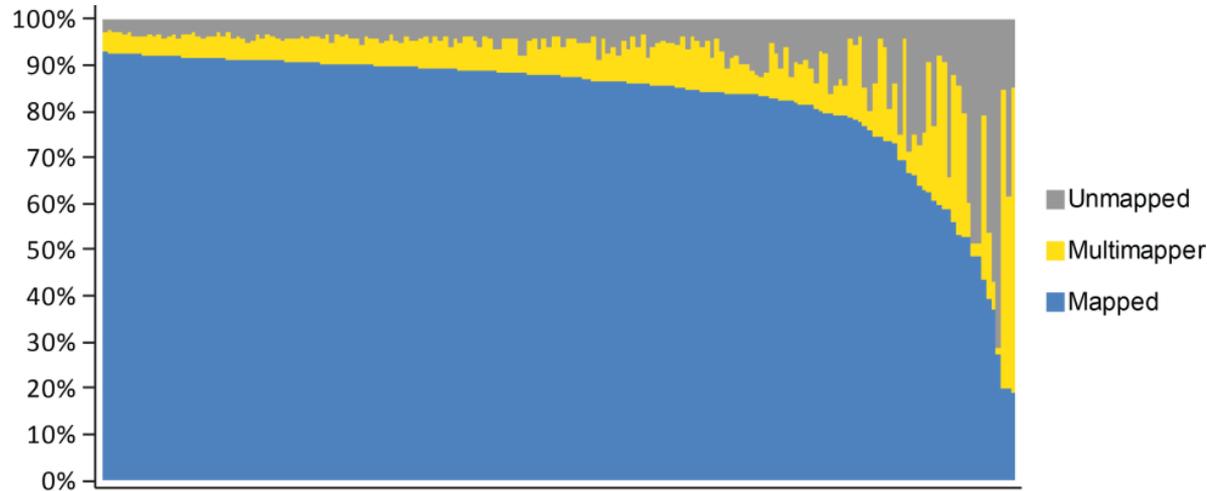
Fastq files
(raw reads)



Alignment on transcriptome
STAR 1-pass



read count with
Salmon

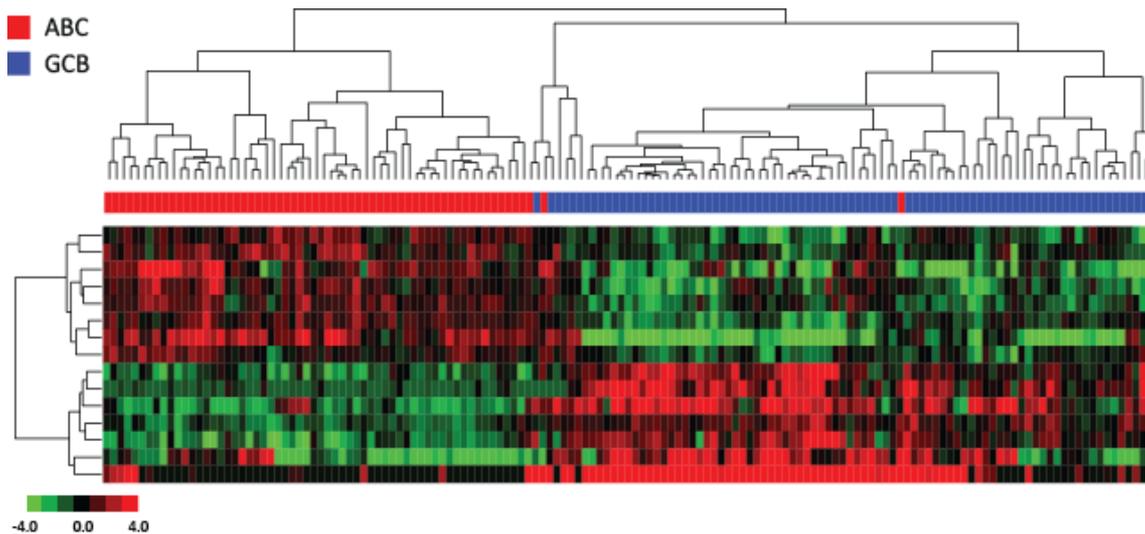


Fraction of reads aligning to **single locus**, **multiple loci** (e.g. rRNA genes) or **no loci**

- RNA HyperPrep with RiboErase (ROCHE), starting from 150 ng of total RNA
- Libraries were globally well balanced
- Average of 2.26×10^8 number of reads
- Median percentage of 82.43% of uniquely mapped reads
- rRNA was efficiently depleted

