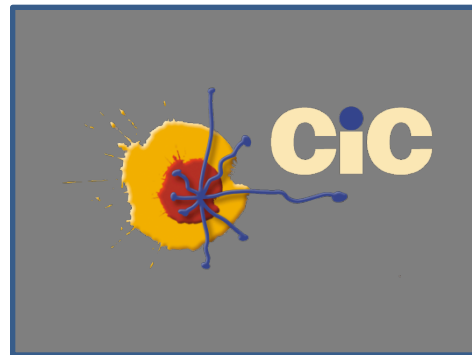


Detección de proteínas de fusión de translocaciones cromosómicas mediante técnica de immuno-beads y citometría de flujo. Estudio de casos



UNIVERSIDAD DE SALAMANCA



*Departamento de Medicina, Centro de Investigación del Cáncer y Servicio de Citometría.
Universidad de Salamanca, Salamanca, España.*
EuroFlow™ Consortium

Curso avanzado de Actualización en Onco Hematología. Buenos Aires, Mayo, 30 a Junio, 1, 2011

DIAGNOSTICS IN HEMATOLOGICAL MALIGNANCIES

1. Making the diagnosis

Normal ↔ reactive/regenerating ↔ malignant

Annually > 300,000 new patients with a hematological malignancy in developed countries

2. Classification of hematopoietic malignancies

Based on differentiation characteristics and particularly on chromosome aberrations, resulting in fusion gene transcripts or aberrantly (over) expressed genes

- relation with **prognosis**
- relevance of **risk-group definition** in treatment protocols

3. Evaluation of treatment effectiveness

Detection of minimal residual disease (MRD):

MRD-based risk-group stratification (treatment reduction or treatment intensification)

Annually > 400,000 follow-up samples in leukemia patients (ALL, AML, CML)



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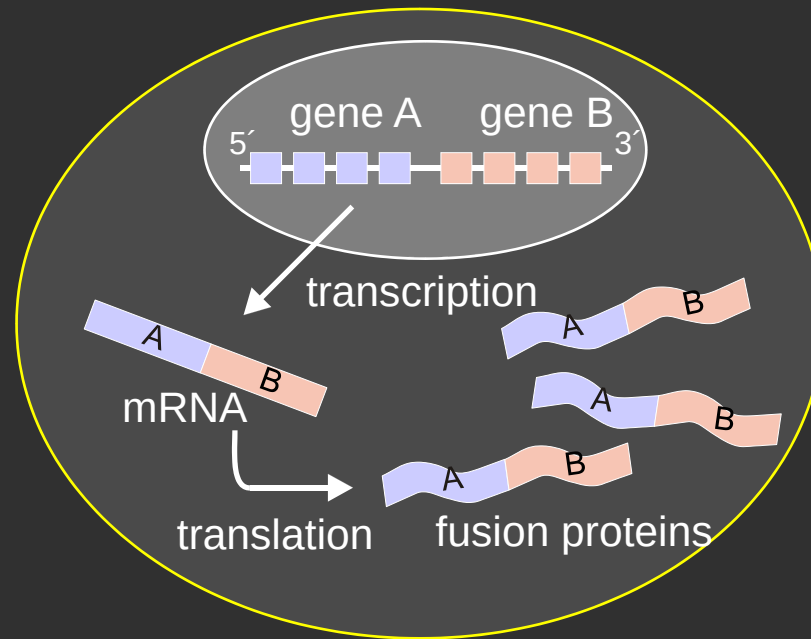
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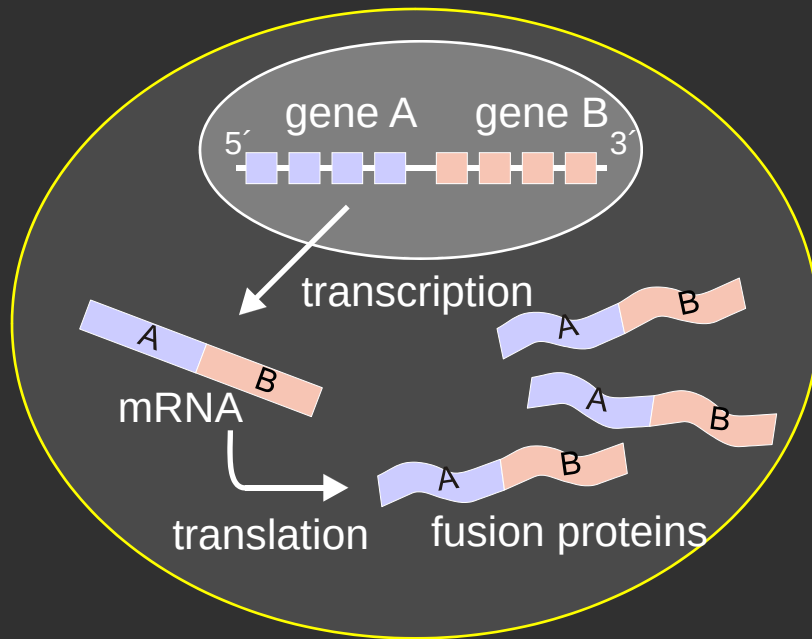
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Fusion genes and fusion proteins



Fusion genes and fusion proteins



Occurrence of fusion proteins

1. Hematological malignancies

- acute leukemias: 35-40%
- CML: >98%

2. Solid tumors

overall: ~20% of all patients



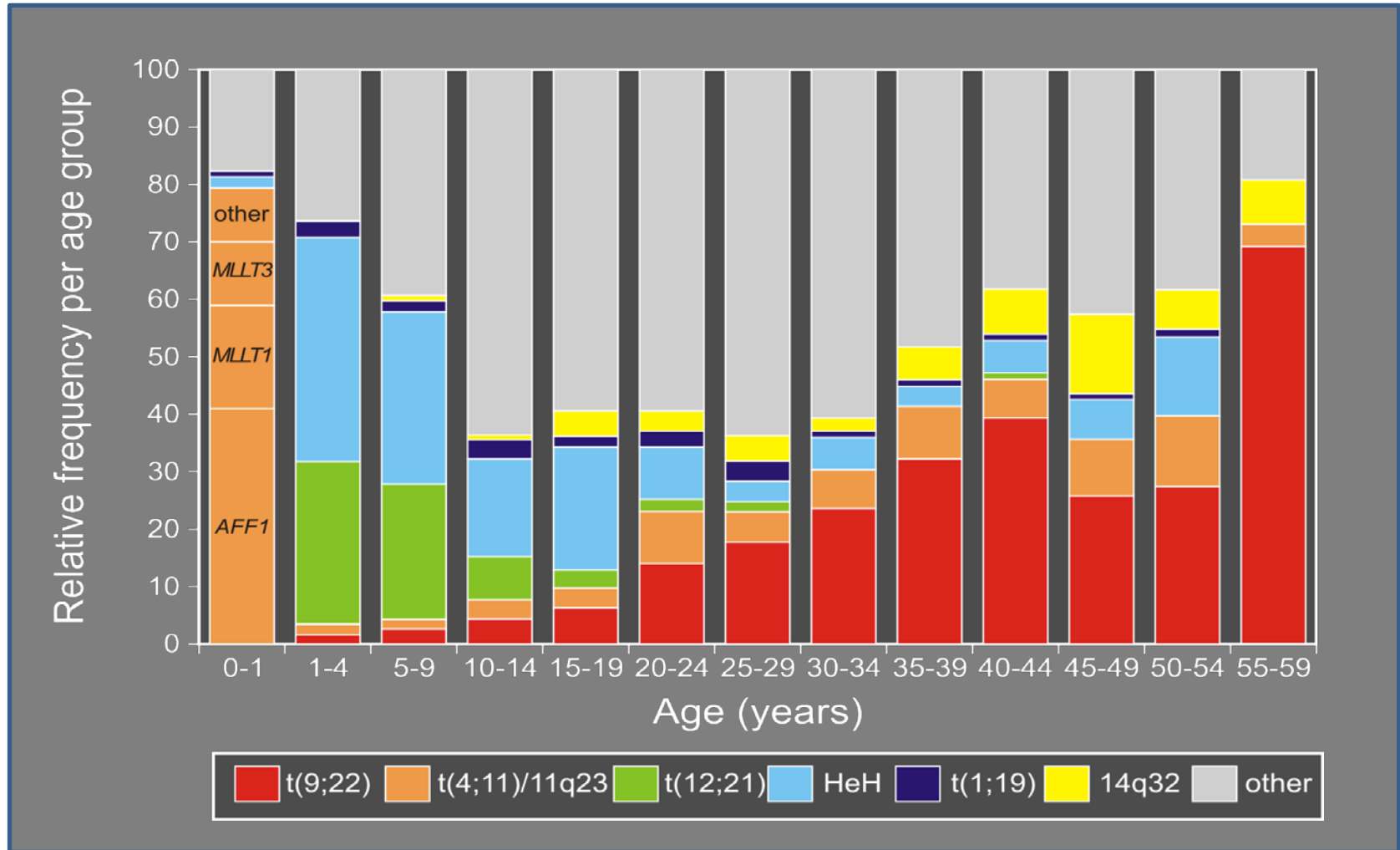
CHROMOSOME ABERRATIONS & FUSION GENES IN AL

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		Precursor-B-ALL		AML		
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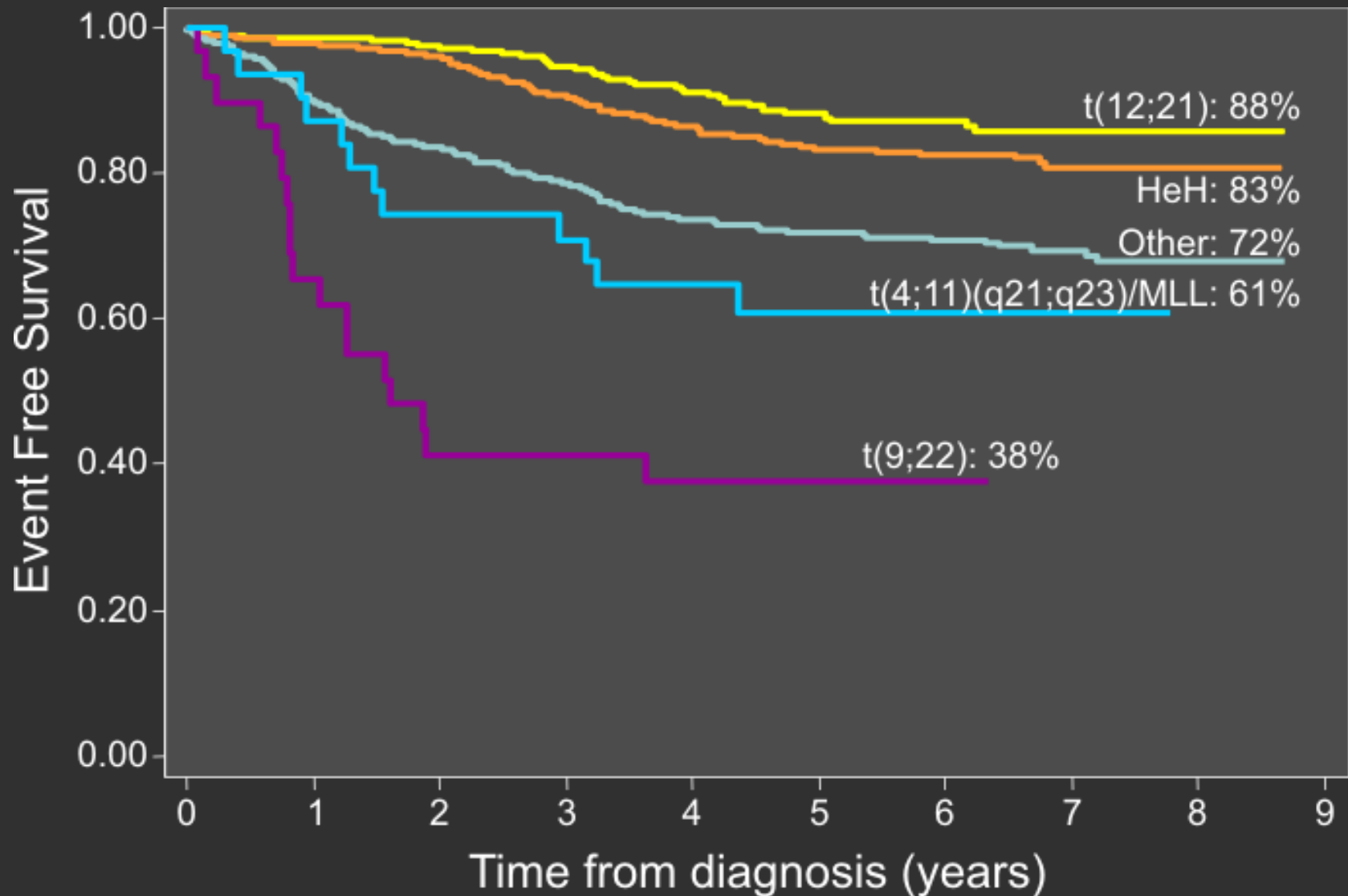
^a In infant ALL, the frequency of t(4;11) can be as high as 70%.

