

***Molecular profiling of diffuse large B-cell lymphoma
identifies robust subtypes
including one characterized by host inflammatory response***

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Diffuse Large B-cell Lymphoma (DLBCL)

- Most common lymphoid malignancy (~40%)
- Significant clinical & genetic heterogeneity
- Hypothesis:
 - gene expression profiling will reveal disease heterogeneity

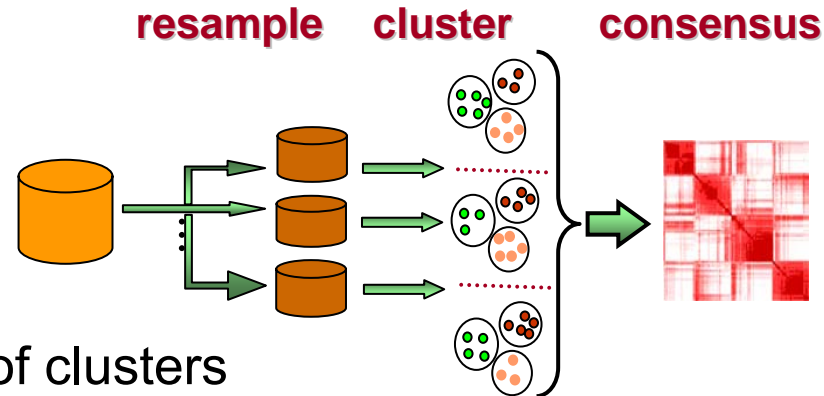
DLBCL expression profiling

- 176 DLBCL samples.
- Nodal biopsies from untreated patients.
- Affymetrix U133A/B chips (~42K probes)
- **Goal:** unsupervised analysis to discover novel substructure

Analysis of DLBCL Substructure by unsupervised analysis

➤ Consensus clustering

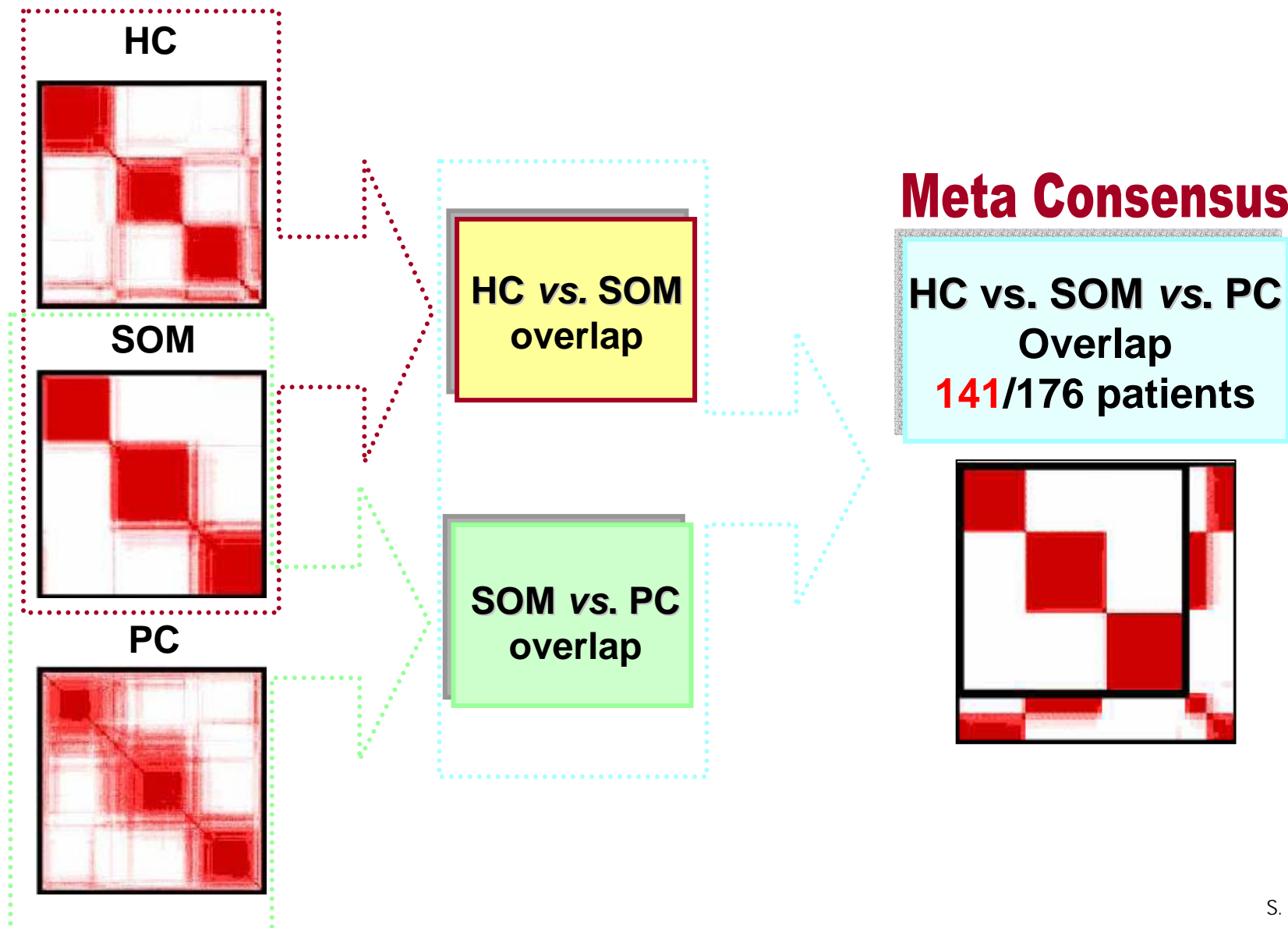
- identifies **robust** clusters
- **resampling-based** method
- automatically selects the **number** of clusters