COO classification through RNASeq data

Clustering on 15 genes corresponding to Nanostring COO signature



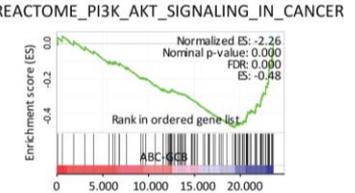
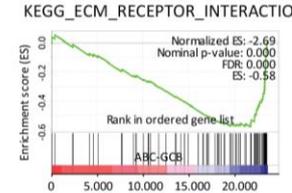
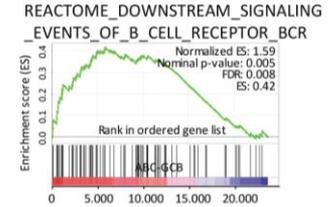
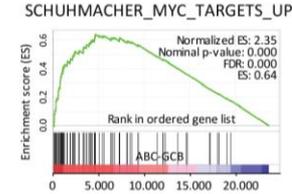
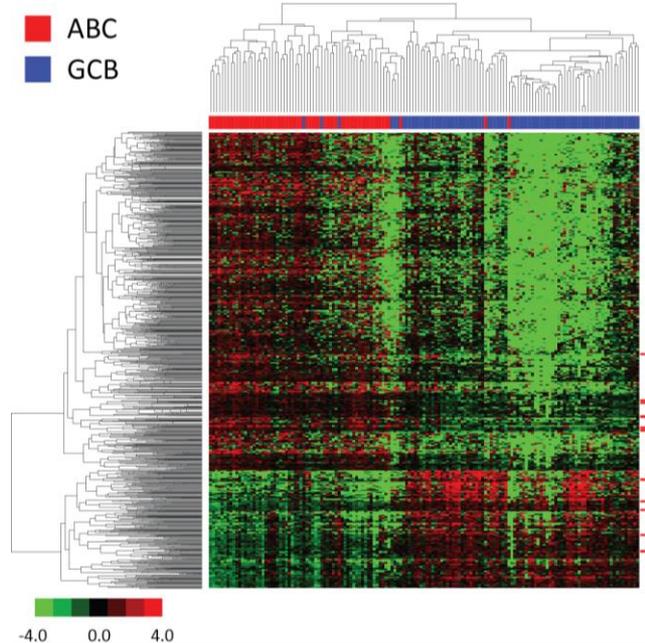
Clustering analyses on the 147 cases correctly split the ABC subtypes from GCB, showing a good concordance with Lymph2Cx (0.97 Kappa Cohen)

Good performance of FFPE RNASeq for gene expression

Gene expression profile analysis

62 ABC vs 85 GCB
cutoff value a $p < 0.05$ and a
fold change (FC) > 2

1.328 differentially
expressed genes
985 over-expressed in ABC
343 over-expressed in GCB



ABC: MYC upregulation, and B cell receptor (BCR) signaling activation
GCB: extracellular matrix regulation, and PI3K/AKT pathway

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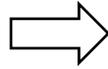
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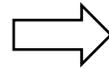
Immunoglobulin reconstruction

STAR Alignment

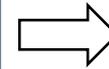
```
GGACGTACGTACGTAGTGCTAGTGGT
ACGTACGTACGTAGTGCTA
GTACGTACGTAGTGCTAG
CGTACGTAGTGCTAGTG
TACGTAGTGCTAGTGGT
```



De novo IGH Assembly



Refinement



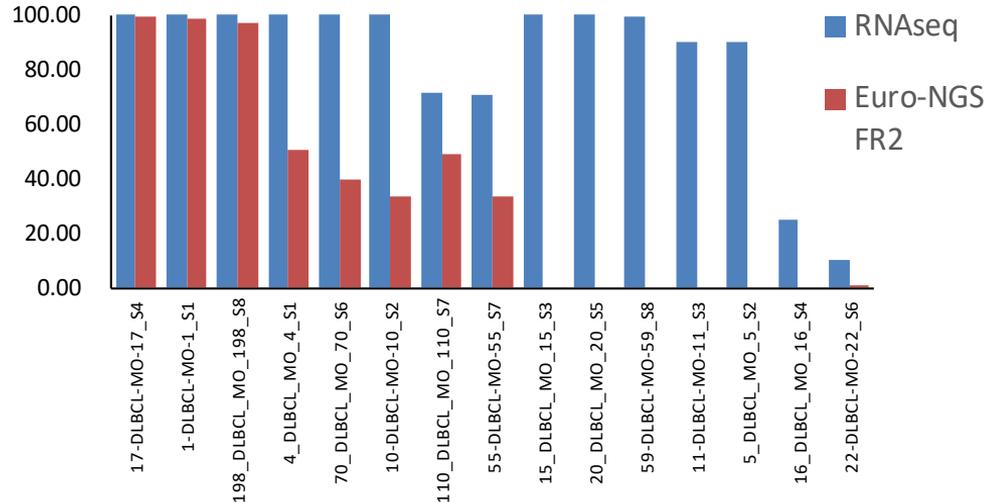
Targeted realignment



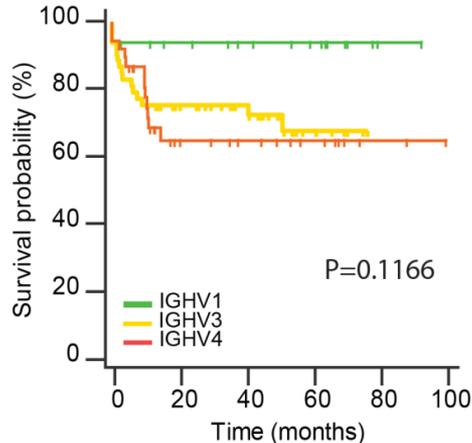
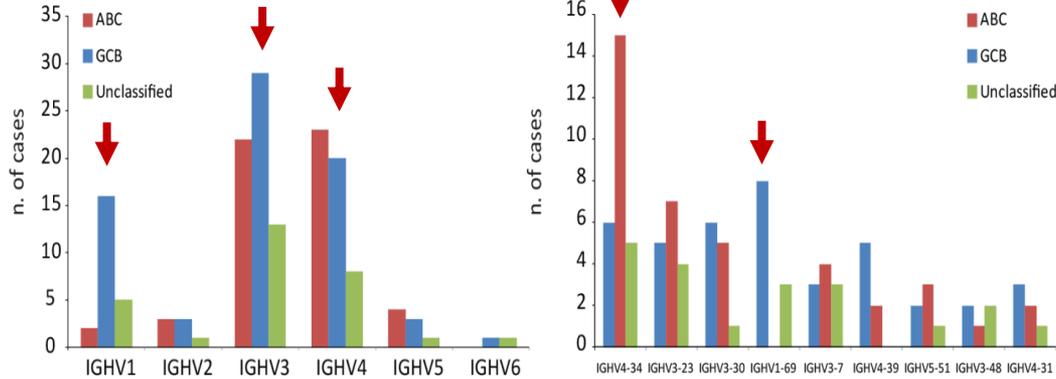
Pilot experiments based on 15 DLBCL samples sequenced both for RNASeq, and for the immunoglobulin according to standard sequencing methods