^b In southern European regions (ES, FR, and IT) the frequency of t(15;17) with *PML-RARA* is essentially higher than in northern European regions.

RELATIVE FREQUENCY OF GENETICS ABNORMALITIES IN ALL BY AGE GROUPS



Event-free survival in childhood ALL according to chromosome aberrations



CHROMOSOME ABERRATIONS & FUSION GENES IN MPN

Chronic myeloproliferative neoplasms

Chromosome Aberration		Disease category
t(9;22)(q34;q11)	(BCR-ABL1)	Chronic myeloid leukemia, BCR-ABL1+
		Chronic neutrophilic leukaemia (CNL)
Mutated <i>JAK2</i> (V617F or exon 12)		Polycitemia vera (PV)
Mutated <i>JAK2</i> (V617F) W515L/K		Primary myelofibrosis (PMF)
Mutated <i>JAK2</i> (V617F) W515L/K		Essential thrombocythaemia (ET)
alt 4q12 t(5;12)(q31-33;p13) t(8;13)(p11;q12)	(PDGFRA / PDGFRB / FGFR1)	Chronic eosinophilic leukaemia, not otherwise specified (CEL, NOS)
c-Kit (D816V)		Mastocytosis
		Myeloproliferative neoplasm, unclassifiable



CHROMOSOME ABERRATIONS & FUSION GENES IN MPN

Myelodysplastic / Myeloproliferative neoplasms

Disease category

Chronic myelomonocytic leukemia

atypic Chronic myeloid leukemia, BCR-ABL1 -

Juvenile myelomonocytic leukemia

Myelodysplastic / Myeloproliferative neoplasms, unclassifiable

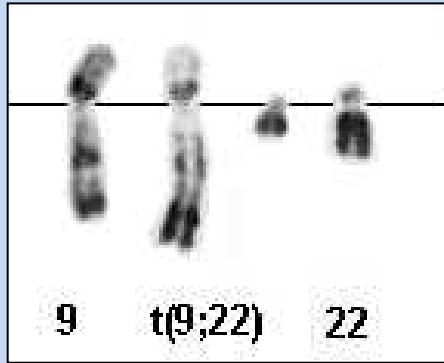
Absence of BCR-ABL1



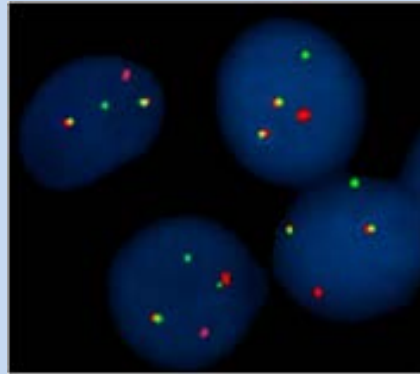
AL: GENOTYPIC-PHENOTYPIC ASSOCIATIONS

Diagnosis	Genetic lesion	Aberrant immunophenotype
BCP-ALL	t(9;22)	CD34 ^{hi} ,CD10 ⁺ ,CD38 ^{lo} ,CD13 ^{lo}
	t(12;21)	CD34 ^{het} ,CD10 ⁺ ,CD20 ⁻ ,CD13 ^{lo}
	11q23	CD34 ⁺ ,CD10 ⁻ ,7.1 ⁺ ,CD15 ⁺
AML	t(15;17)	CD34 ^{-/+} ,CD15 ^{-/lo} ,CD2 ^{-/lo} ,CD13 ^{het}
	Inv(16)	MPO ^{hi} ,CD2 ^{-/lo}
	t(8;21)	CD19 ⁺ ,CD56 ⁺
	11q23	CD56 ⁺ ,7.1 ^{-/+} ,CD19 ^{-/lo} ,CD2 ^{-/+}

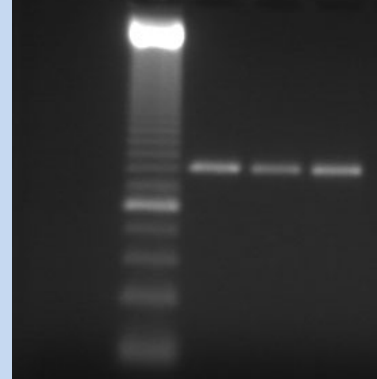
CHROMOSOME ABERRATIONS. Detection techniques



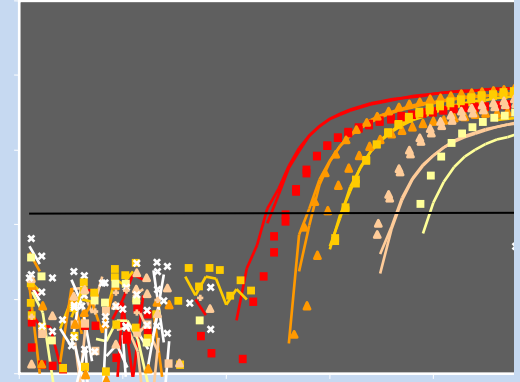
Cytogenetics



FISH



PCR

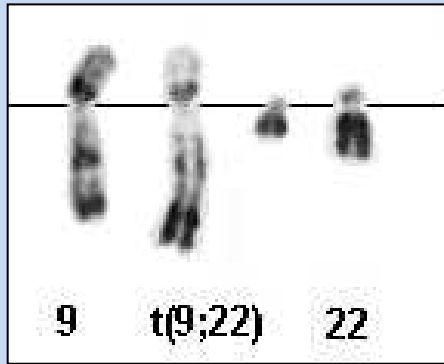


RQ-PCR

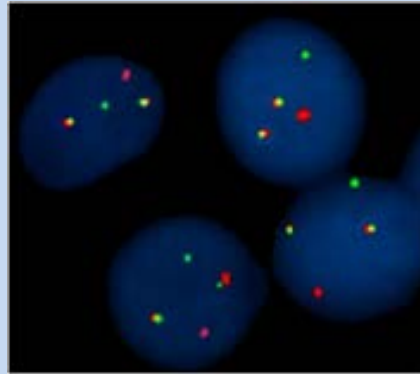
Advantages of molecular techniques:

- Generally well-established;
- **Cytogenetics** screens total genome for visible structural aberrations;
- **FISH**: screening of all relevant breakpoints of targeted genes;
- **PCR**: most variant breakpoints are identified (size differences);
- **RQ-PCR**: highly sensitive and reproducible: **Useful for MRD diagnostics**
- **Microarray, CGH, SNP**: promising, but to be established !

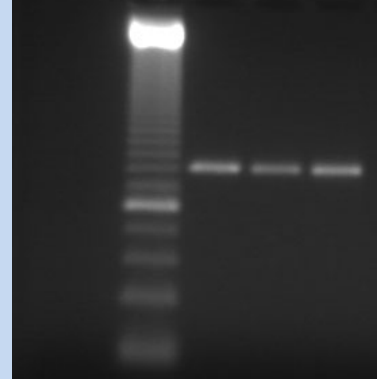
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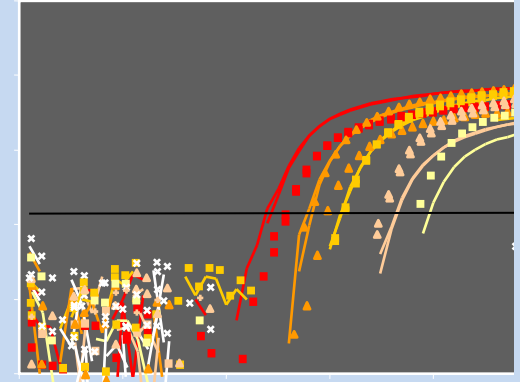
Cytogenetics



FISH



PCR



RQ-PCR

Disadvantages of molecular techniques:

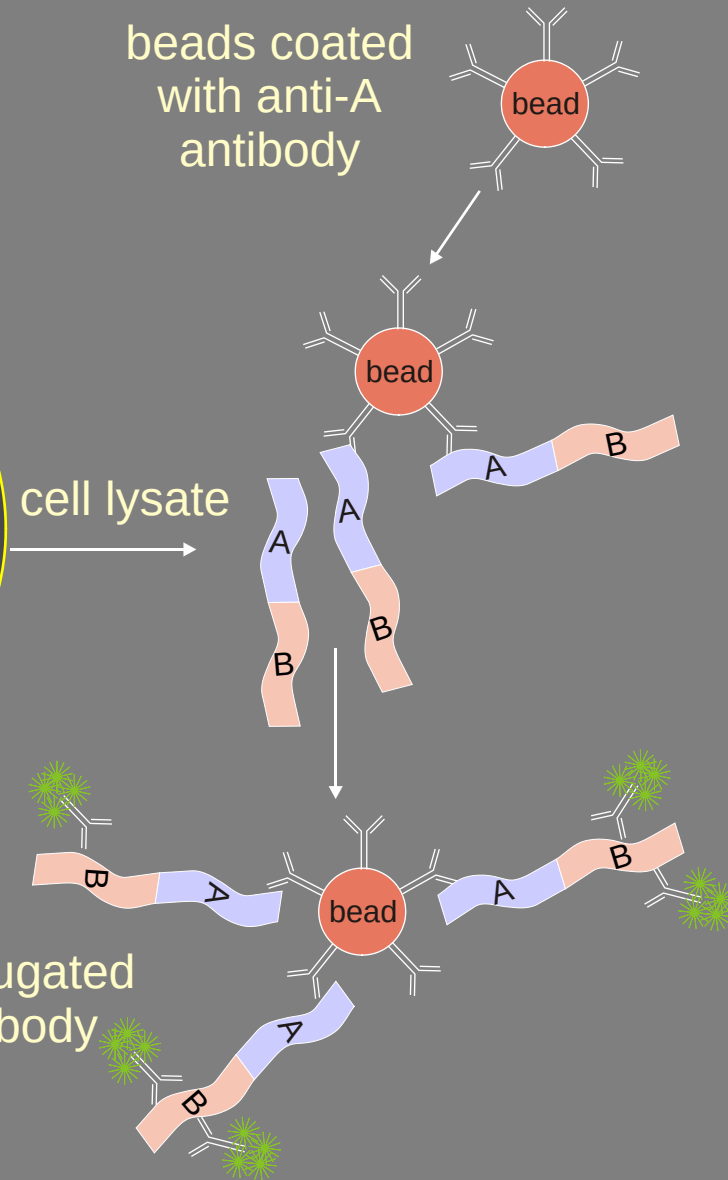
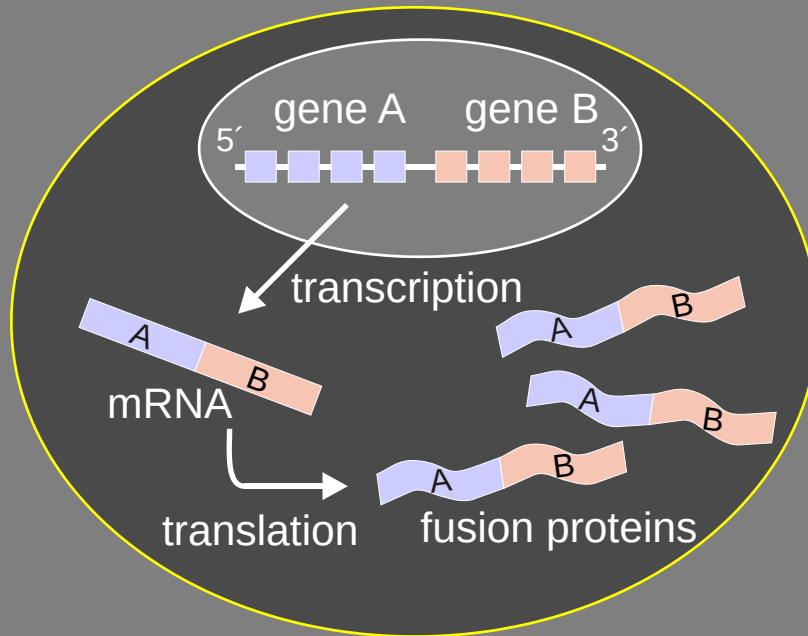
- labor intensive;
- require specialized laboratories;
- time consuming (2-3 days, up to a -week)



Faster technique needed: at protein level?