➤ Used with 3 different clustering algorithms

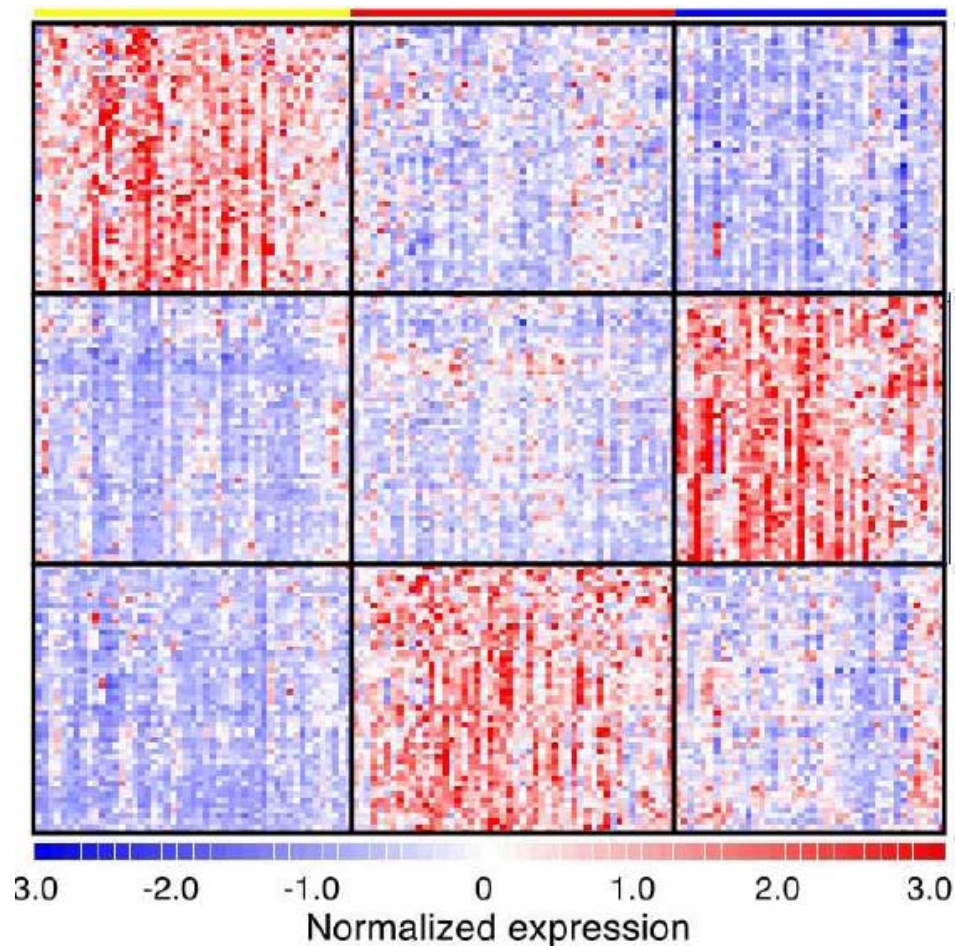
- Hierarchical clustering (HC)
- Self-organizing Map (SOM)
- Probabilistic Clustering (PC)

