



The young side of LYMPHOMA

gli under 40 a confronto

Pescara, Auditorium Petruzzi
11-12 ottobre 2024

Linfoma di Hodgkin a Predominanza Linfocitaria:
Nuova Classificazione WHO vs ICC 2022

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No Disclosures

NLPHL: Introduction

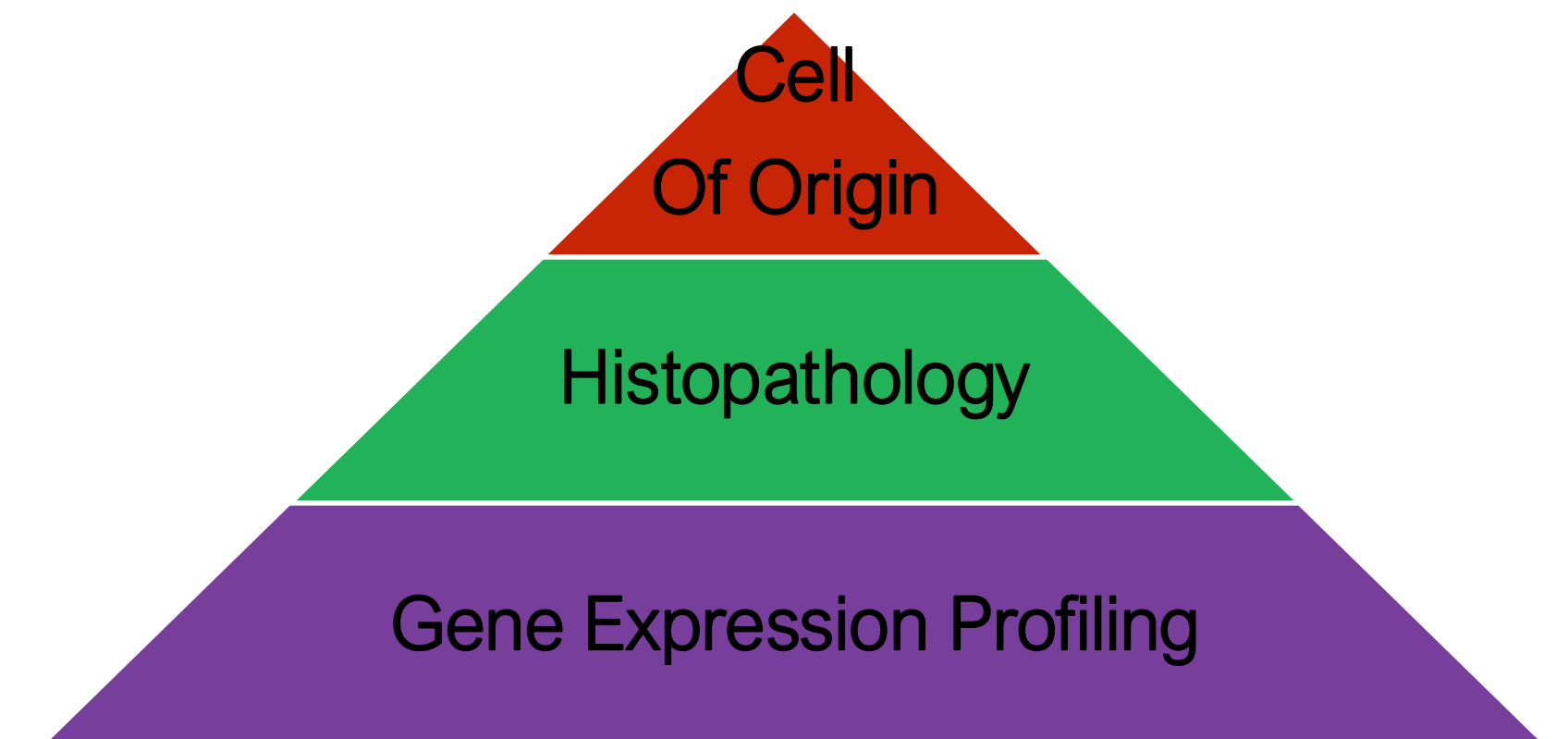
- Around 5% of all HLs
- M:F = 3:1
- Median age at presentation: 30-40 yrs
- Localized disease: 60-70% stage I-II
- Advanced stage: 30-40% stage III-IV (especially so called «variant patterns»)
- Transformation to B-NHL: ~5% (especially so called «variant patterns»)

NLPHL: General histopathologic aspects

- B cell neoplasm with paucity of large neoplastic cells: «lymphocyte predominant» (LP) cells or «pop corn» cells
- Abundance of background inflammatory cells
- Pattern of growth: predominantly nodular
- From first description (1947) included within HL: «*Hodgkin Paragranuloma*» ->> «*Nodular Lymphocyte Predominant HL*»

ICC 2022: NLPHL renamed «Nodular Lymphocyte Predominant B-cell Lymphoma»

WHO 2022: NLPHL retains its name «as not to interfere with ongoing trials». However, it may be more accurately called «Nodular Lymphocyte Predominant B-cell Lymphoma»



I. Cell of Origin

NLPHL and cHL Derive from Germinal Center B Cells

NLPHL



Origin of Nodular Lymphocyte-Predominant Hodgkin's Disease from a Clonal Expansion of Highly Mutated Germinal-Center B Cells

Authors: Theresa Marafioti, M.D., Michael Hummel, Ph.D., Ioannis Anagnostopoulos, M.D., Hans-Dieter Foss, M.D., Brunangelo Falini, M.D., Georges Delsol, M.D., Peter G. Isaacson, M.D., Stefano Pileri, M.D., and Harald Stein,

[N Engl J Med. 1997 Aug 14;337\(7\):453-8.](#)

PNAS

Hodgkin and Reed-Sternberg cells in lymphocyte predominant Hodgkin disease represent clonal populations of germinal center-derived tumor B cells

[A Braeuninger¹, R Küppers, J G Strickler, H H Wacker, K Rajewsky, M L Hansmann](#)

[Proc Natl Acad Sci U S A. 1997 Aug 19;94\(17\):9337-42.](#)

cHL



Hodgkin and Reed-Sternberg cells in Hodgkin's disease represent the outgrowth of a dominant tumor clone derived from (crippled) germinal center B cells.

[H Kanzler, R Küppers, M L Hansmann, K Rajewsky](#)

[J Exp Med. 1996 Oct 1;184\(4\):1495-505.](#)