FCM DETECTION OF FUSION PROTEINS

Patents: US 6,610,498 B1 (26 August 2003)
US 6,686,165 B2 (3 February 2004)



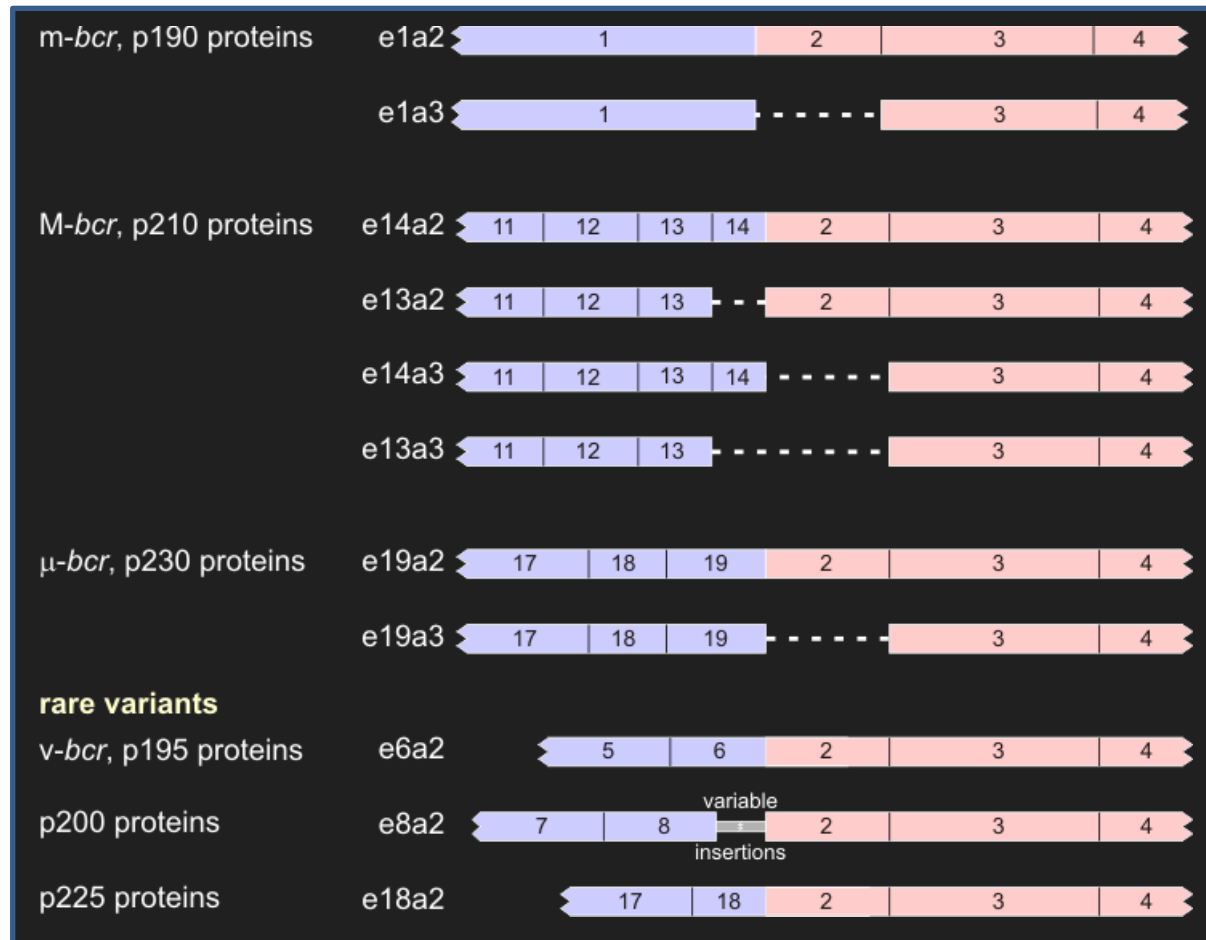
Breakpoint regions in t(9;22)(q34;q11) with *BCR* and *ABL* genes



BCR-ABL FUSION PROTEIN

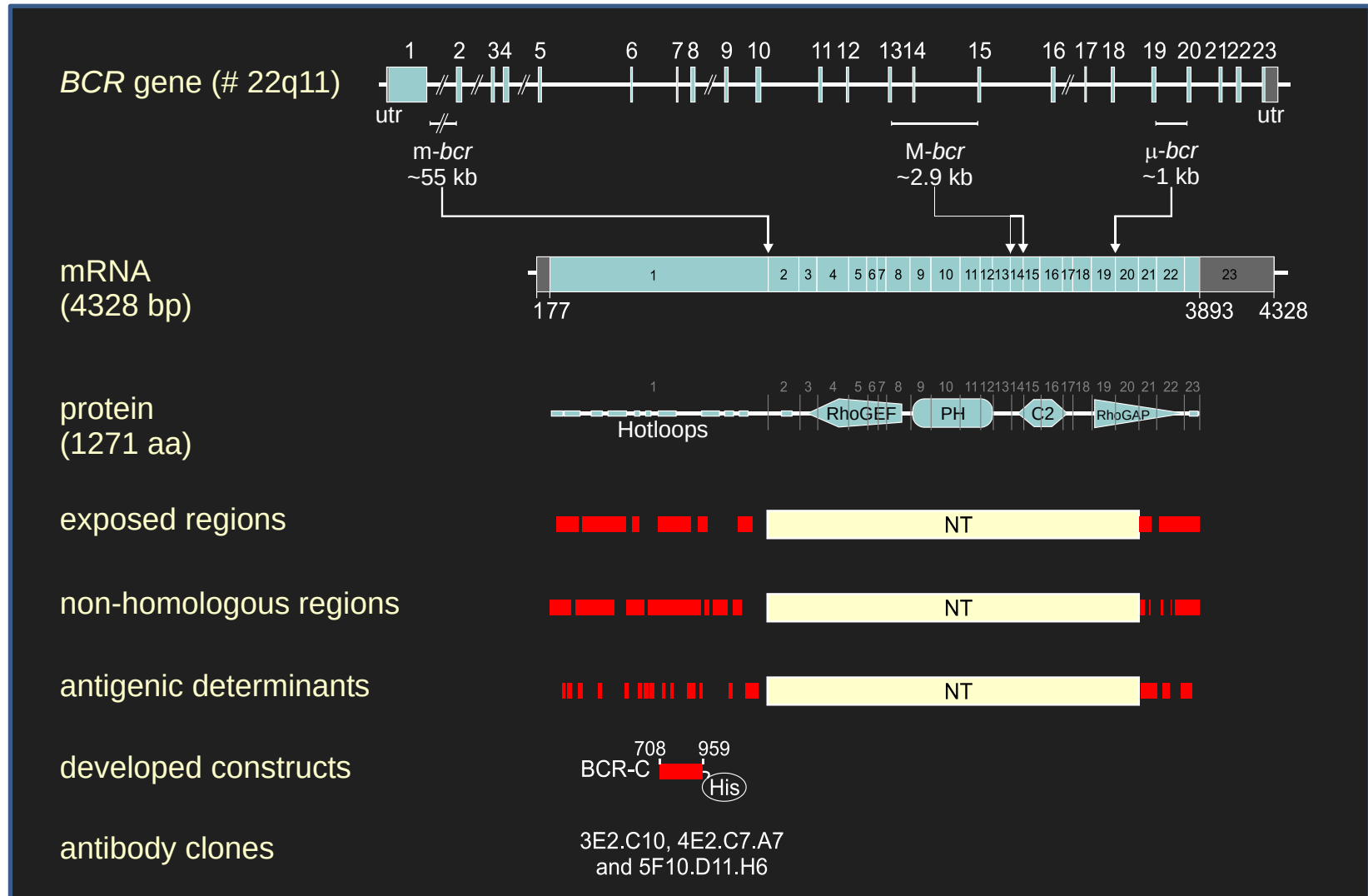
Breakpoint regions in t(9;22)(q34;q11) with *BCR* and *ABL* genes

Multiple variant *BCR-ABL* transcripts



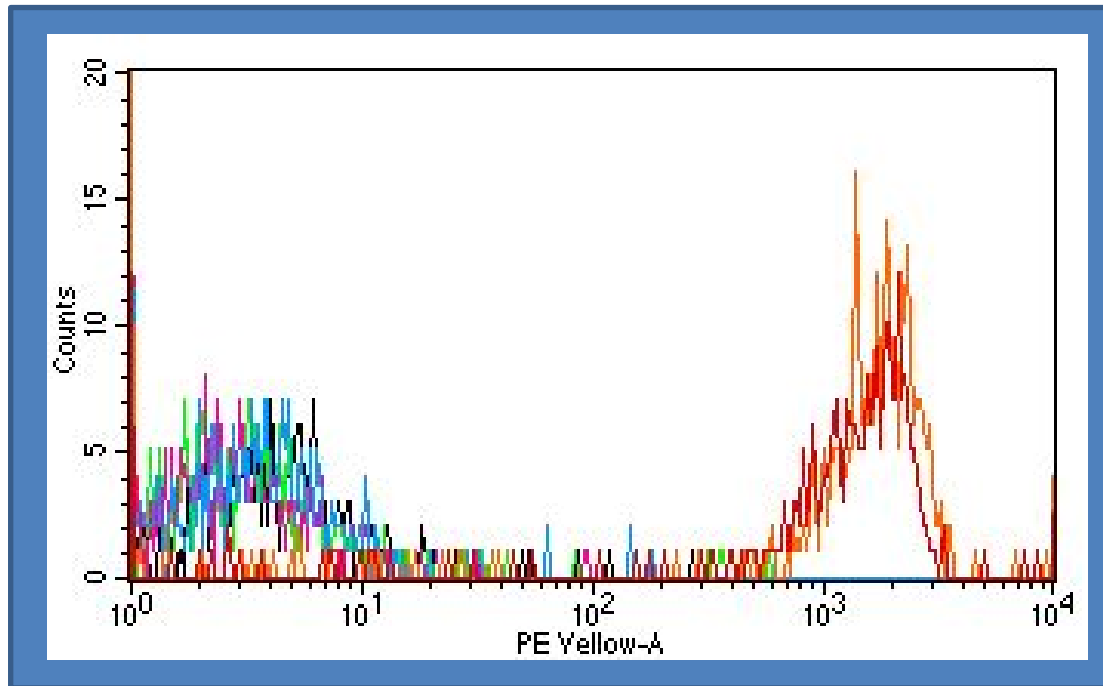
F. Weerkamp, et al. Leukemia 2009; 23: 1106-1117.