Consensus Clustering of DLBCL



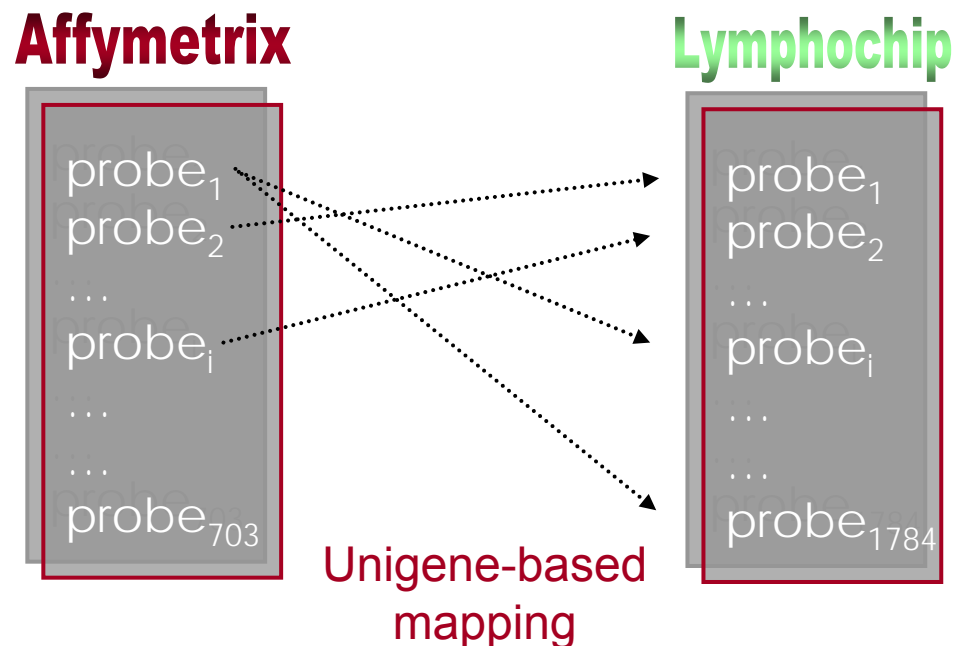
DLBCL Consensus Clusters

OxPhos **BCR/Proliferation** **Host Response**

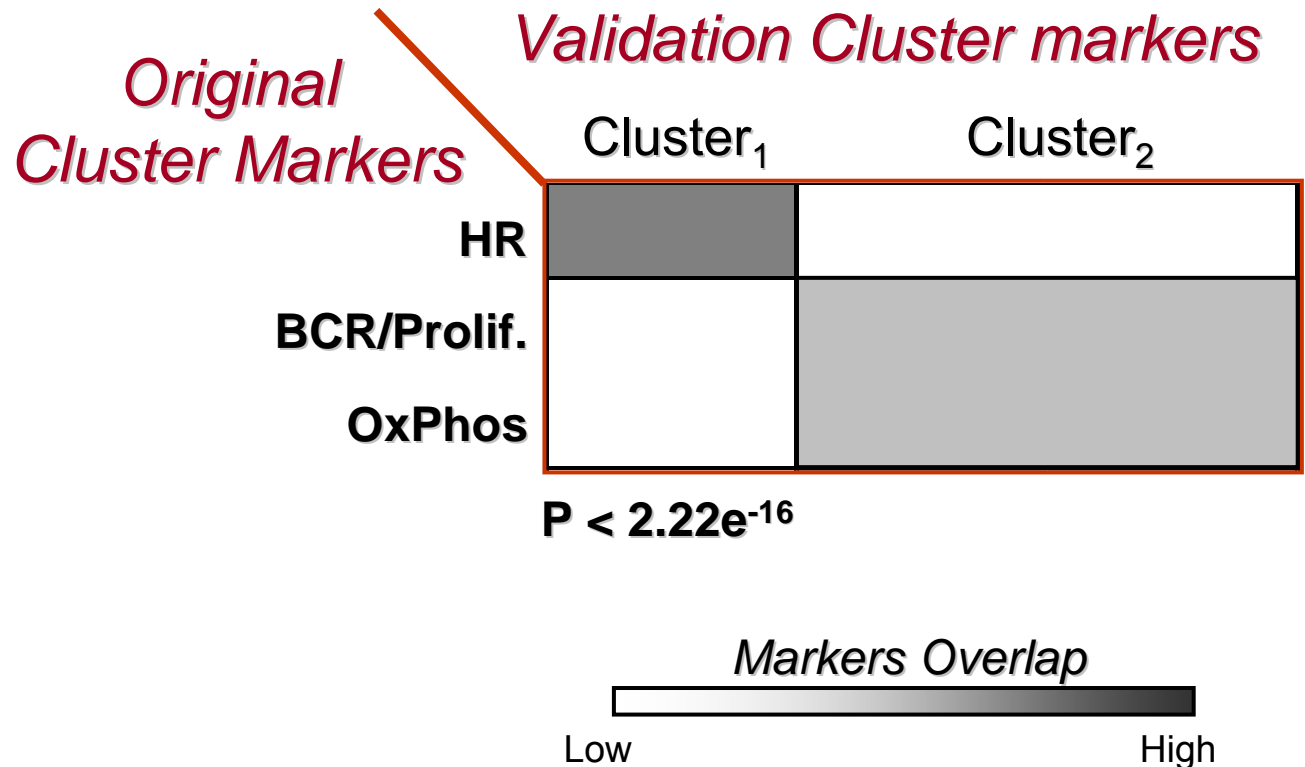
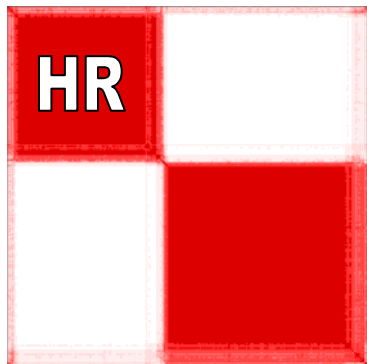