RNAseq identifies IGH clones from degraded material even better than targeted amplicon method

% of major clone



IGHV families usage



- IGHV reconstruction on 173 out of 186 cases (93%)
- 159 cases showed a single major clone
- IGHV3 (41%), IGHV4 (33%), and IGHV1 (15%) were the most used IGHV families
- IGHV4-34 was significantly over-represented in ABC ($p=0.0039$)
- IGHV1-69 was represented only in the GCB ($p=0.0117$)
- IGHV1 and IGHV4 presented the best and worst outcome, respectively (IGHV1 vs IGHV4 $p=0.032$)

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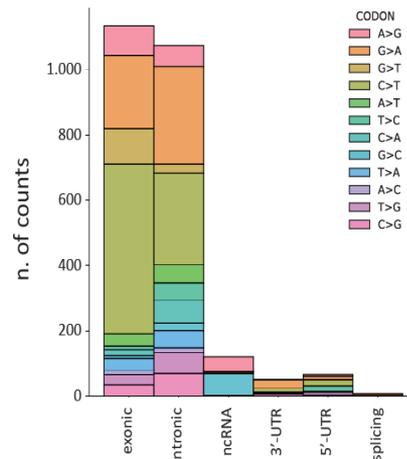
Genetic mutations

Deep evaluation of somatic mutations in the context of our real-world cohort

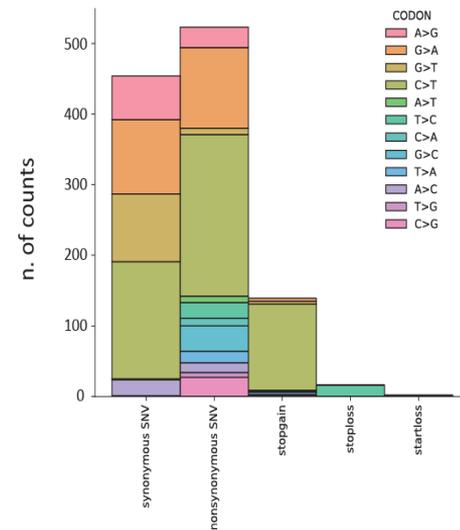
Variant calling: LoFreq

Filtering on dbSNP138
and COSMIC

VAF cut-off $\geq 20\%$



Transcriptome effect

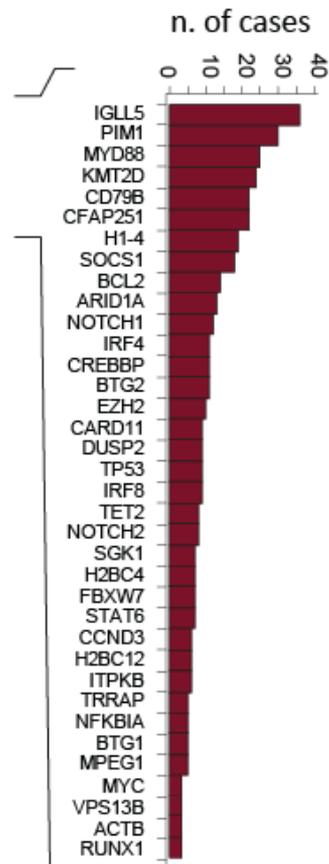
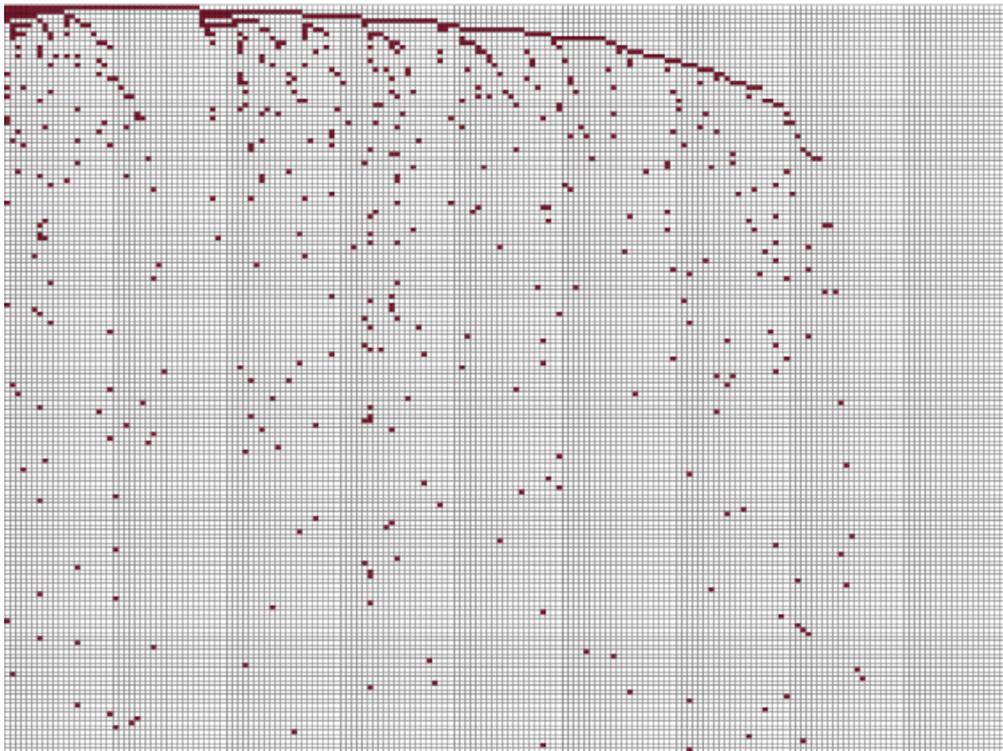