DESIGN OF ANTI-BCR ANTIBODIES FOR BEADS SYSTEM



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DETECTION OF BCR-ABL FUSION PROTEIN

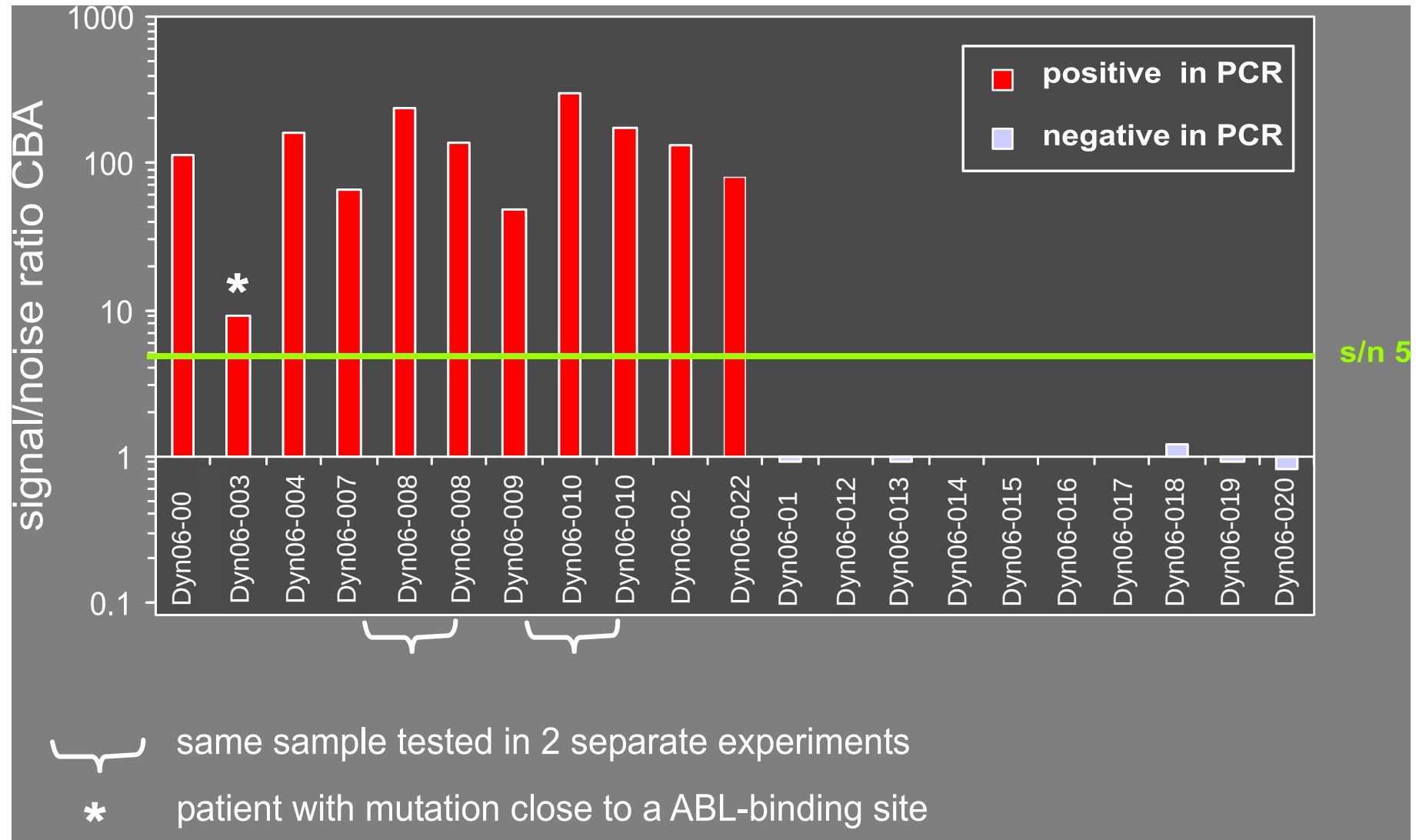


Black: PBMC (neg. control)
Green: 697 (E2-PBX1; neg. control)
Purple: REH (TEL-AML1; neg. control)
Blue: RS4,11 (MLL-AF4; neg. control)
Orange: K562 (BCR-ABL p210)
Red: Lama-84 (BCR-ABL p210)

Catching antibody: anti-ABL
Bead: BD-Flex bead (A7)
Detection antibody: anti-BCR (biotinylated)



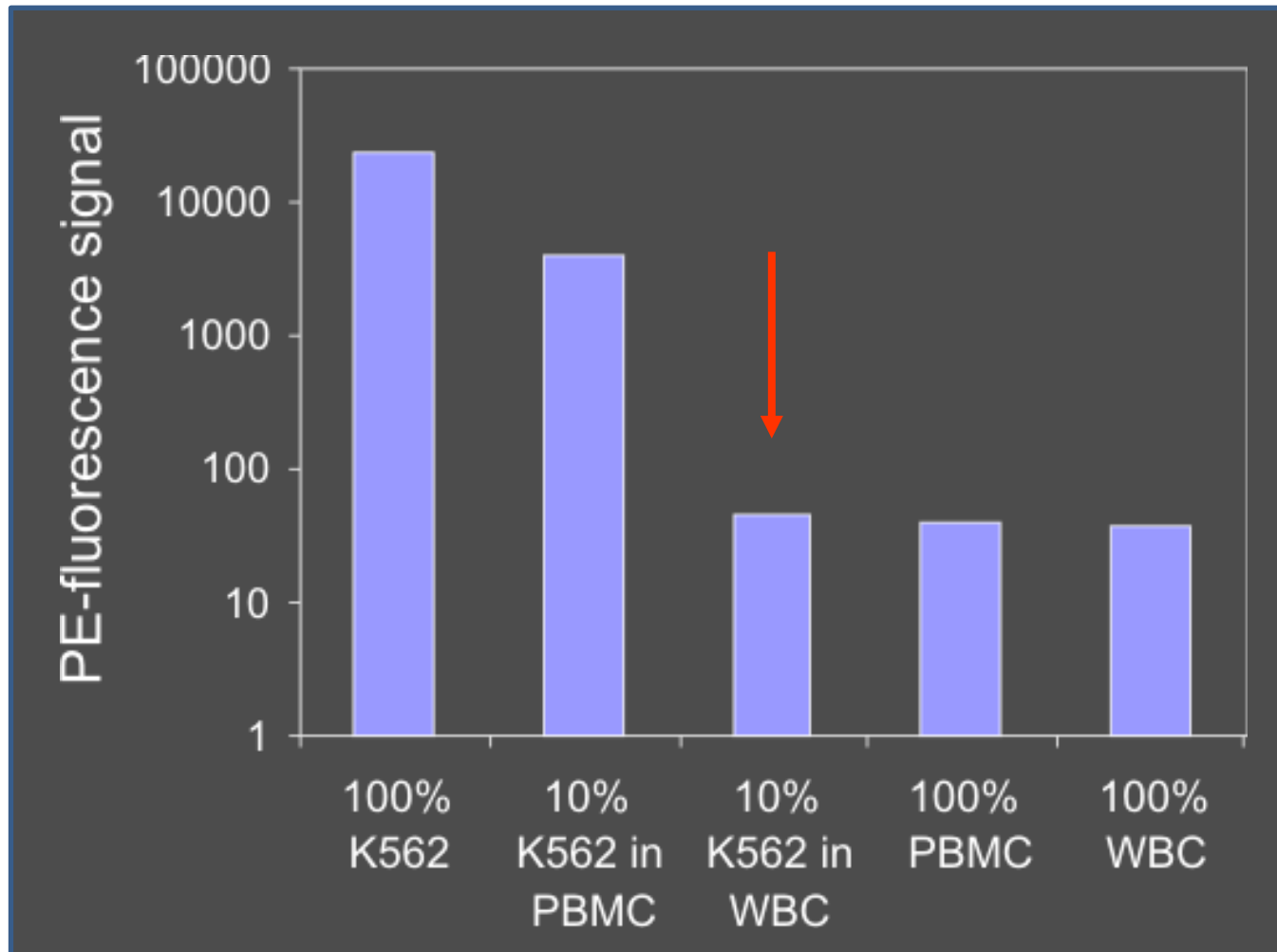
CBA FOR BCR-ABL DETECTION IN BCP-ALL SAMPLES