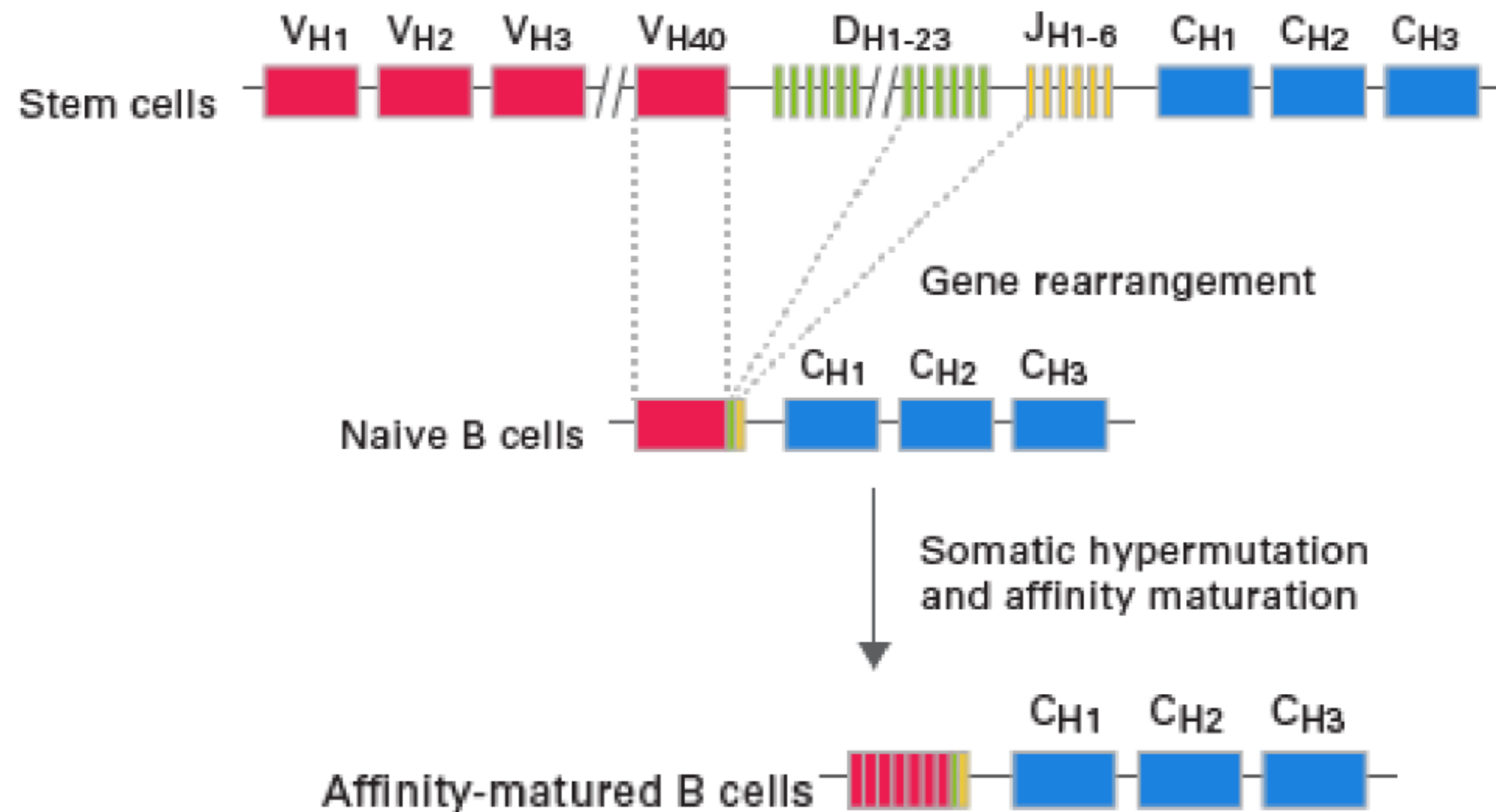


Hodgkin and Reed-Sternberg cells represent an expansion of a single clone originating from a germinal center B-cell with functional immunoglobulin gene rearrangements but defective immunoglobulin transcription

[Theresa Marafioti, Michael Hummel, Hans-Dieter Foss, Helmut Laumen, Petra Korbjuhn, Ioannis Anagnostopoulos, Hetty Lammert, Gudrun Demel, Jan Theil, Thomas Wirth, and Harald Stein](#)

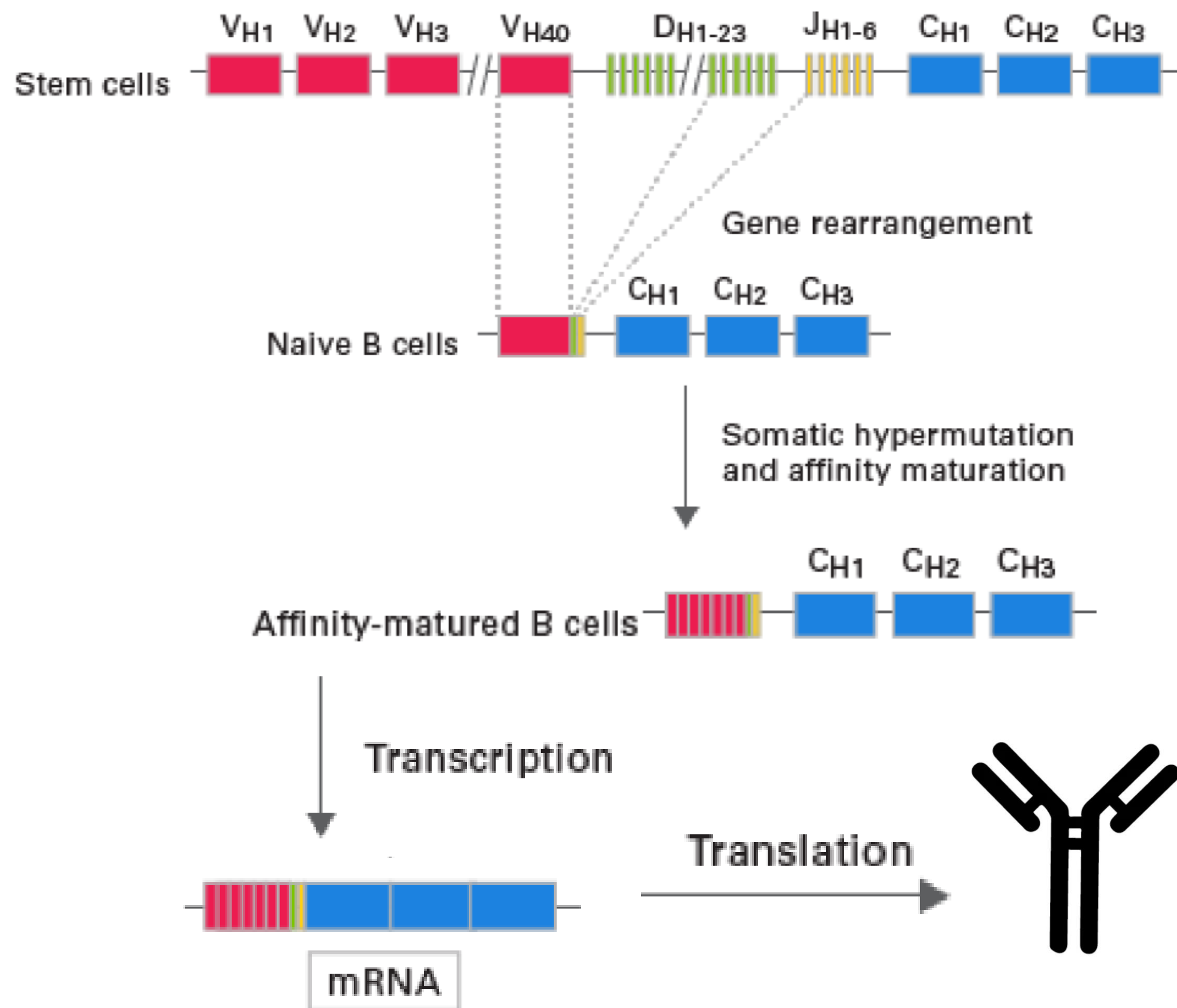
[Blood. 2000 Feb 15;95\(4\):1443-50.](#)

NLPHL and cHL Derive from Germinal Center B Cells



- PCR on DNA extracted from purified CD30+ cells (cHL) and CD20+ cells (NLPHL)
- Sequencing of V_H genes
- V_H gene amplification products derived from HRS/ LP cells identical in each patient
- Evidence of somatic hypermutations

NLPHL and cHL Have Different Ig Protein Expression



NLPHL

Ig gene transcription/ translation effective =
LPs show Ig expression at mRNA/ protein level

- Dependence from antigenic stimulation
- Intraclonal diversity in rearranged Ig genes

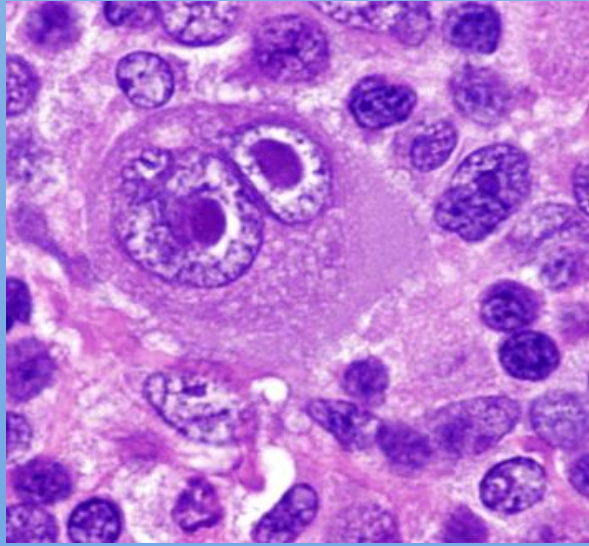
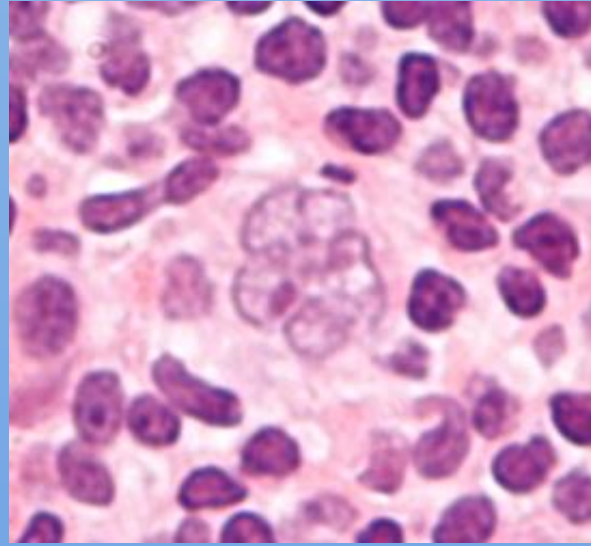
cHL

Ig gene transcription/ translation ineffective =
HRS lack Ig expression at mRNA/ protein level