Exonic effect

Effect of variants identified in exonic positions

Frequently mutated genes

DLBCL cases (N=183)



- 1.135 exonic mutations:

- 455 synonymous
- 523 missense
- 139 stop/gain
- 16 stop/loss
- 2 start/loss

- Mean mutation rate was 4 (range 0-21)

- Among the most frequently mutated genes: *IGLL5*, *PIM1*, *MYD88*, *KMT2D*, *CD79B*, *SOCS1*, *BCL2*, *ARID1A*, *NOTCH1*

LymphGen classifier



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LymphGen 2.0

Study Name (Optional)

Supply Input Files or [Load Example Data](#) [Need help?](#)

• **Select Sample Annotation File** [?](#)
Image file nessun file selezionato

• **Select Mutation Gene List** [?](#)
Image file nessun file selezionato

• **Select Mutation Flat File** [?](#)
Image file nessun file selezionato

• **Select a Copy Number Class** [?](#)
No Copy Number Full Copy Number HOMDEL and AMP only HETLOSS and GAIN only

• **Select Copy Number Gene List** [?](#)
Image file nessun file selezionato

• **Select Copy Number Flat File** [?](#)
Image file nessun file selezionato

• **(Optional) Select Arm Flat file** [?](#)
Image file nessun file selezionato

• **Select Subtypes** [?](#)
 BN2 EZB MCD N1 ST2 A53

• **Additional Flags** [?](#)
 Has MYD88 L265P Has TRUNC

[Submit For Prediction](#)

Algorithms able to categorize DLBCLs based on specific key genetic alterations in the MCD, BN2, ST2, EZB and N1 subtypes

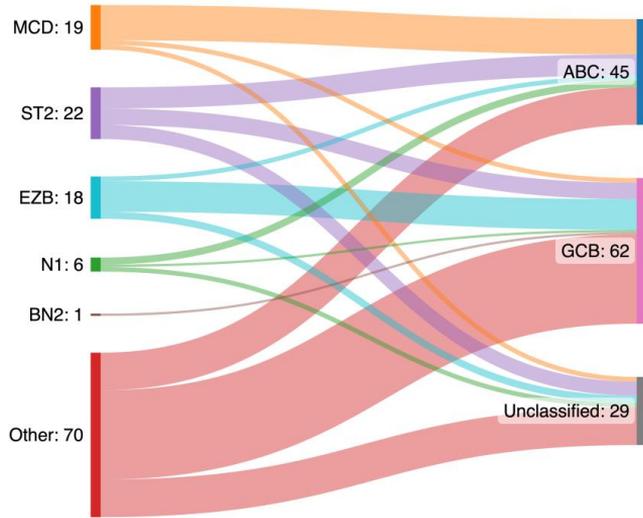
It relies on data from exome or targeted sequencing, either with or without copy number variant (CNV) data

81 cases (47%) were successfully categorized:

- **25 (14%) cases were MCD**
- **25 (14%) cases were ST2**
- **23 (13%) cases were EZB**
- **7 (4%) cases were N1**
- **1 (0.6%) case was BN2**

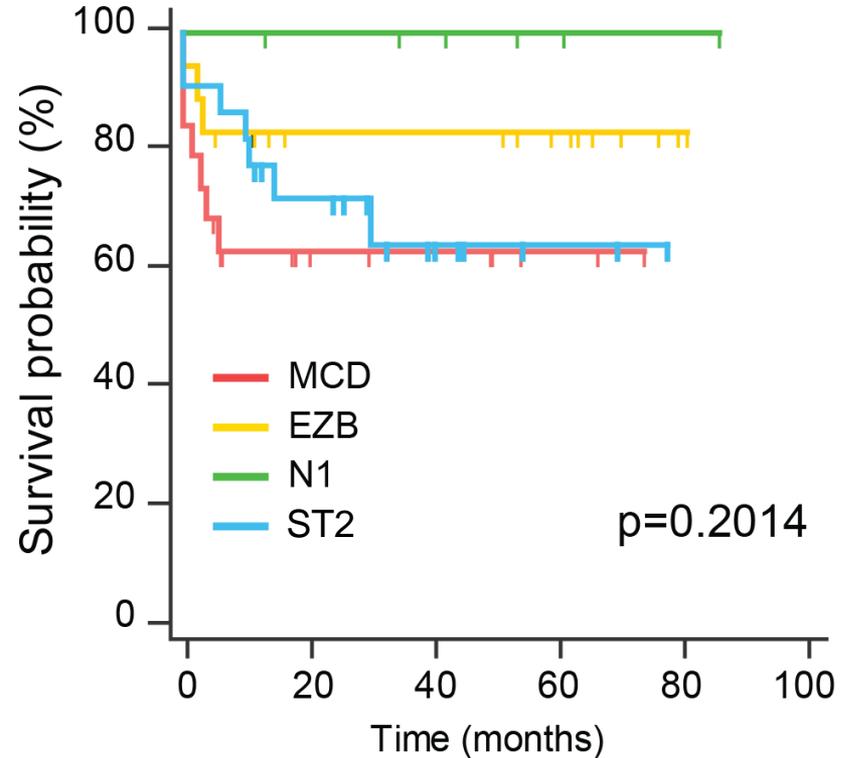
Wright et al., 2020

Clinical significance of LymphGen classification



MCD subtype shows the worst outcome

MCD subtype is enriched in ABC cases and presents frequent alterations of MYD88 and CD79B