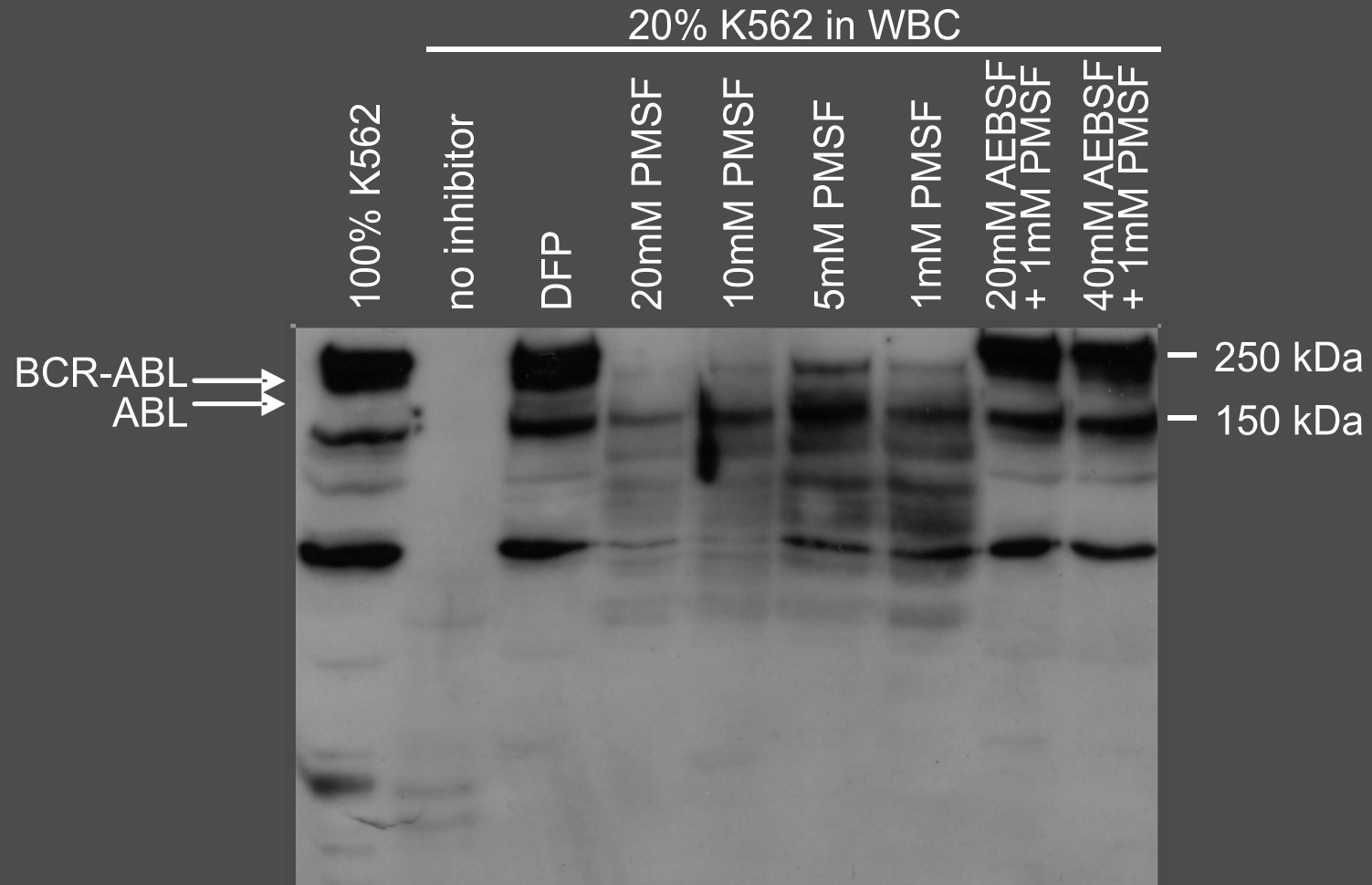
Only frozen samples tested



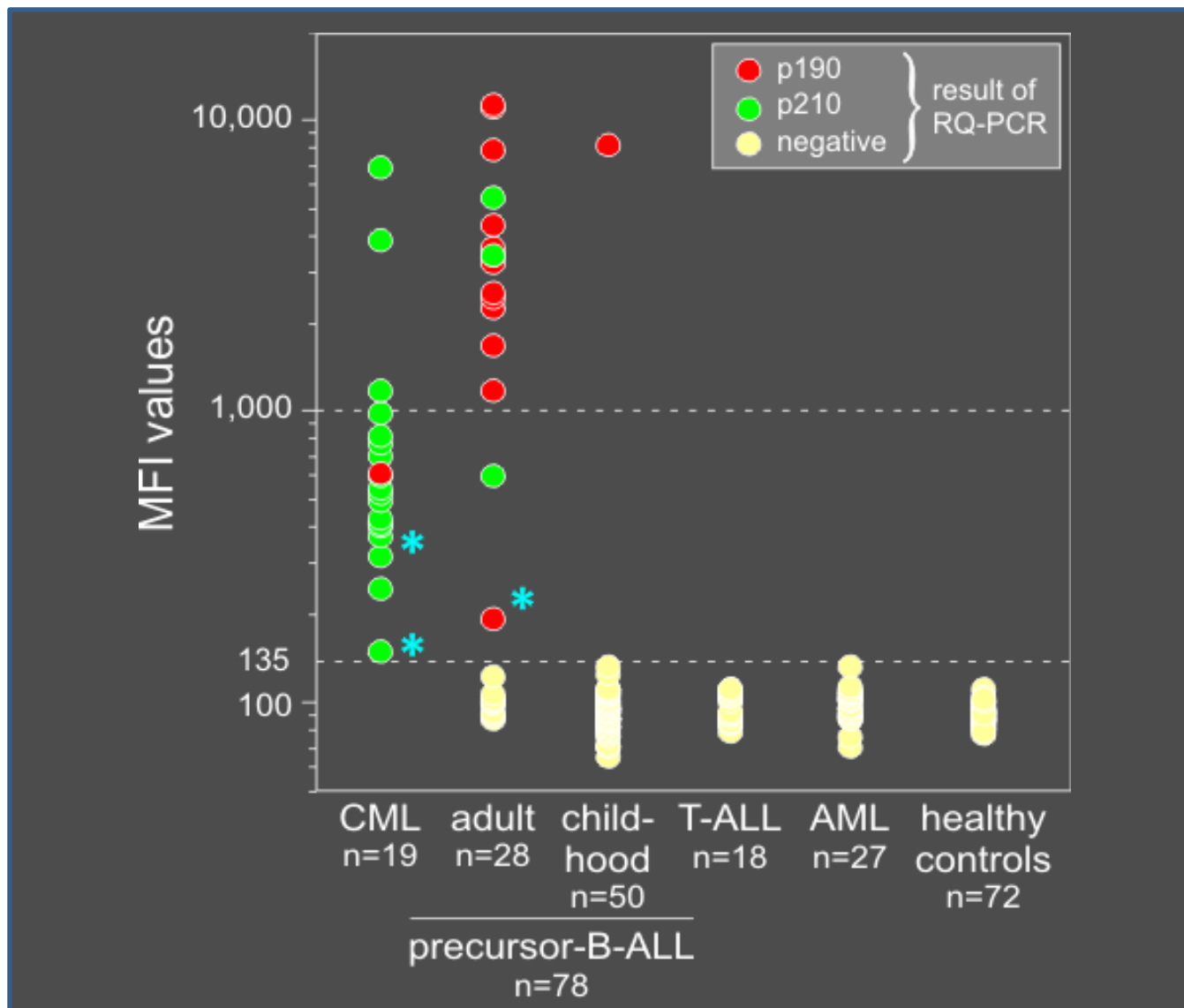
CBA FOR BCR-ABL DETECTION IN WBC



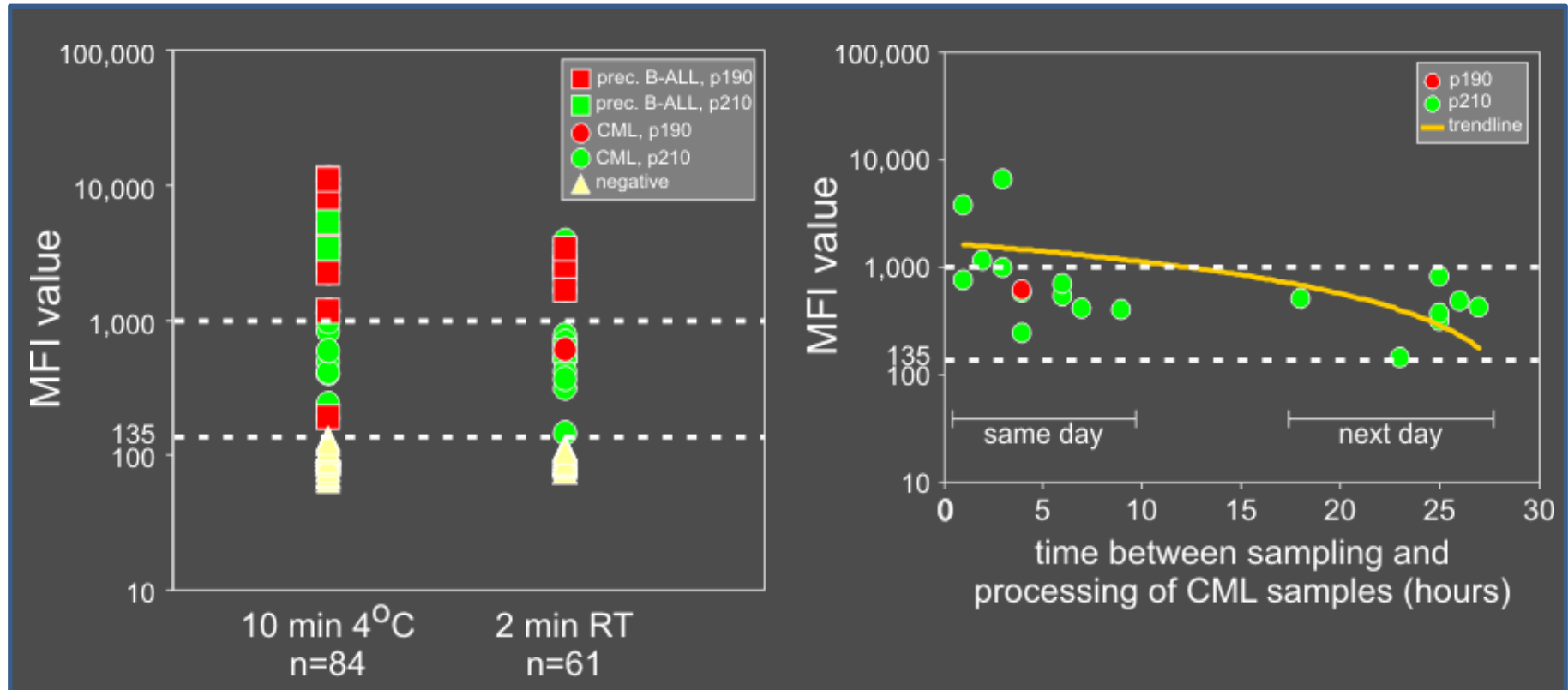
PROTEASE ACTIVITY / BCR-ABL DEGRADATION



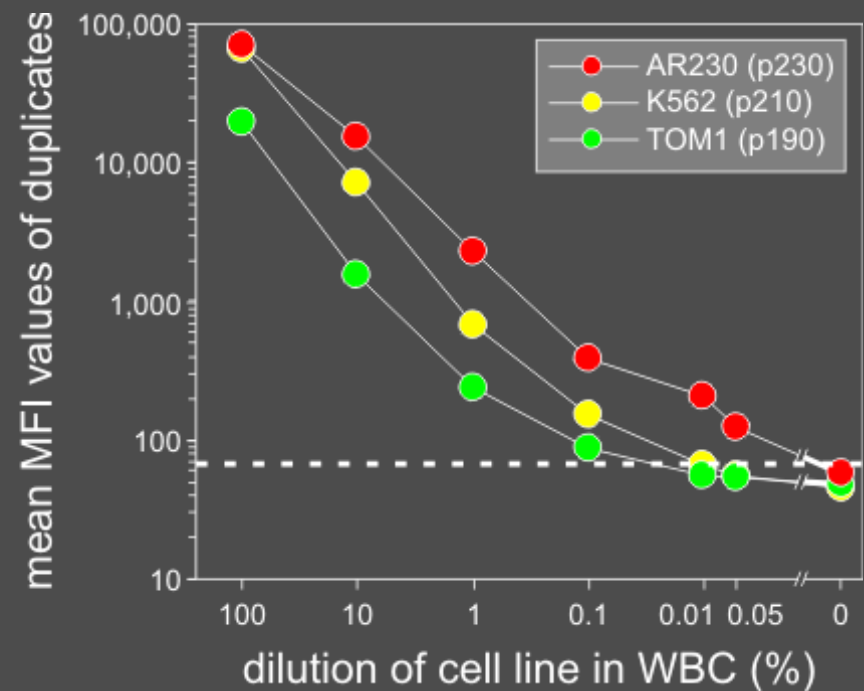
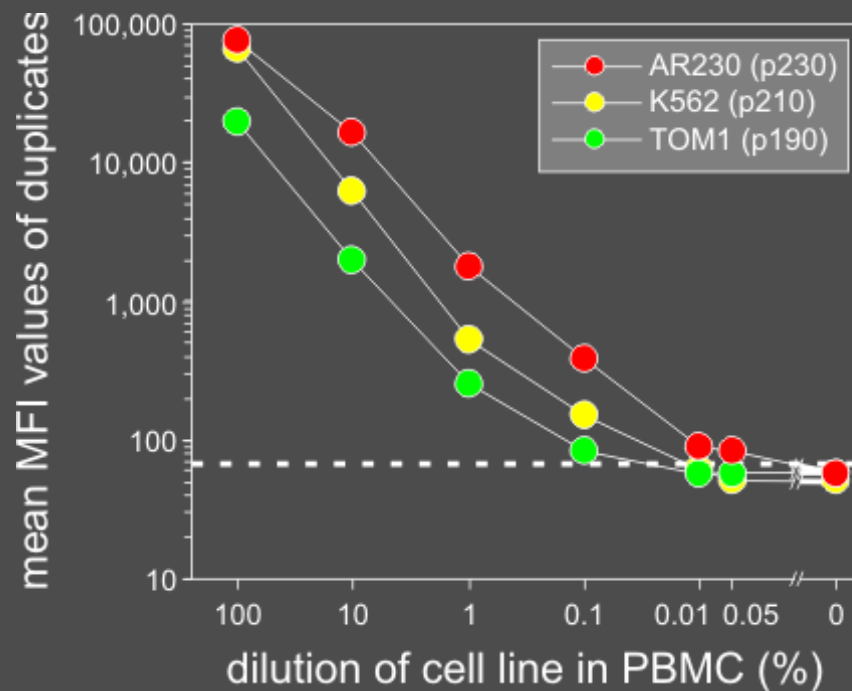
BCR-ABL RUO TESTING BY EUROFLOW™ LABORATORIES



BCR-ABL RUO TESTING. TEMPERATURE AND TIME EFFECT



BCR-ABL RUO TESTING. SENSIBILITY



BCR-ABL RUO KIT: CONCLUSIONS (Leukemia, 2009)

. - High sensitivity & specificity:

- **Absolute concordance** with **PCR** results:
 - 12/41 BCP-ALL (all adults)
 - 12/12 CML
 - 0/29 AML & T-ALL

. - Amount of bcr/abl protein:

- Heterogeneous pattern with **two groups of positive cases**:
 - High expression: IMF ≥ 2.000
 - Lower expression: IMF ≥ 500 y < 2.000
- MFI of negative samples: < 150

. - Different pattern of expression in BCP-ALL vs CML:

BCP-ALL: 83% (10/12) displayed **high** expression

CML: 75% (9/12) showed **dim/intermediate** expression*

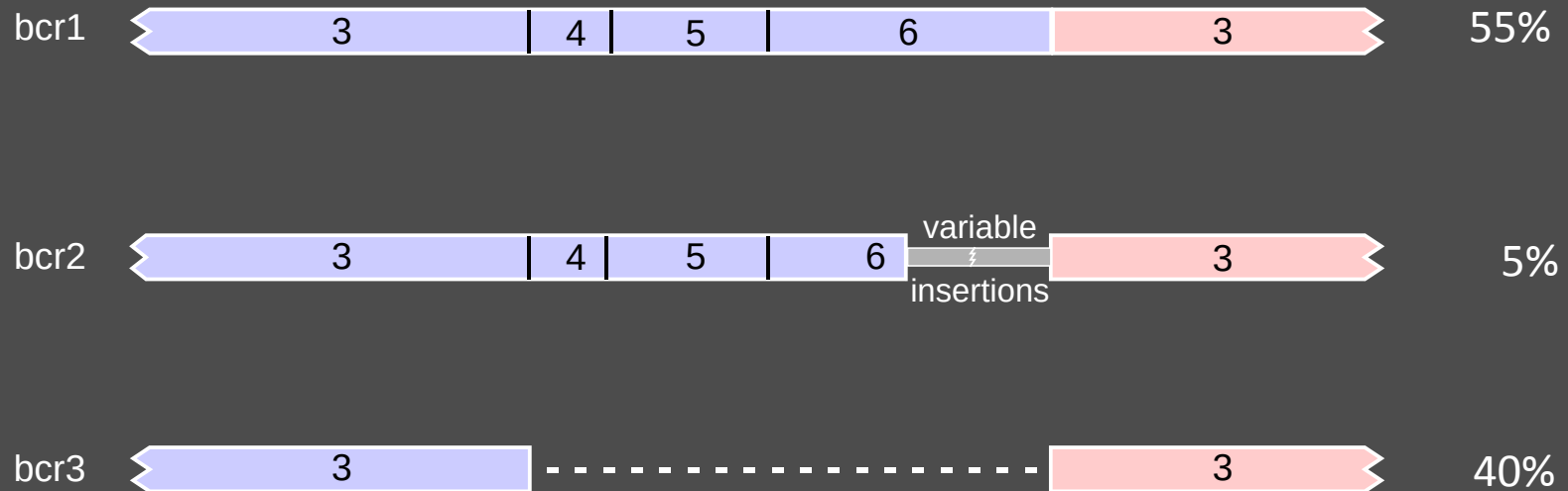
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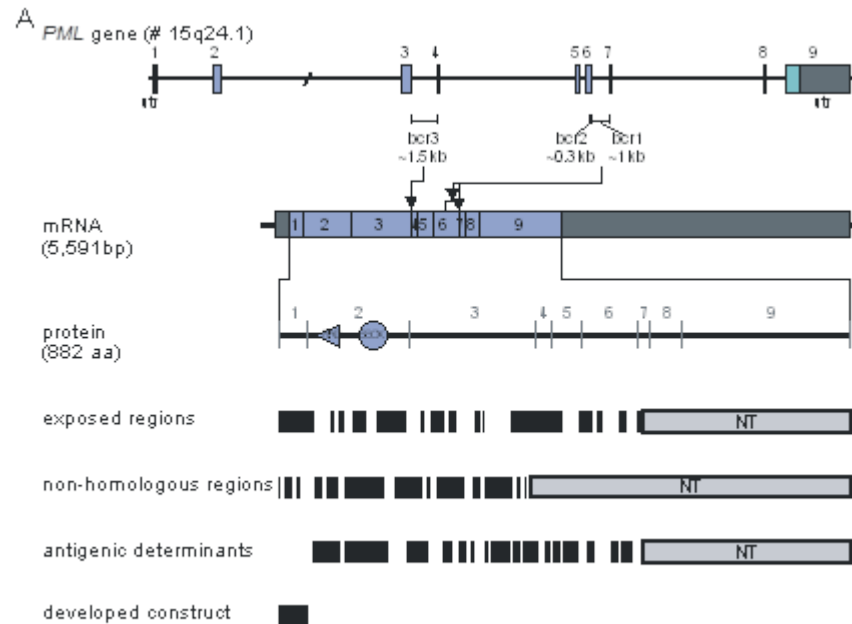
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Breakpoint regions in t(15;17)(q24;q21) with PML and RARA genes