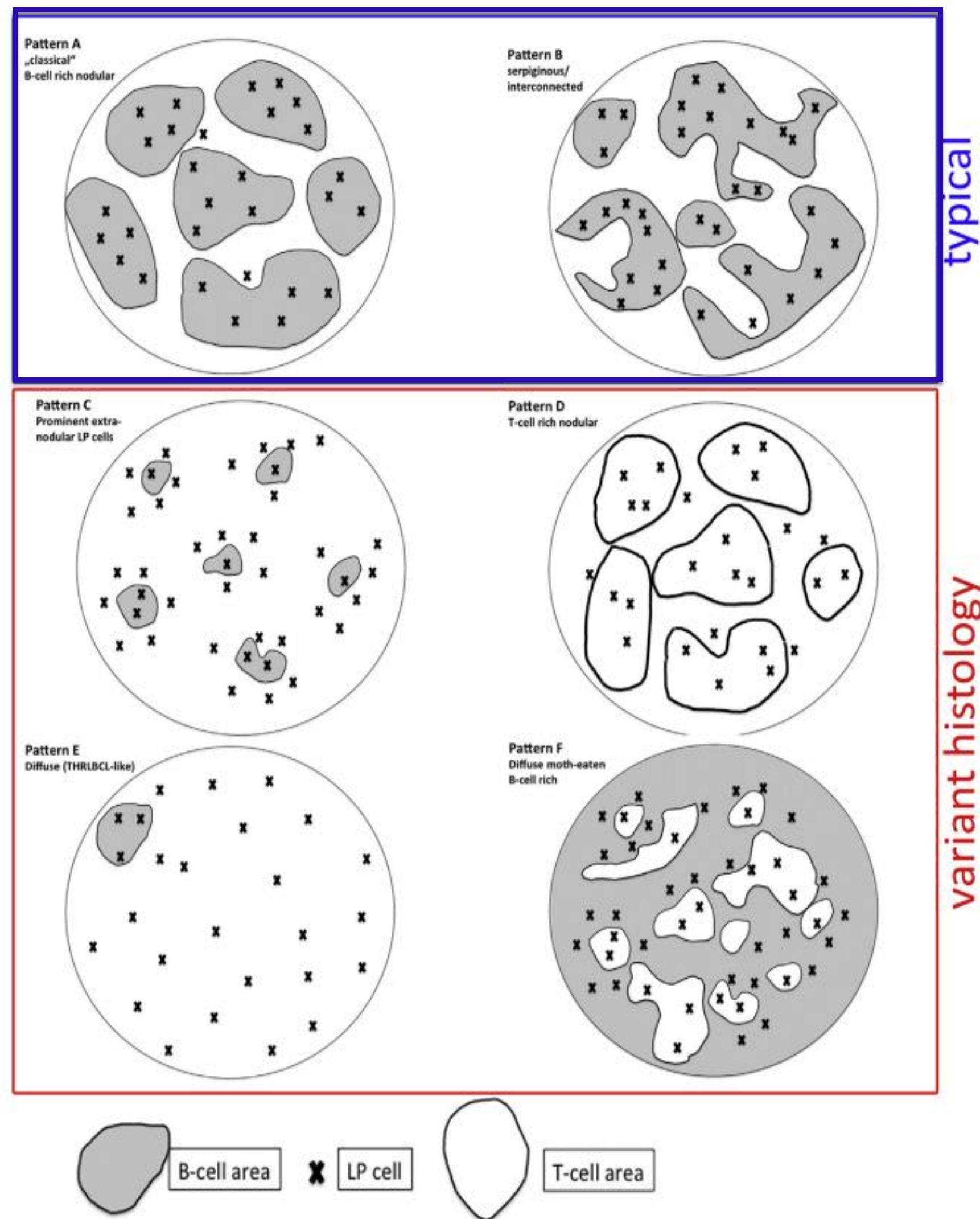
- Independence from antigenic stimulation
- Upregulation of anti-apoptotic pathways
 - No intraclonal diversity

II. Histopathologic aspects

NLPHL and cHL have distinct morphology and immunophenotype

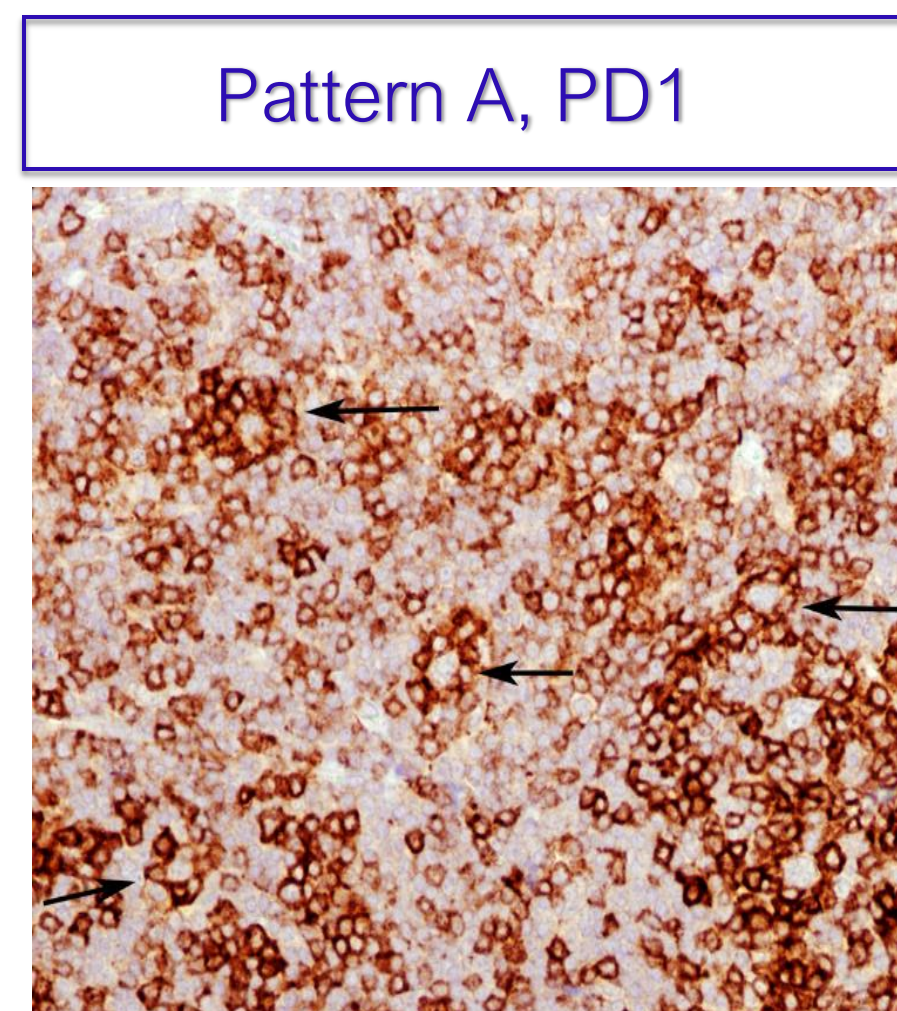
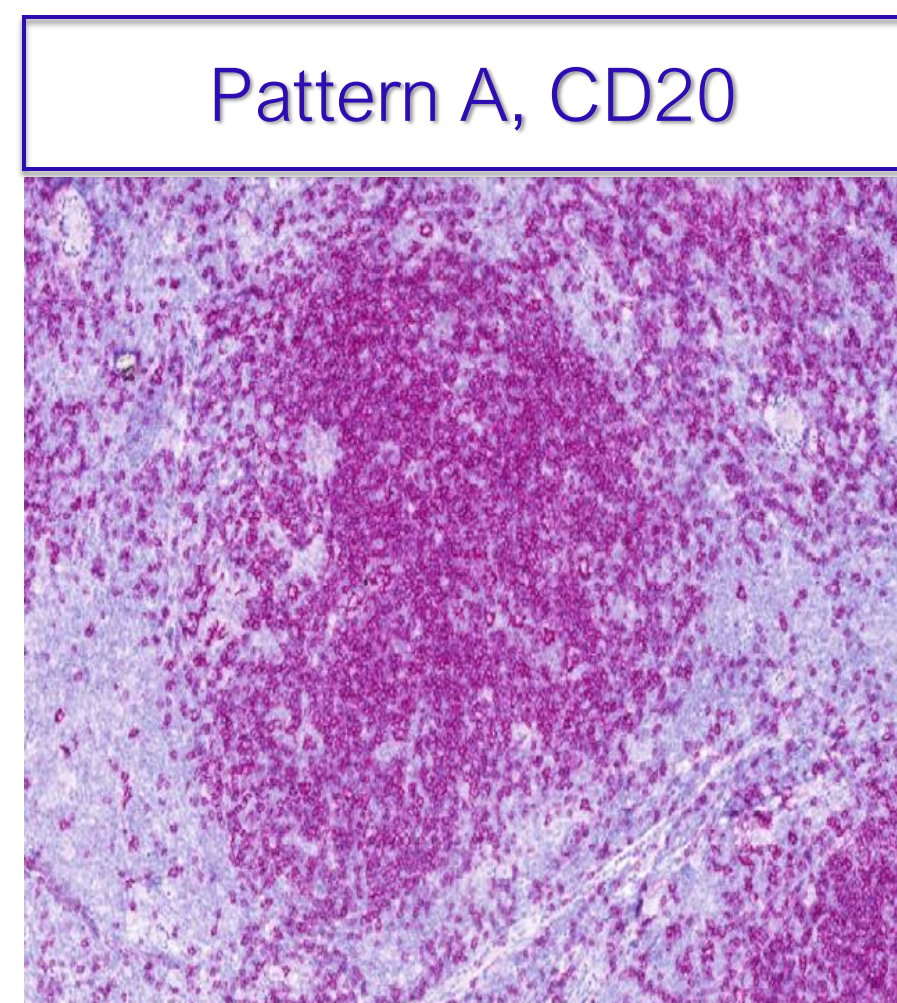
	cHL	NLPHL
Neoplastic cell	 <p>Hodgkin/ Reed Sternberg (HRS)</p>	 <p>Lymphocyte- Predominant (LP)</p>
Phenotype	CD20-, CD79a-, PAX5+	CD20+, CD79a+, PAX5+
	CD30+, CD15+	CD30-, CD15-
	Oct2-, BOB1-	Oct2+, BOB1+
	PD-L1+	PD-L1-
EBV status	~20% EBV+ (Mixed Cellularity)	EBV negative
Background	More heterogeneous	Lymphs/Histiocytes