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EcoTyper algorithm



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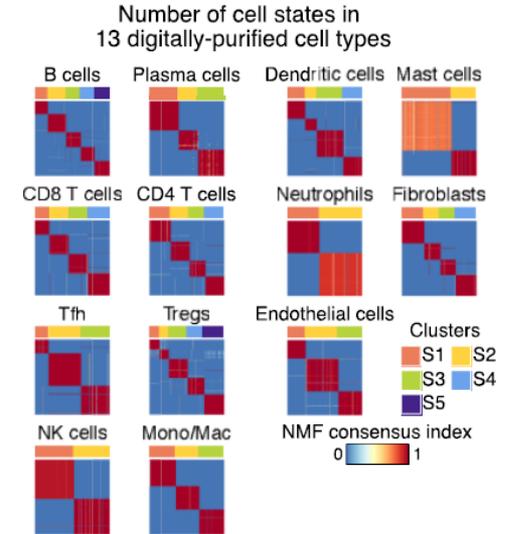
> [Cancer Cell](#). 2021 Oct 11;39(10):1422-1437.e10. doi: 10.1016/j.ccell.2021.08.011.
Epub 2021 Sep 30.

The landscape of tumor cell states and ecosystems in diffuse large B cell lymphoma

Chloé B Steen¹, Bogdan A Luca², Mohammad S Esfahani³, Armon Azizi⁴, Brian J Sworder³,
Barzin Y Nabet⁵, David M Kurtz³, Chih Long Liu³, Farnaz Khameneh⁴, Ranjana H Advani³,
Yasodha Natkunam⁶, June H Myklebust⁷, Maximilian Diehn⁵, Andrew J Gentles⁸,
Aaron M Newman⁹, Ash A Alizadeh¹⁰

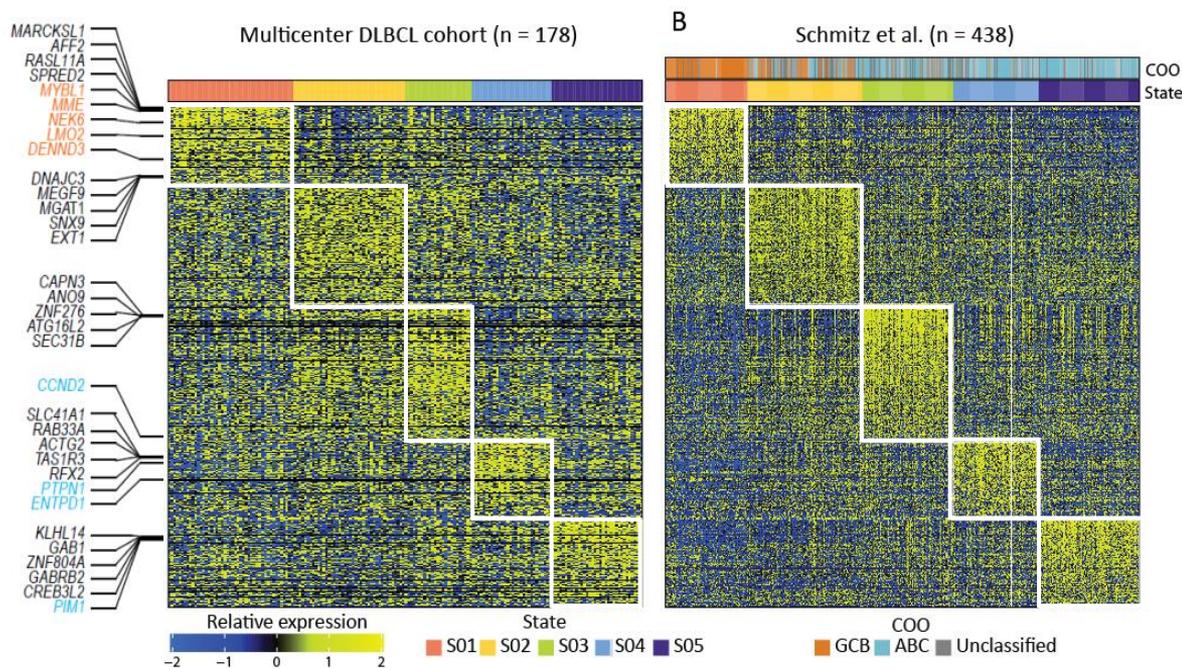
Machine-learning approach for dissecting cellular heterogeneity in DLBCL from RNAseq data

For 13 different cell types (B cells + TME cells), identifies specific and discrete transcriptional programs known as **cell states**



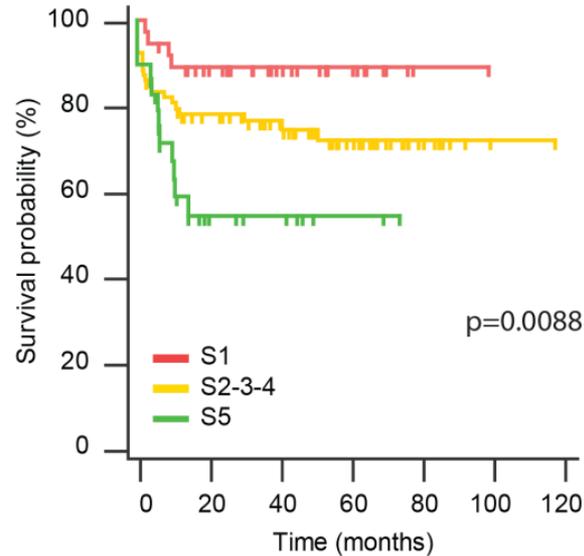
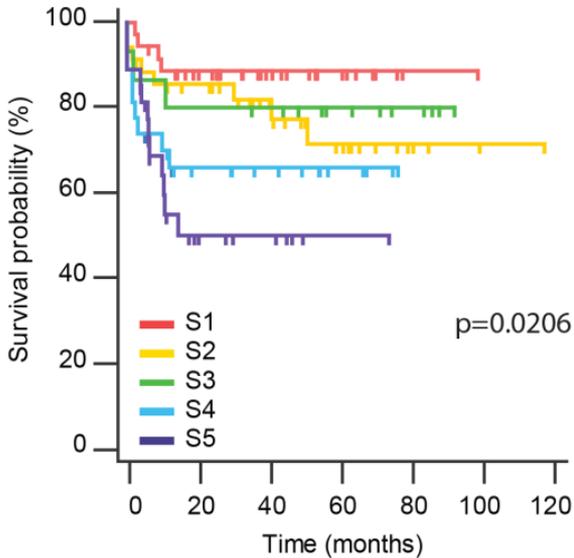
Steen et al., 2021