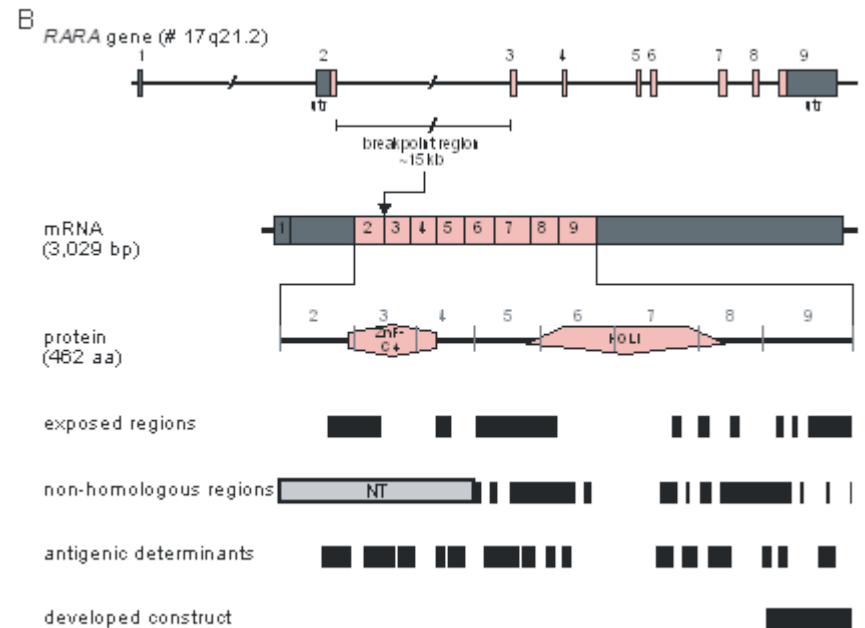


PML-RARA DESIGN OF ANTIBODIES FOR BEADS SYSTEM

PML

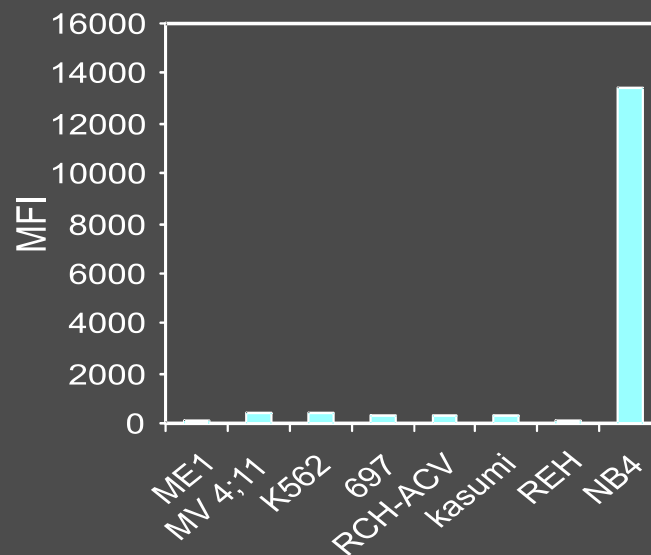


RARA

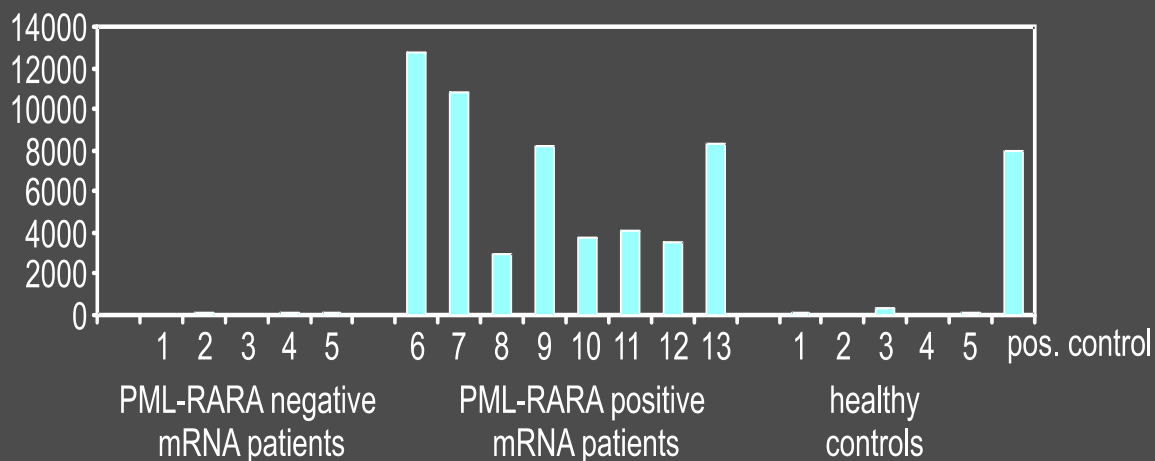


FCM IMMUNOBEADS DETECTION OF PML-RARA

Cell Lines

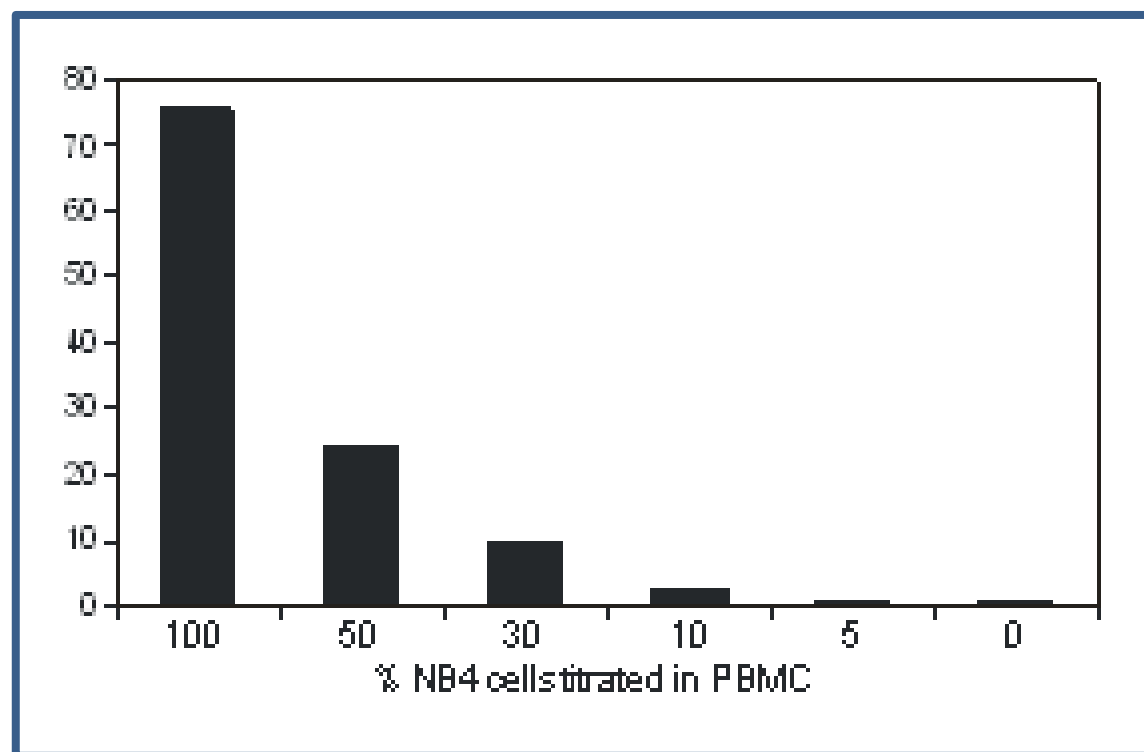


Patients' samples



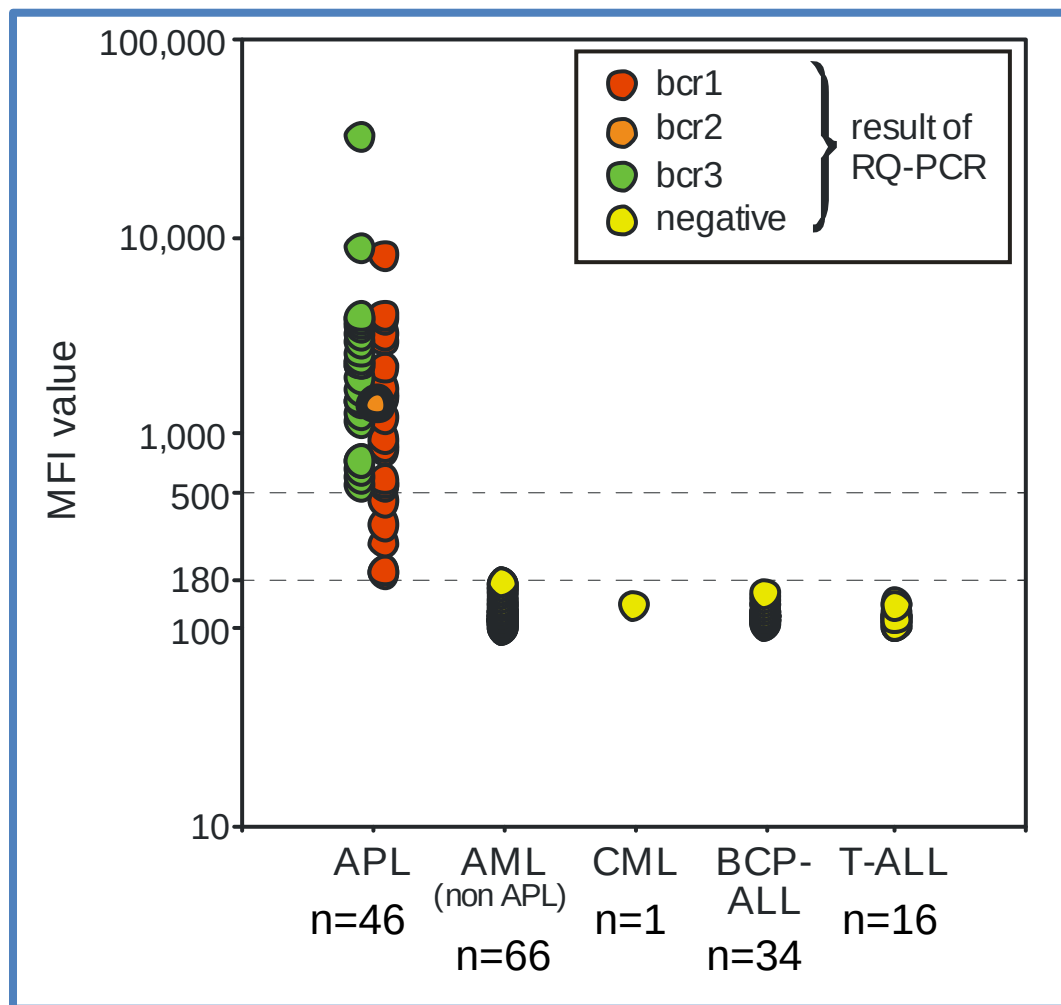
FCM IMMUNOBEADS DETECTION OF PML-RARA

Dilution experiments



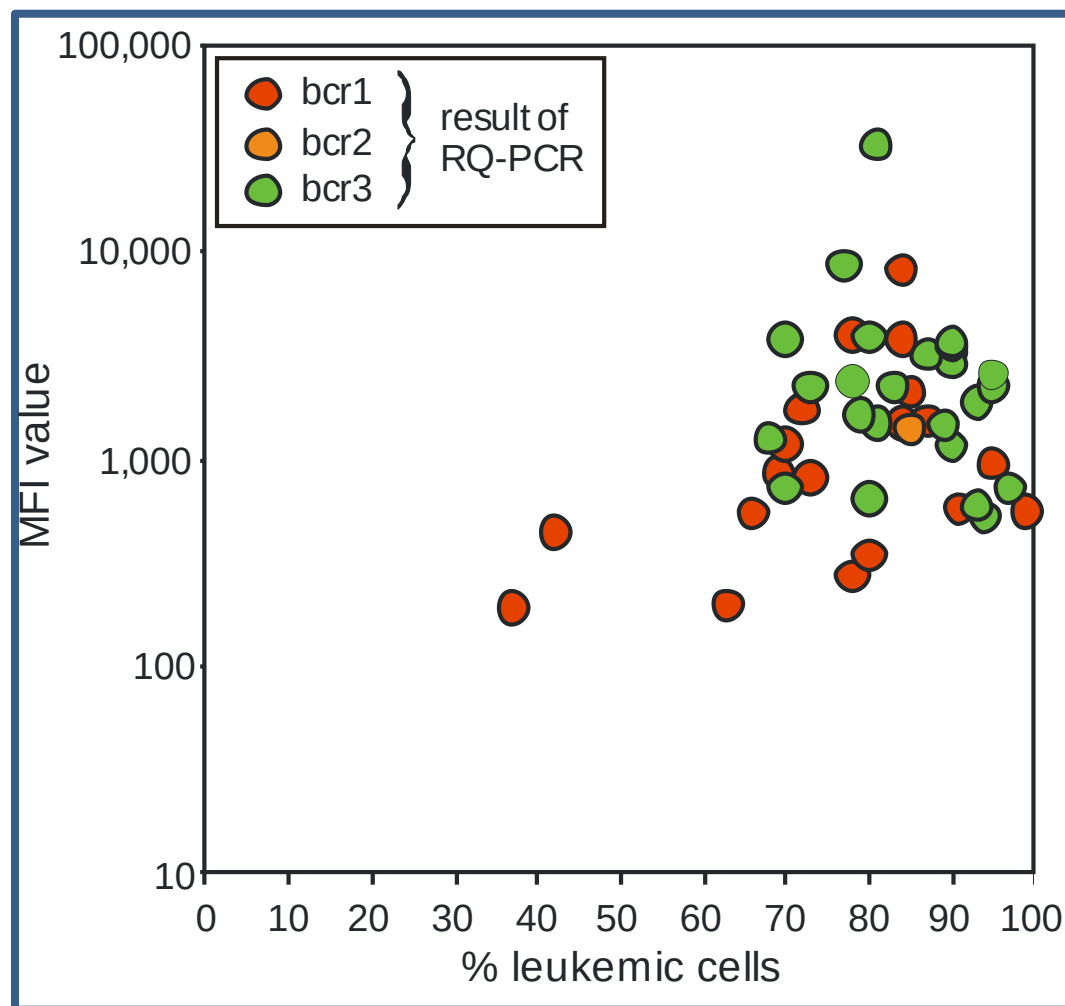
FCM IMMUNOBEADS DETECTION OF PML-RARA

Results in patient's samples. n=163



FCM IMMUNOBEADS DETECTION OF PML-RARA

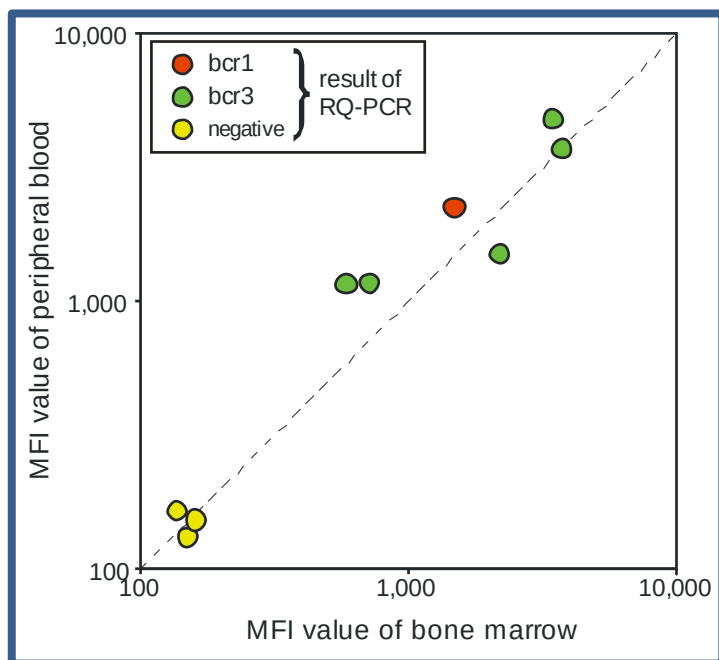
Results in patient's samples.