Variant histologic patterns in NLPHL



typical

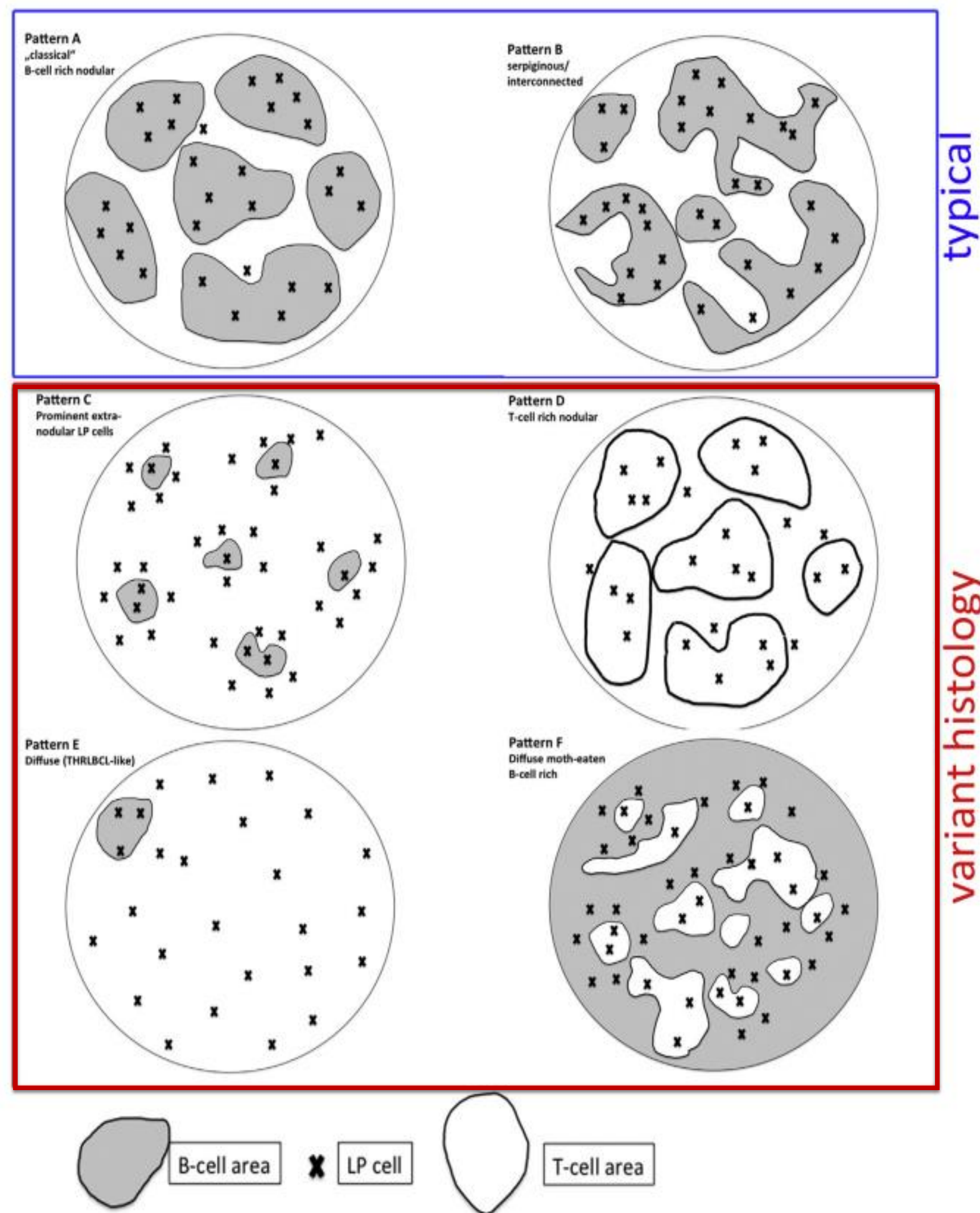
variant histology



Typical A/B Patterns

- Most common patterns in NLPHL
 - Nodular architecture with FDC meshworks
 - LP cells embedded in a B cell rich environment
 - Fewer CD4/PD1^{pos} T rosetting around LP cells
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- More common limited stage
 - Rarer progression into aggressive B-NHL