EcoTyper: B cell states



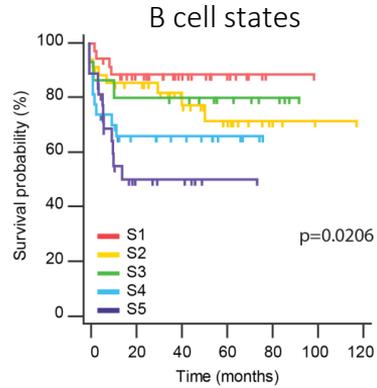
- EcoTyper algorithm on 178/186 (96%) samples
- B cells: 5 different cell states named S1-S5
- S1: transcriptional signature attributable to germinal center cells
- S5: associated with a plasma cell signature
- S2-S3-S4: gene programs resembling the maturation processes of B cells

B cell states survival curves

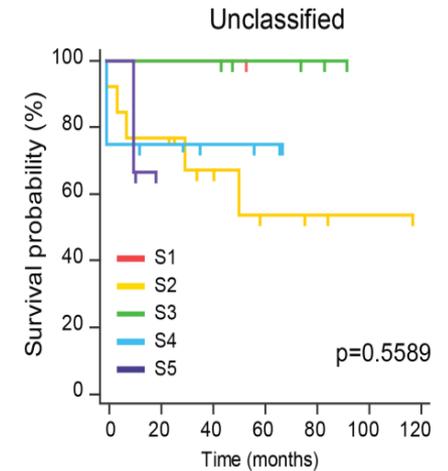
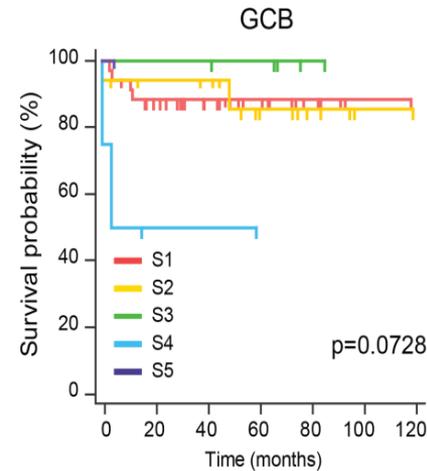
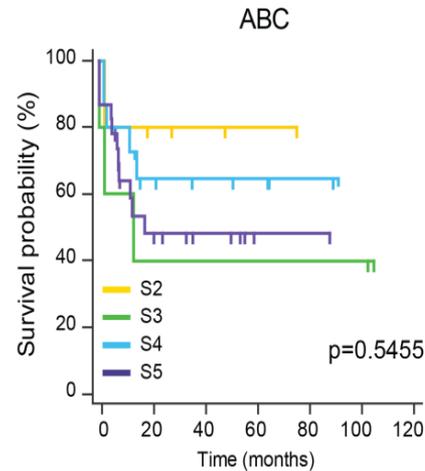


- B cell states associated survival curves had a specific distinct outcome
- S1: best prognosis; S5: worst prognosis (S1 vs S5 $p=0.0003$)
- Through recursive partitioning: 3 different subsets

B cell states and Nanostring



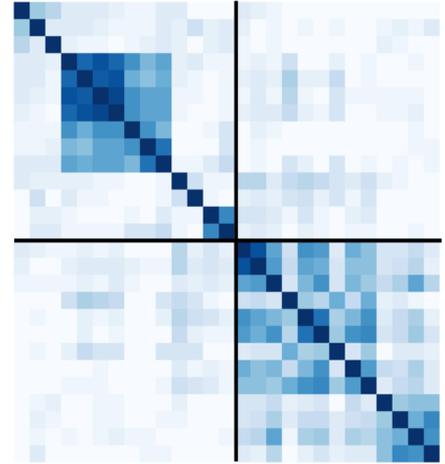
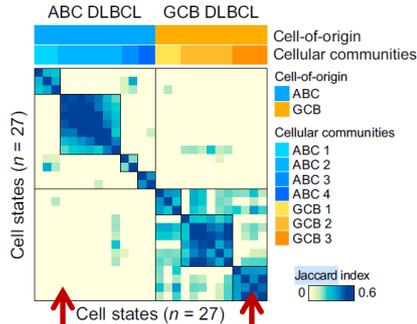
B cell states + COO Nanostring



To note that these cell states further stratify within COO
e.g. **S2** in ABC or **S3** in Unclassified