Validation of Consensus Clusters on Independent Database

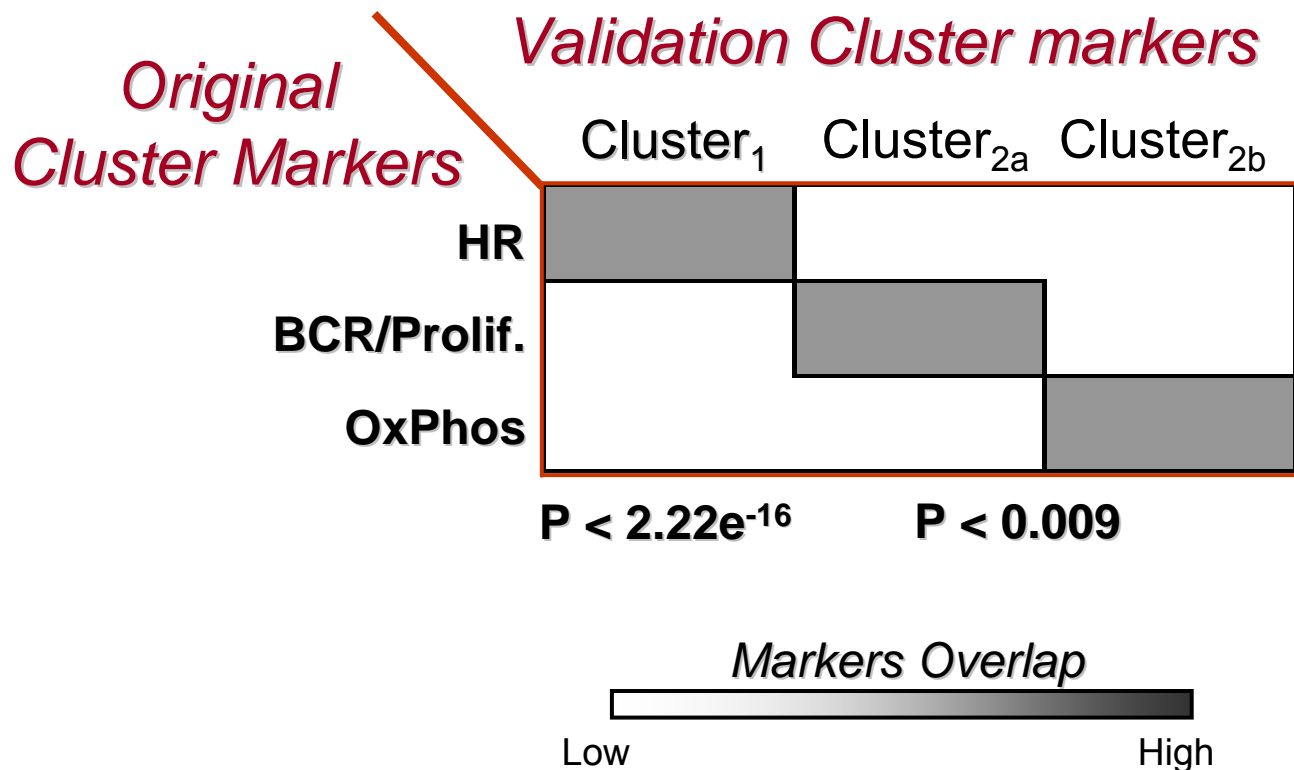
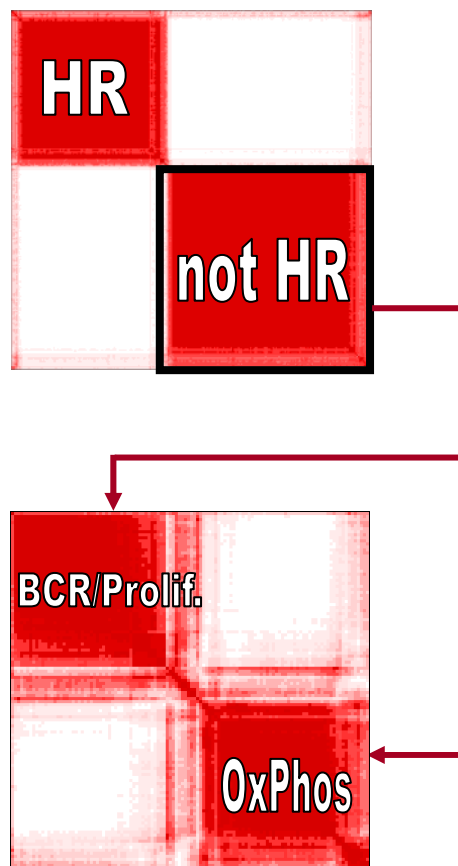
- 221 DLBCL samples on Lymphochip [Rosenwald, et al., NEJM 2003]
- Cross-platform mapping