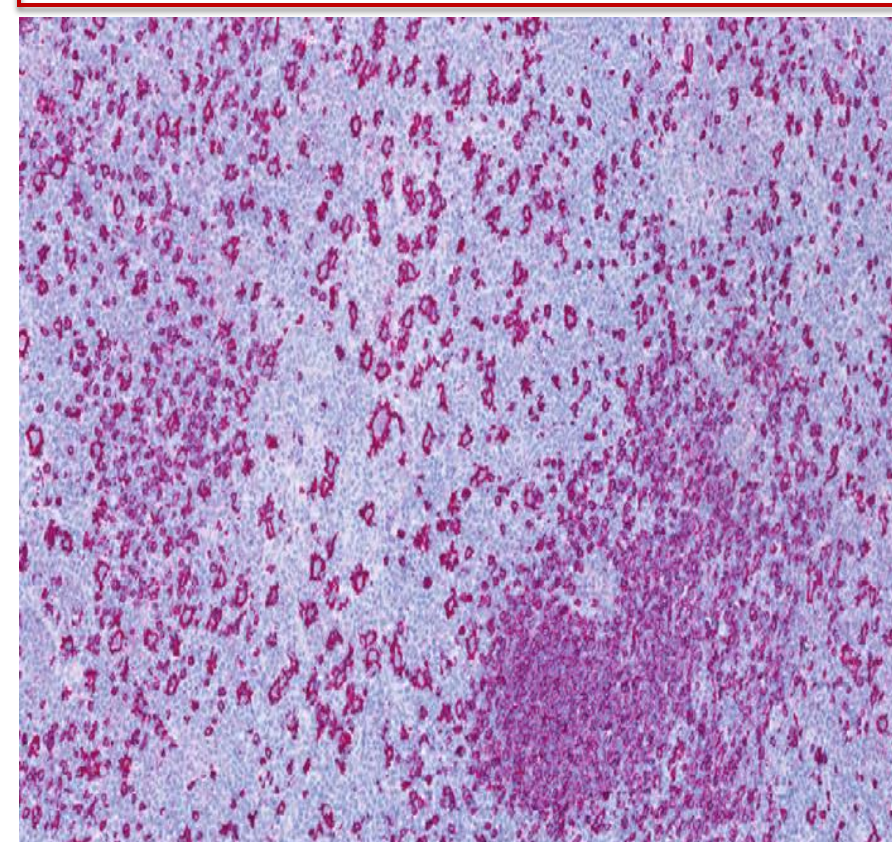
Variant histologic patterns in NLPHL



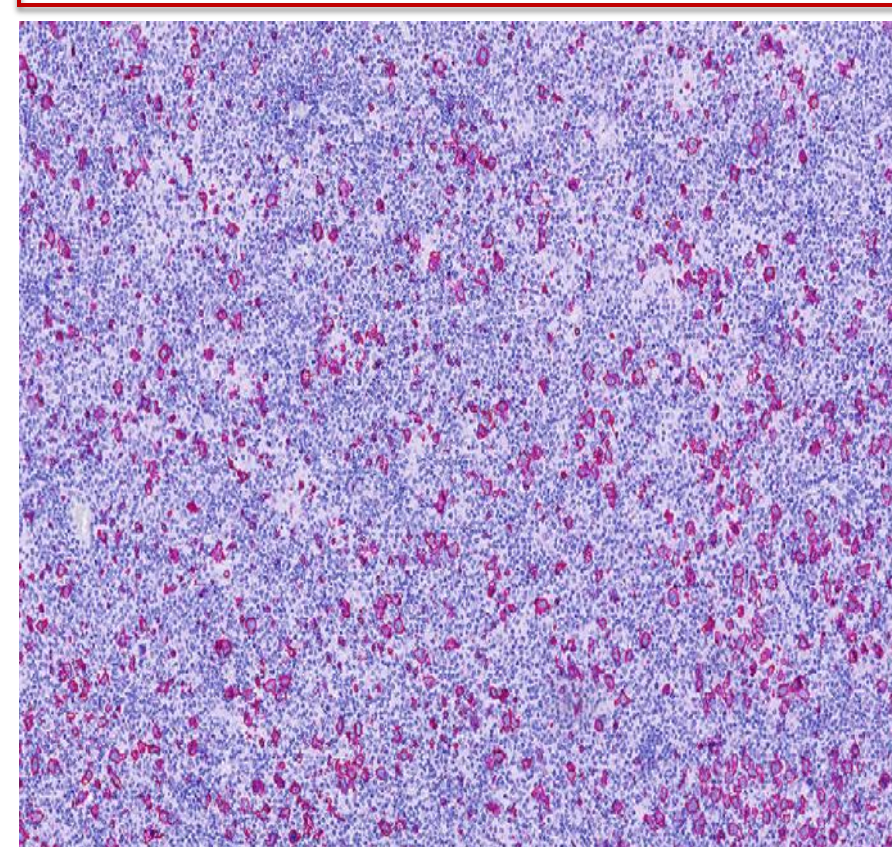
typical

variant histology

Pattern C, CD20



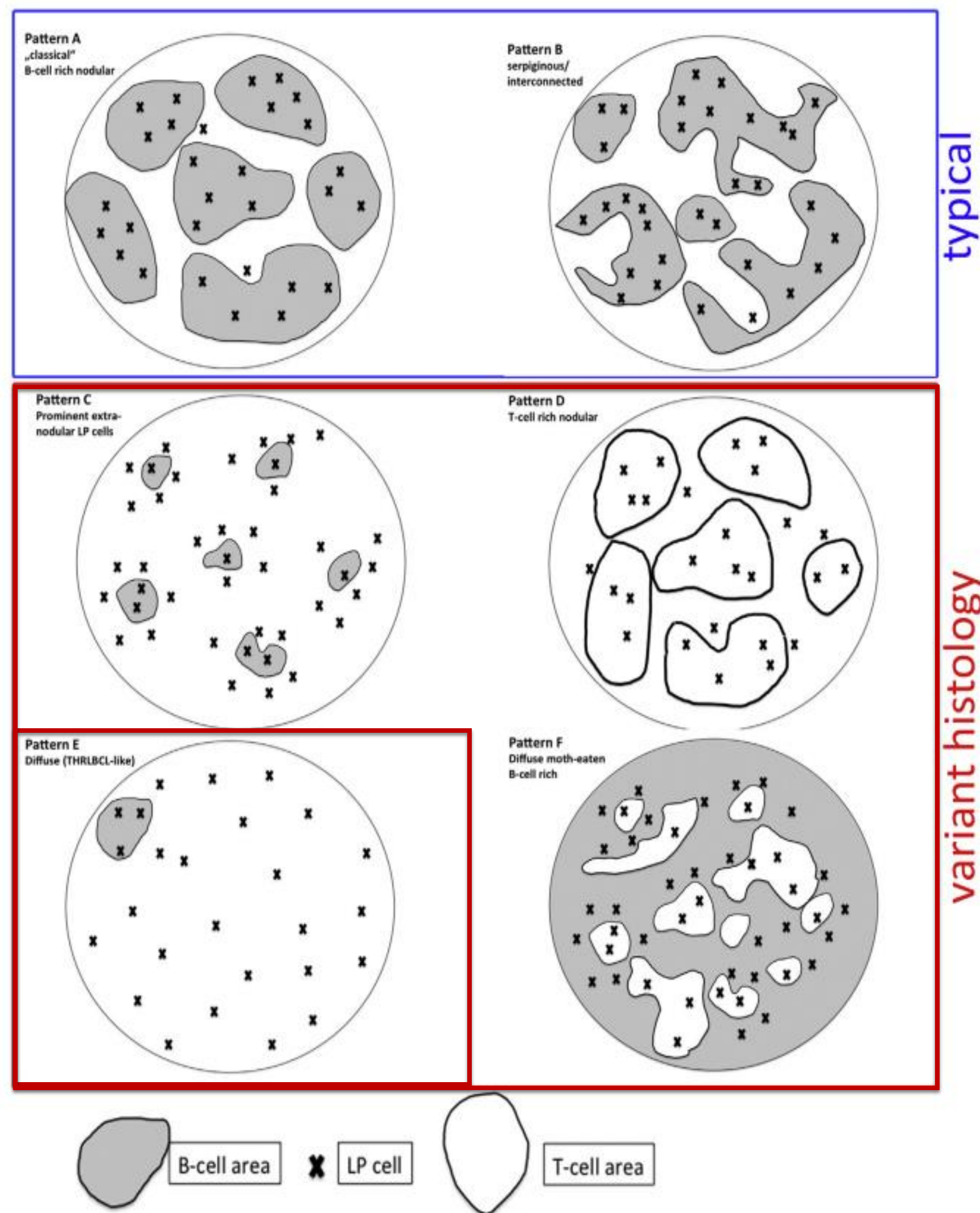
Pattern E, CD20



Variant C-F Patterns

- Rarer patterns in NLPHL
 - Variable reduction/ loss of nodular architecture
 - Progressive reduction of B lymphocytes
 - LP cells embedded in a T cell rich environment
-
- More common advanced stage
 - Higher propensity to progress in B-NHL