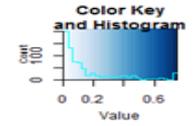
Co-occurrence between cell states

Steen et al., 2021



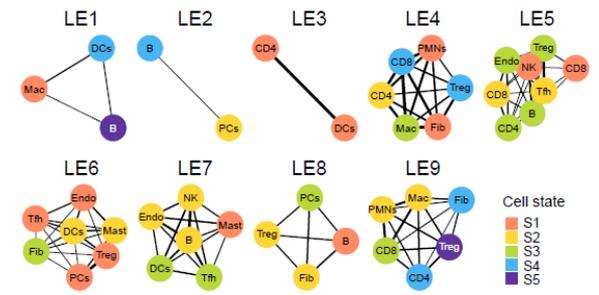
B_cell_S05
Dendritic_S04
Mono_macro_S01
Neutro_S01
CD4_S02
CD8_S04
Mono_macro_S03
Fibroblast_S01
T_reg_S04
T_follicular_S03
Plasma_S02
B_cell_S04
T_reg_S03
B_cell_S03
Endothelial_S01
Mast_S02
T_follicular_S01
Fibroblast_S04
Neutro_S02
CD8_S03
T_reg_S05
CD4_S04
Mono_macro_S02
T_reg_S02
B_cell_S01
Plasma_S03
Fibroblast_S02

B_cell_S05
Dendritic_S04
Mono_macro_S01
Neutro_S01
CD4_S02
CD8_S04
Mono_macro_S03
Fibroblast_S01
T_reg_S04
T_follicular_S03
Plasma_S02
B_cell_S04
T_reg_S03
B_cell_S03
Endothelial_S01
Mast_S02
T_follicular_S01
Fibroblast_S04
Neutro_S02
CD8_S03
T_reg_S05
CD4_S04
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T_reg_S02
B_cell_S01
Plasma_S03
Fibroblast_S02



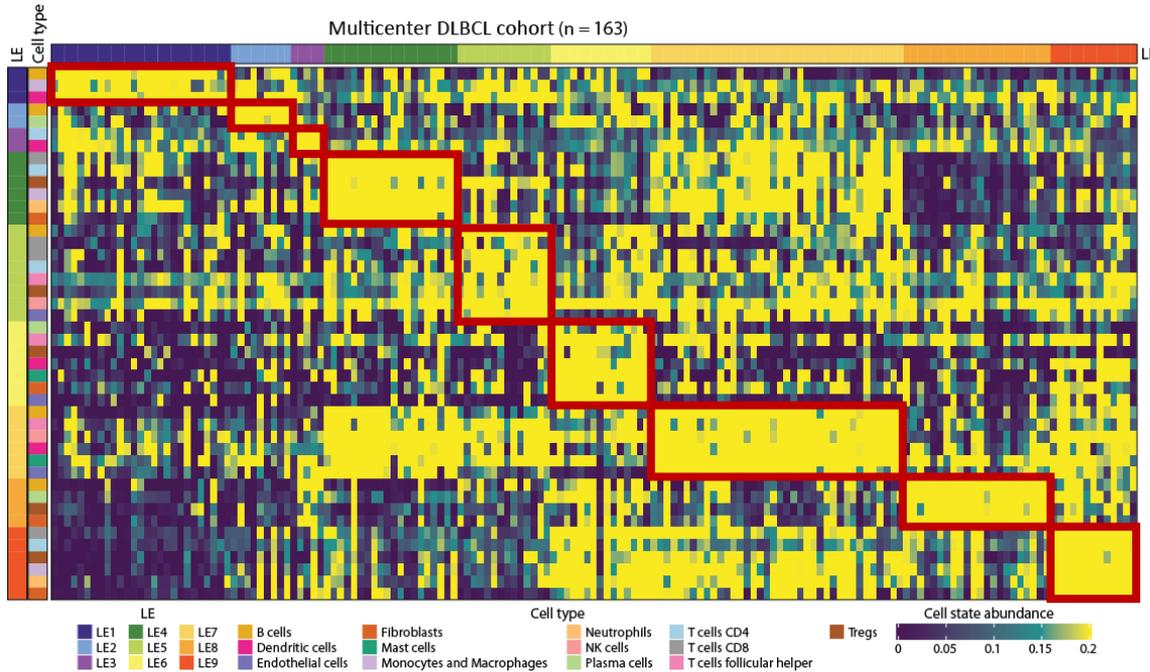
White: states are mutually exclusive
Blue: states tend to co-occur

- Co-occurrence estimation between different cell states through the Jaccard index
- Some of them were likely to be found co-occurring, others were mutually exclusive
- B cell states: S1 displayed the highest interaction with TME cells



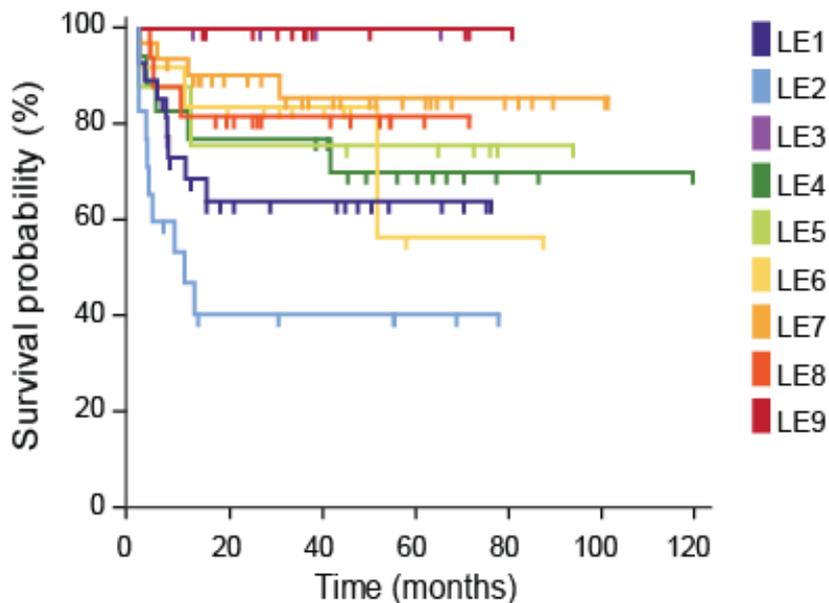
Cell state
S1
S2
S3
S4
S5

Lymphoma Ecotypes (LEs)