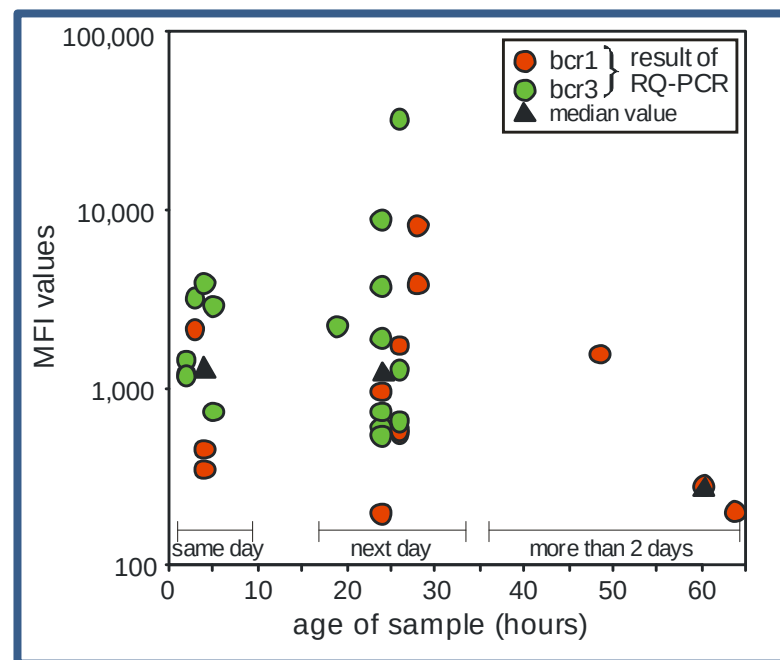
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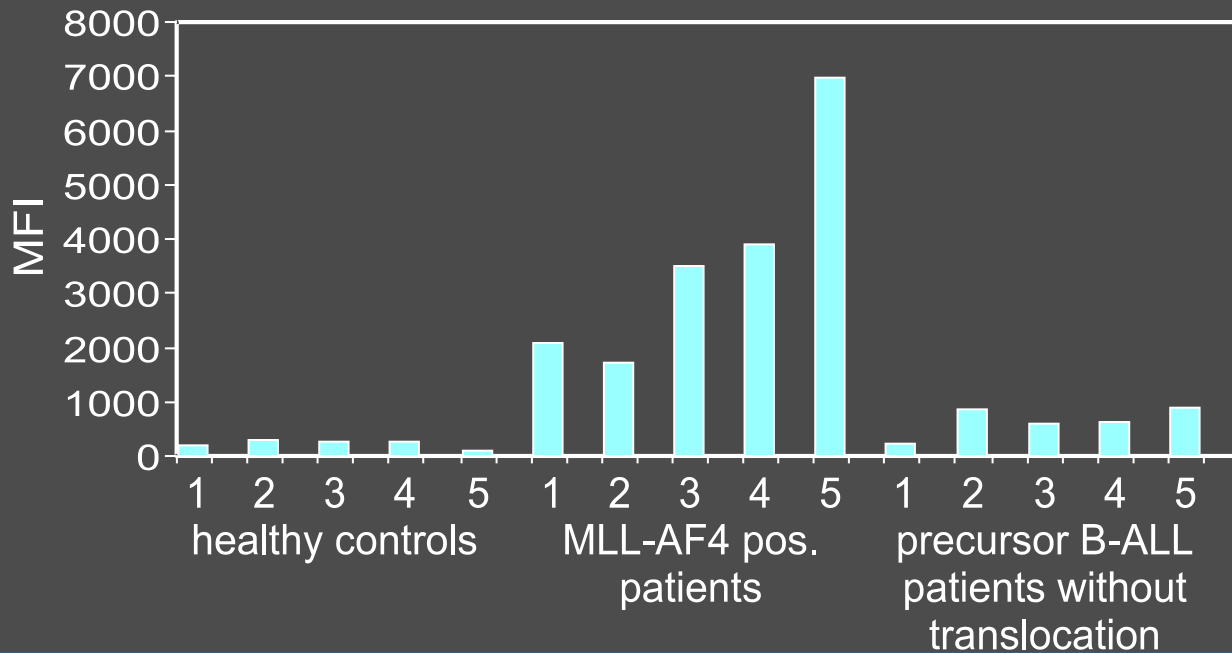
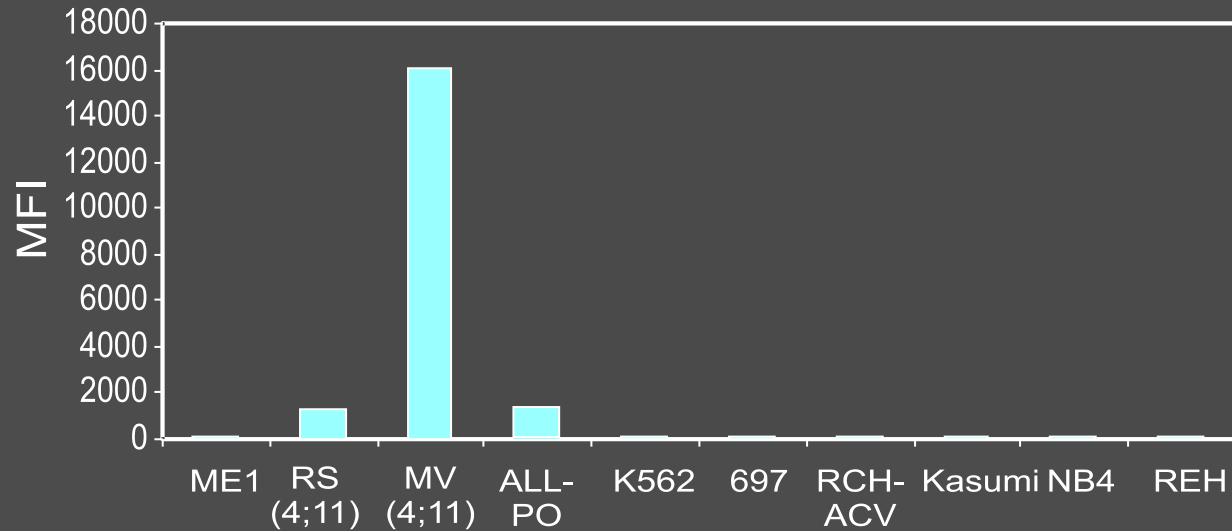
BM versus PB



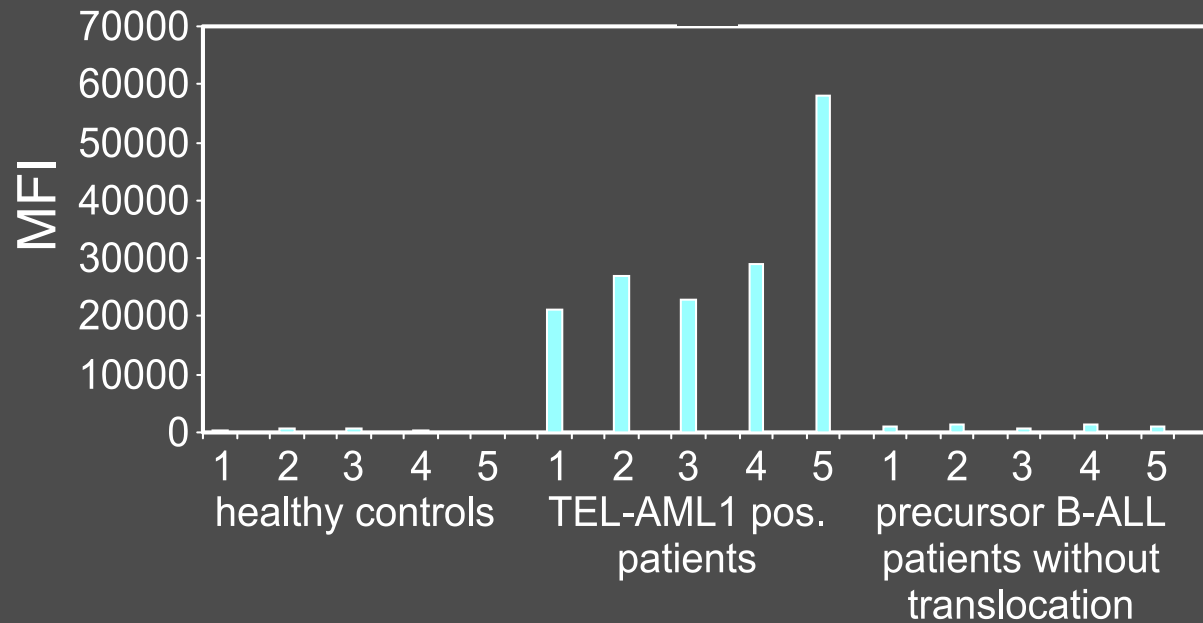
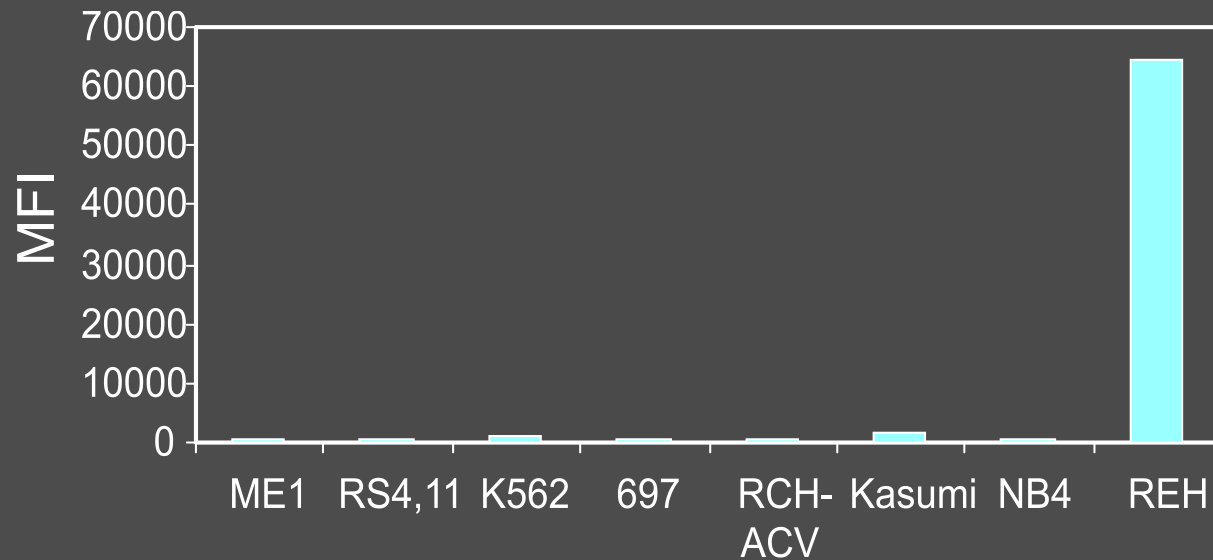
Time effect



FCM MLL-AF4 IMMUNOBEADS



FCM TEL-AML1 IMMUNOBEADS



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At this moment the technical developments for 7 well-defined fusion proteins have (virtually) been completed:

- **CML:**
 - BCR-ABL : completed Published / RUO kit launched
- **precursor-B-ALL:**
 - BCR-ABL : completed
 - TEL-AML : completed
 - E2A-PBX1 : completed
 - MLL-AF4 : completed

} **Precursor-B-ALL tube**
Multiplex tube close to completion
- **AML:**
 - AML1-ETO : completed
 - CBFB-MYH11 : completed

} **Core-factor tube**
Multiplex tube: prototype completed

 - PML-RARA : completed Submitted / RUO kit in preparation



From invention through development and production to final diagnostic testing

CBA vs classical molecular techniques

- Easy and reliable technique for fusion protein detection
- Independent of breakpoint position in the involved genes
- Multiplex possibilities by use of differential labeling of beads
- Fast technique: provides results within several hours
- No need for special laboratory facilities (only routine flow cytometer)
- Can be run in parallel with standard immunophenotyping (saves technician time!)

Conclusion: The CBA technique can contribute to fast and easy diagnosis and classification of leukemias and other malignancies.

If sufficient sensitivity is reached, MRD diagnostics becomes possible as well.



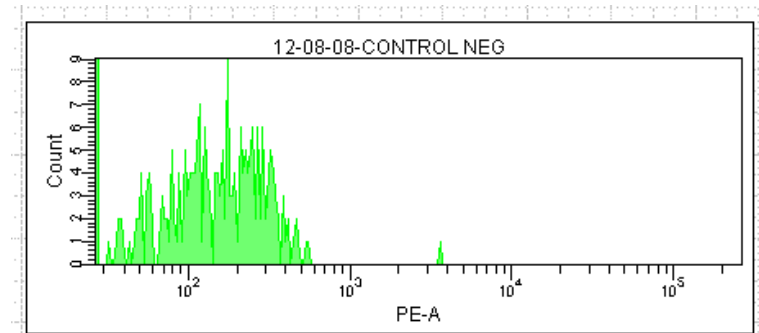
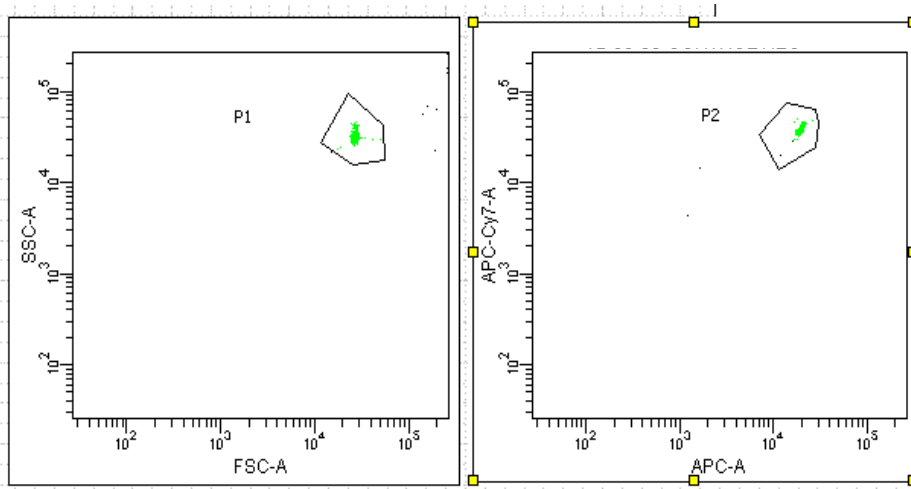
Thanks!!



Case Samples

FCM DETECTION OF FUSION PROTEINS

Settings



- FSC and SSC detectors: $30,000 \pm 2,000$ (each)
- APC channel $20,000 \pm 2,000$
- APCCy7 channel $40,000 \pm 2,000$
- PE detector 100 ± 5 .