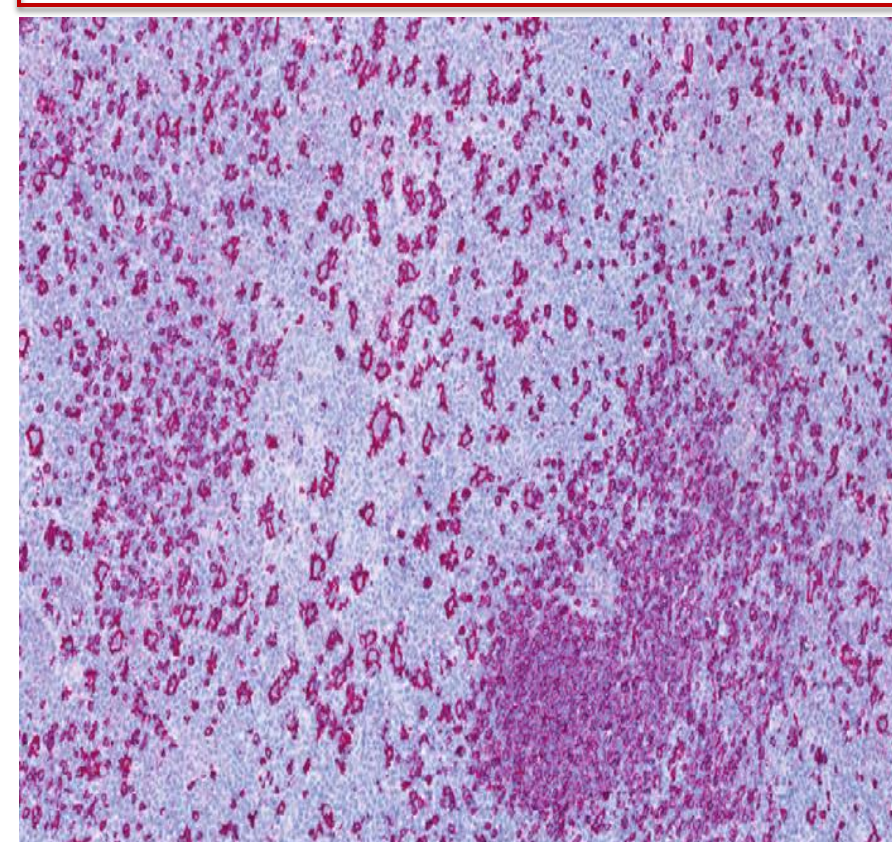
Variant histologic patterns in NLPHL



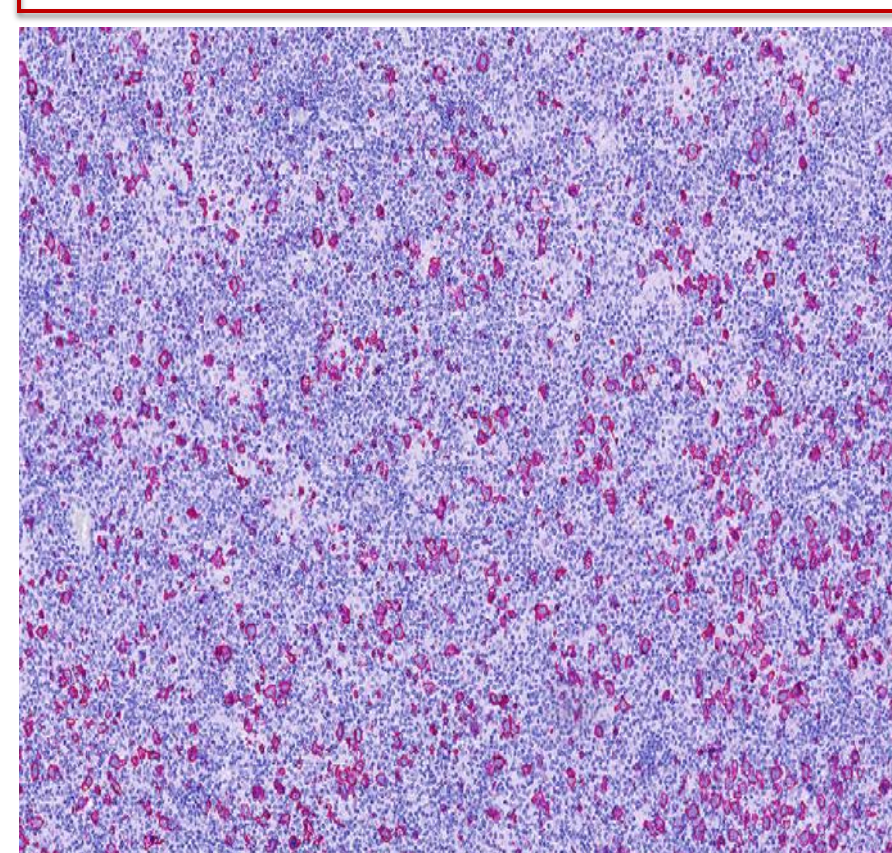
typical

variant histology

Pattern C, CD20



Pattern E, CD20



Variant E Pattern

- Also known as «THRLBL-like NLPHL»
- Similar cell composition to THRLBL *de novo*
- «Distinction from THRLBL relies on at least one unequivocal nodule with features of NLPHL»



Volume 122, Issue 26, 19 December 2013, Pages 4246-4252



CME Article

The prognostic impact of variant histology in nodular lymphocyte-predominant Hodgkin lymphoma: a report from the German Hodgkin Study Group (GHSG)



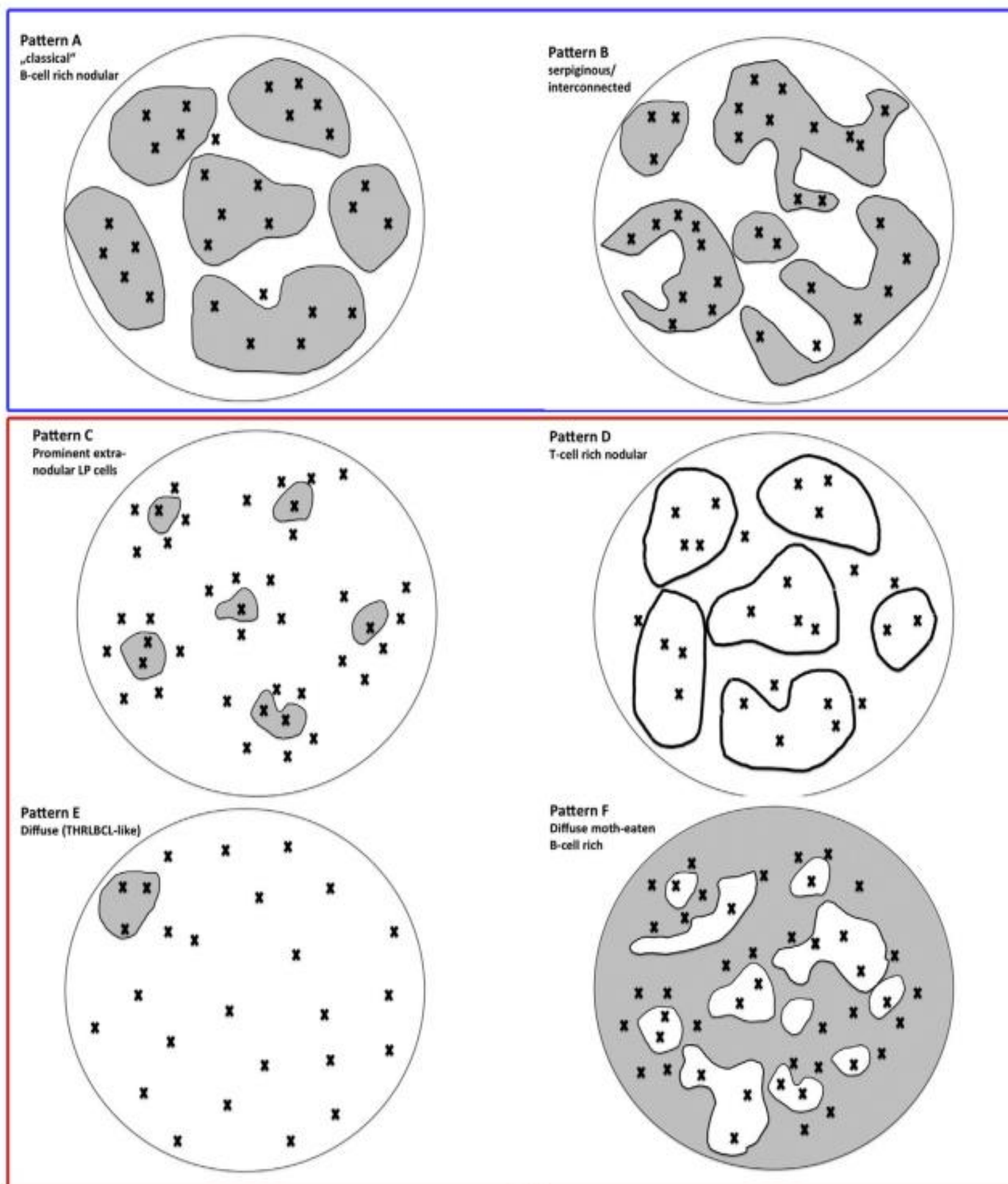
Sylvia Hartmann¹,  , Dennis A. Eichenauer^{2,3}, Annette Plütschow^{2,3}, Anja Mottok⁴, Roshanak Bob⁵, Karoline Koch⁶, Heinz-Wolfram Bernd⁷, Sergio Cogliatti⁸, Michael Hummel⁹, Alfred C. Feller⁷, German Ott¹⁰, Peter Möller¹¹, Andreas Rosenwald⁴, Harald Stein⁵, Martin-Leo Hansmann¹, Andreas Engert^{2,3}, Wolfram Klapper⁶

Table 2. Clinical parameters of typical NLPHL patients compared with histopathologic NLPHL variants