- EcoTyper assembles multiple cell states into 9 Lymphoma Ecotypes (LEs)
- LE1-LE2: prevalent infiltration of B cells; mainly ABC cases
- LE4: immunoreactive T cell states enrichment
- LE8: enriched in GCB
- LE6-LE7-LE9: significant stromal content
- LE9: abundant in fibroblasts and strongly associated with other TME elements

Lymphoma Ecotypes survival curves



- LEs classification had clinical significance
- LEs can be interpreted as TME-informed subgroups
- Gradient of risk from LE1-LE2 to LE9

Univariate and multivariate analysis

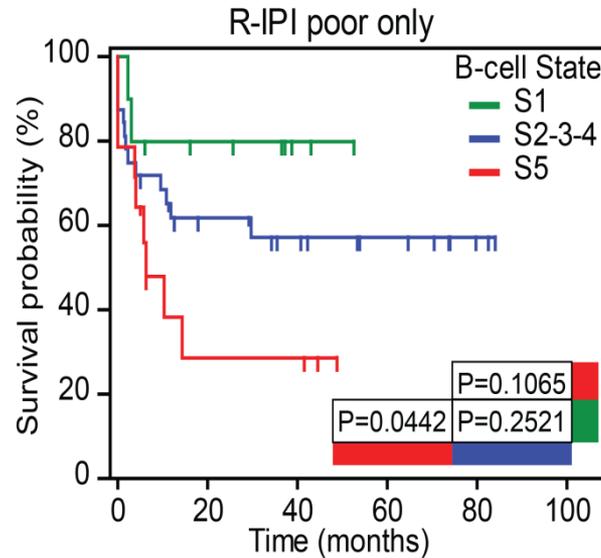
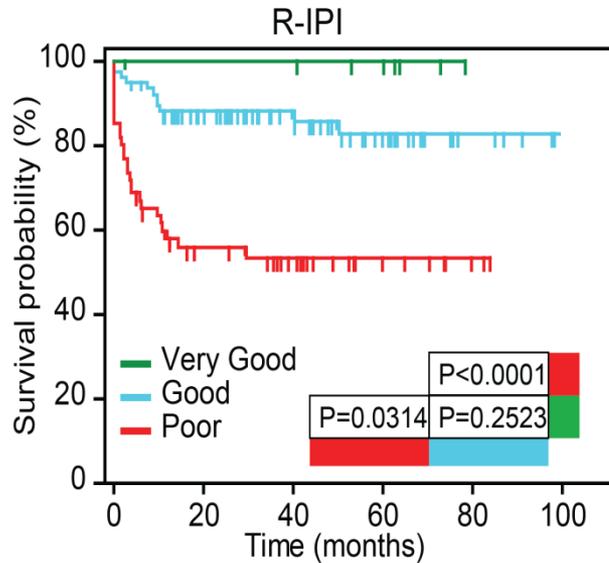


EFS (n=138)

	UVA				MVA with B cell state				MVA with Lymphoma Ecotypes			
	HR	LCI	UCI	P	HR	LCI	UCI	P	HR	LCI	UCI	P
R-IPI (poor)	3,69	1,90	7,18	0,0001	4,07	1,99	8,31	0,0001	3,53	1,69	7,36	0,0008
R-IPI (very good)	0,48	0,26	1,82	0,9542	-				-			
COO Nanostring (ABC)	3,19	1,54	6,60	0,0017	ni				ni			
COO Nanostring (Unclassified)	1,68	0,67	4,18	0,2623	-				-			
B cell state (S2-3-4)	2,57	0,88	7,54	0,0839	-				not used			
B cell state (S5)	5,01	1,61	15,60	0,0054	2,3	1,14	4,65	0,0203	not used			
Lymphoma Ecotype (LE1-2-3)	2,15	1,52	8,90	0,0103	not used				2,13	1,08	4,18	0,0246
Lymphoma Ecotype (LE4-5-6)	1,76	0,75	6,52	0,1503	not used				-			
Lymphoma Ecotype (LE7-8)	1,52	0,62	4,92	0,3452	not used				-			

Notes and abbreviations: R-IPI, Revised international prognostic index; COO, cell of origin according to Lymph2Cx; B cell state as identified by EcoTyper. EFS, event free survival from diagnosis; HR, Hazard Ratio; CI, confidence interval; LCI, 95% lower CI; UCI, 95% Upper CI; -: not used in the final model; n.i.: not included in the final model.

B cell states refine R-IPI risk stratification



- B cell states further stratifies R-IPI poor patients
- **S1 state identifies a subgroup with an outcome comparable to R-IPI very good/good cases**
- **S5 state identifies the cases with the worst outcome**

Conclusions



- COO classification (Lymph2Cx/Hans' algorithm/RNAseq) and BCL2 over-expression have prognostic significance
- IGHV can be reconstructed from RNASeq overcoming standard primer-based Ig sequencing approaches
- IGHV4-34 overexpressed in ABC supports the idea that ABC might rely on antigen-dependent BCR signalling driven by self-antigens
- Mutational analysis can be obtained from RNASeq on FFPE samples and indicates different survival outcomes
- Different states (B cells and TME-cells) and their co-association refine DLBCL risk stratification



**Centro Oncologico Modenese
Policlinico di Modena**

*UOSD Terapie Mirate in Oncoematologia e
Osteoncologia*
**Stefano Sacchi
Samantha Pozzi**

*SSD Patologia Molecolare e
Medicina Predittiva*
**Stefania Bettelli
Samantha Manfredini
Elisa Forti
Luca Braglia**

Anatomia Patologica, AOU Sant'Andrea, Roma
Arianna Di Napoli

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**Valter Gattei
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Michele Spina



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