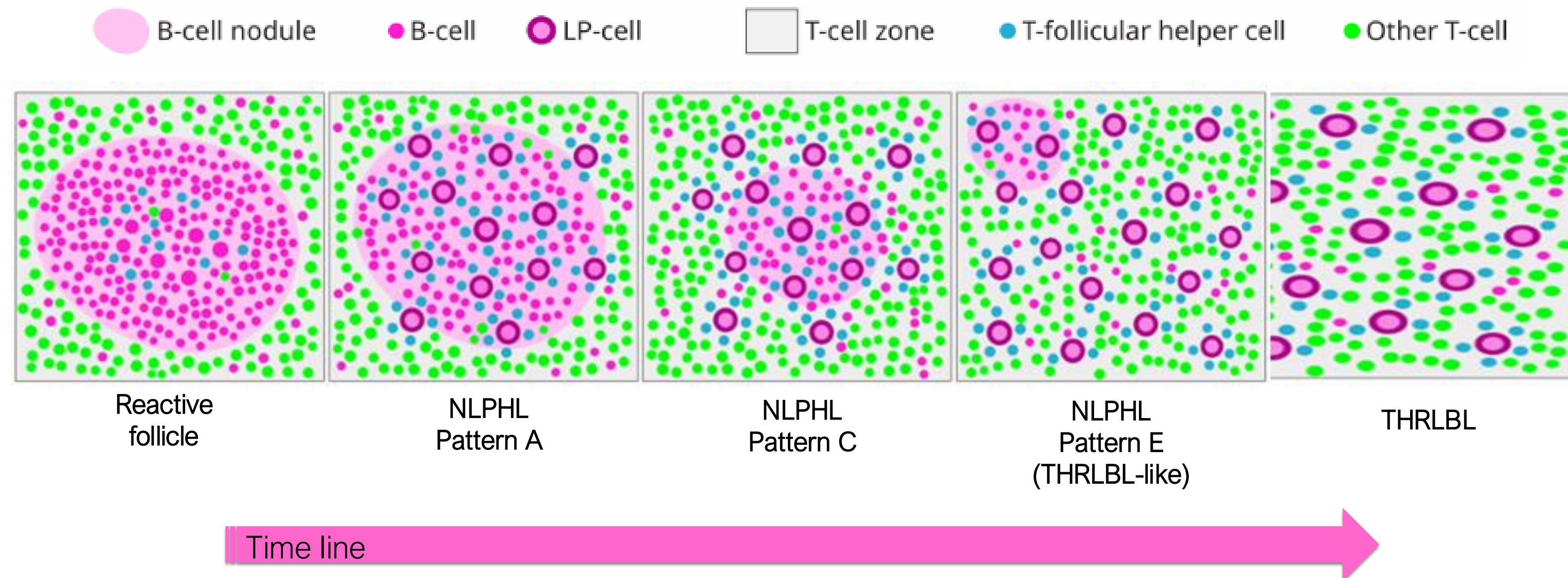
	Typical NLPHL (pattern A/B), n = 308%	NLPHL variant pattern (non-A/B), n = 105%	Fisher exact test
Clinical stages III/IV or IIB with a large mediastinal mass and/or extranodal disease	14.6	29.5	<i>P</i> = .0012
International Prognostic Score (IPS) ≥3*	3.3	14.3	<i>P</i> = .0005
Male gender	72.4	79.0	n.s.
Stage IV	1.9	11.4	<i>P</i> = .0002
Age ≥45 y	38.6	29.5	n.s.
Albumin <4 g/dL	10.7	18.8	n.s.
Hemoglobin <10.5 g/dL	0.7	4.8	<i>P</i> = .0136
Leukocytes >15 000/mm ³	0.3	1.0	n.s.
Lymphocytes <600/mm ³	0.7	1.0	n.s.
Splenic involvement	6.7	3.2	n.s.
Disease progression or relapse in the first 5 years after study enrollment in the GHSG	6.5	18.1	<i>P</i> = .0009

Pattern of Transformation/ Evolution in NLPHL



typical

variant histology



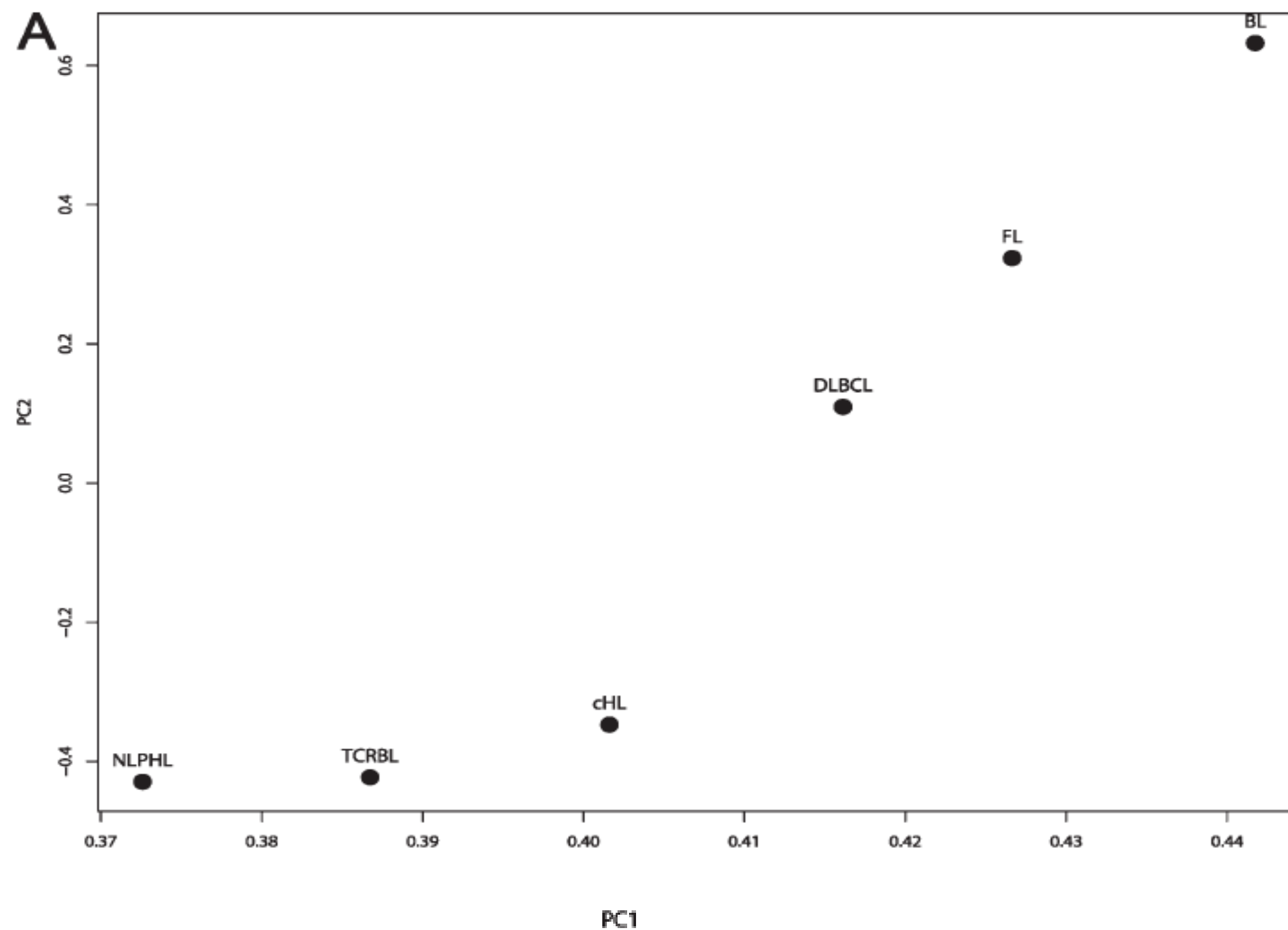
- Patterns of NLPHL are not static, but can evolve over time
- Transformation/evolution is associated with a switch from a «B-cell rich» to a «T cell/histiocyte rich» microenvironment
- NLPHL- Pattern E can be regarded as a «precursor» of some THRLBL

III. Gene Expression Profiling

Origin and pathogenesis of nodular lymphocyte-predominant Hodgkin lymphoma as revealed by global gene expression analysis J Exp Med (2008) 205 (10): 2251–2268.

Verena Brune, Enrico Tiacci, Ines Pfeil, Claudia Döring, Susan Eckerle, Carel J.M. van Noesel, Wolfram Klapper, Brunangelo Falini, Anja von Heydebreck, Dirk Metzler, Andreas Bräuninger, Martin-Leo Hansmann, Ralf Küppers

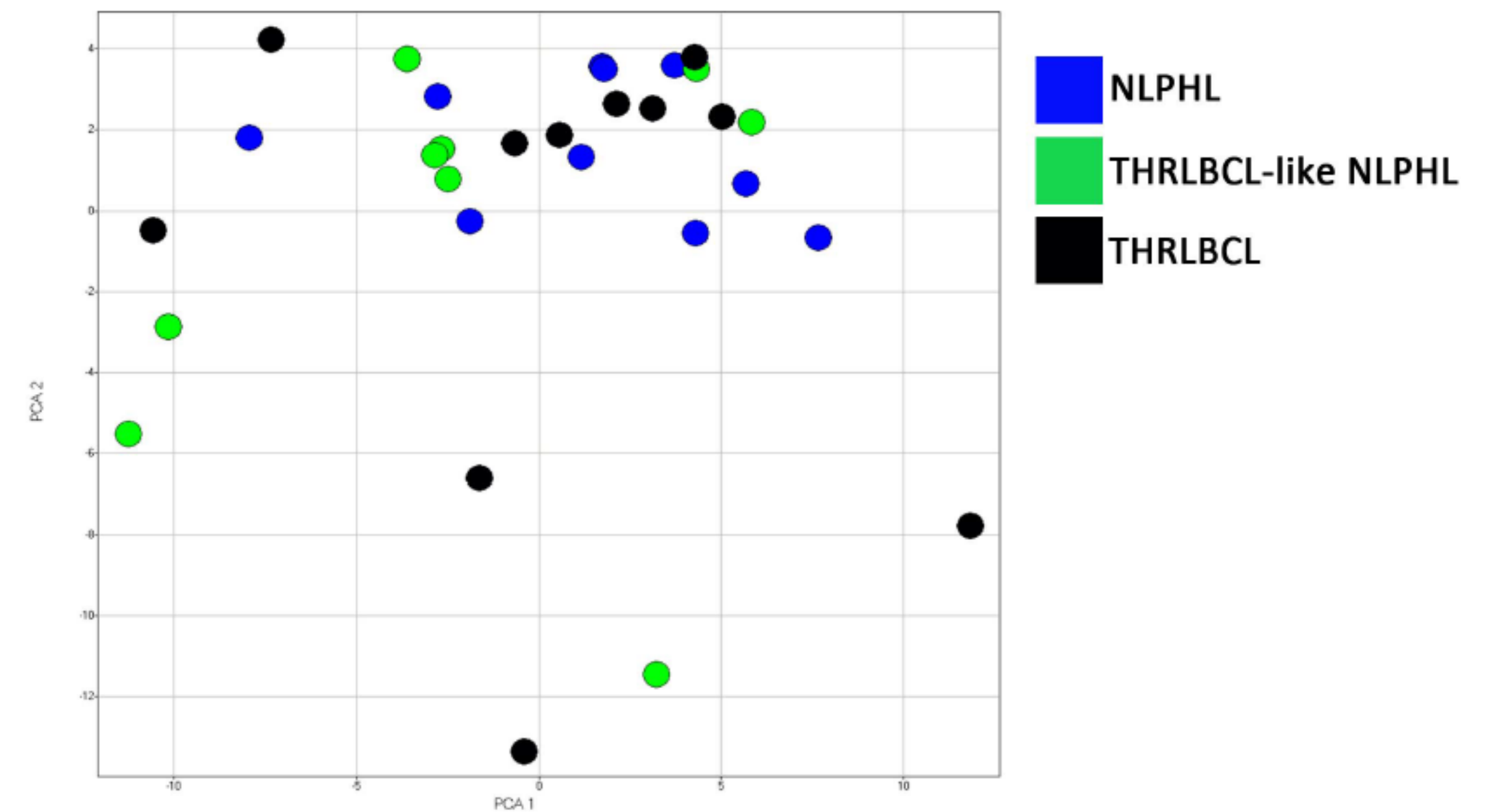
GEP of tumor cells in Germinal Center Derived B-NHL



Nodular Lymphocyte Predominant Hodgkin Lymphoma and T Cell/Histiocyte Rich Large B Cell Lymphoma - Endpoints of a Spectrum of One Disease? PLoS One. 2013 Nov 11;8(11):e78812.

Sylvia Hartmann^{1*}, Claudia Döring¹, Christina Jakobus¹, Benjamin Rengstl¹, Sebastian Newrzela¹, Thomas Tousseyn², Xavier Sagaert², Maurilio Ponzoni³, Fabio Facchetti⁴, Chris de Wolf-Peeters², Christian Steidl⁵, Randy Gascoyne⁵, Ralf Küppers⁶, Martin-Leo Hansmann¹

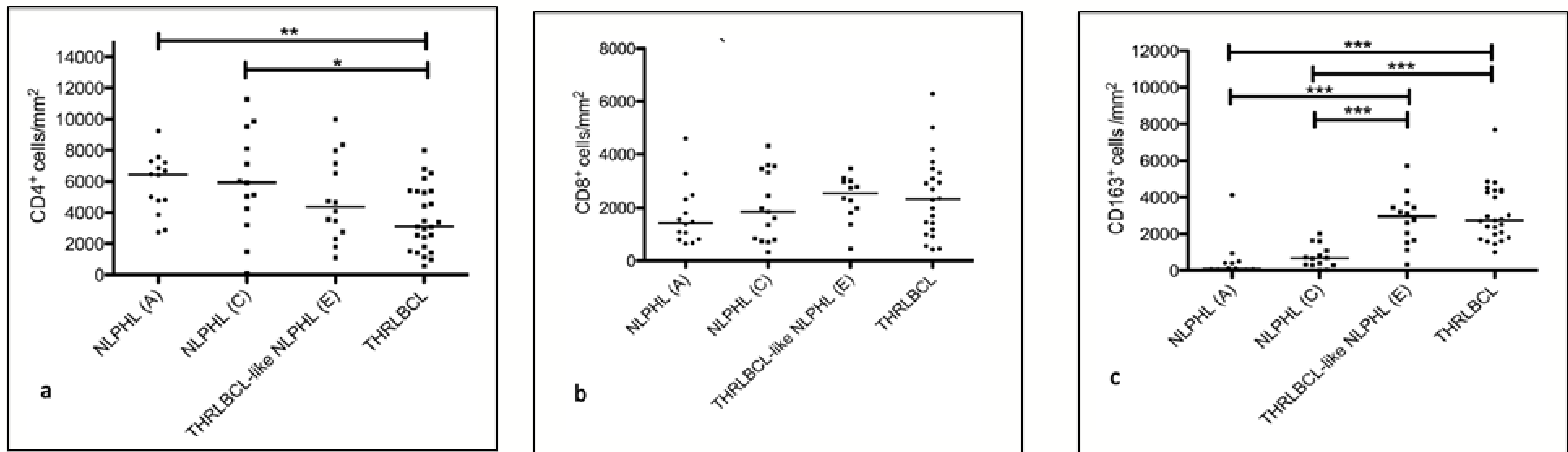
GEP of tumor cells in NLPHL, THRLBCL-like NLPHL and THRLBCL



Nodular Lymphocyte Predominant Hodgkin Lymphoma and T Cell/Histiocyte Rich Large B Cell Lymphoma - Endpoints of a Spectrum of One Disease? PLoS One. 2013 Nov 11;8(11):e78812.

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Quantification of the microenvironment in typical NLPHL (patterns A and C), THRLBCL-like NLPHL (pattern E) and THRLBCL



NLPHL- Conclusions

I. CELL OF ORIGIN:

- Germinal Center Derived B Cell Neoplasm with a retained dependence from antigen stimulation

II. HISTOPATHOLOGY:

- Distinct entity with defined histopathologic features compared to cHL and other B-NHL
- Identification of histopathologic patterns has relevant prognostic implications
- «Dinamic entity» with progression associated mostly with a modification in tumor microenvironment

III. GENE EXPRESSION PROFILING:

- GEP of LP cells similar to HRS and other B-NHL, especially THRLBL

Classification of NLPHL... a matter of point of view

The Conservatives



The Italians' Approach



The Progressives



References

- Brune V, Tiacci E, Pfeil I, et al. Origin and pathogenesis of nodular lymphocyte-predominant Hodgkin lymphoma as revealed by global gene expression analysis. *J Exp Med*. 2008;205(10):2251-2268.
- Hartmann S, Eichenauer DA, Plütschow A, et al. The prognostic impact of variant histology in nodular lymphocyte-predominant Hodgkin lymphoma: a report from the German Hodgkin Study Group (GHSg). *Blood*. 2013;122(26):4246-4292.
- Hartmann S, Eichenauer DA. Nodular lymphocyte predominant Hodgkin lymphoma: pathology, clinical course and relation to T-cell/histiocyte rich large B-cell lymphoma. *Pathology*. 2020;52(1):142-153.
- Kanzler H, Küppers R, Hansmann ML, Rajewsky K. Hodgkin and Reed-Sternberg cells in Hodgkin's disease represent the outgrowth of a dominant tumor clone derived from (crippled) germinal center B cells. *J Exp Med*. 1996;184(4):1495-1505.
- Stein H, Marafioti T, Foss HD, et al. Down-regulation of BOB.1/OBF.1 and Oct2 in classical Hodgkin disease but not in lymphocyte predominant Hodgkin disease correlates with immunoglobulin transcription. *Blood*. 2001;97(2):496-501
- Marafioti T, Hummel M, Anagnostopoulos I, et al. Origin of nodular lymphocyte-predominant Hodgkin's disease from a clonal expansion of highly mutated germinal-center B cells. *N Engl J Med*. 1997;337(7):453-458.
- Marafioti T, Hummel M, Foss HD, et al. Hodgkin and reed-sternberg cells represent an expansion of a single clone originating from a germinal center B-cell with functional immunoglobulin gene rearrangements but defective immunoglobulin transcription. *Blood*. 2000;95(4):1443-1450.
- Panayi C, Akarca AU, Ramsay AD, et al. Microenvironmental immune cell alterations across the spectrum of nodular lymphocyte predominant Hodgkin lymphoma and T-cell/histiocyte-rich large B-cell lymphoma. *Front Oncol*. 2023;13:1267604.

... Grazie