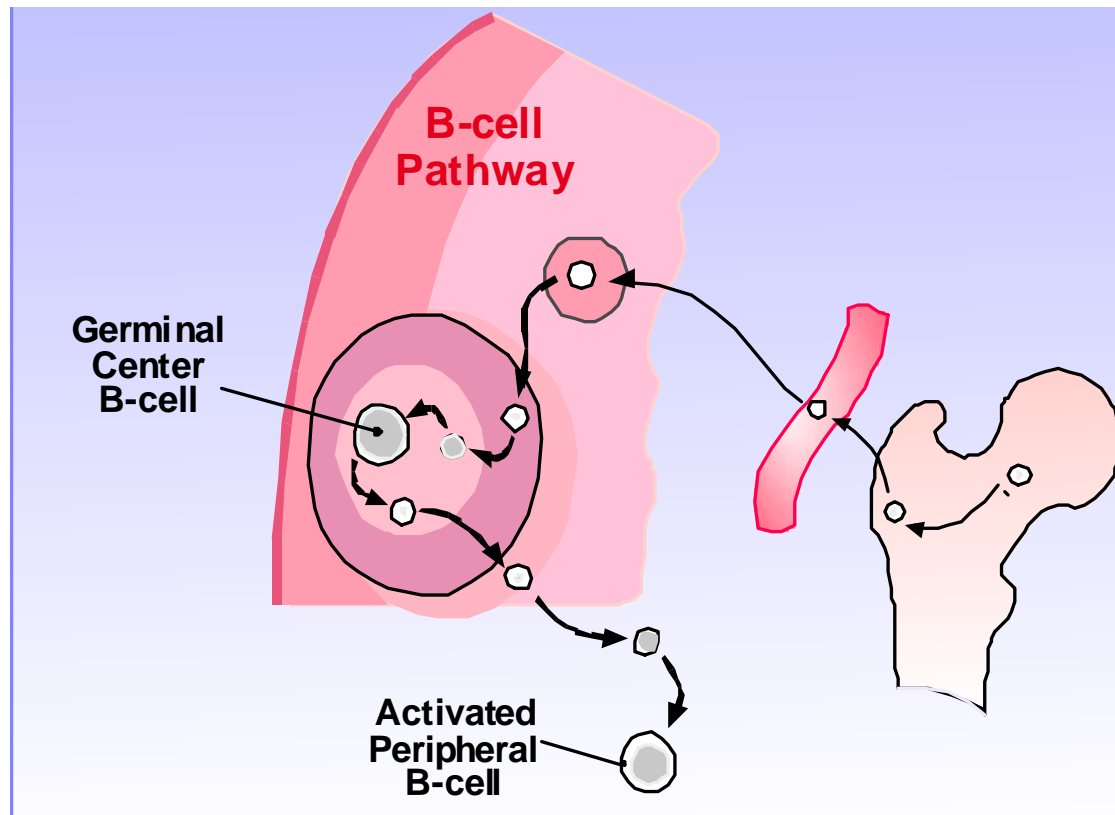
Validation of Consensus Clusters on Independent Database



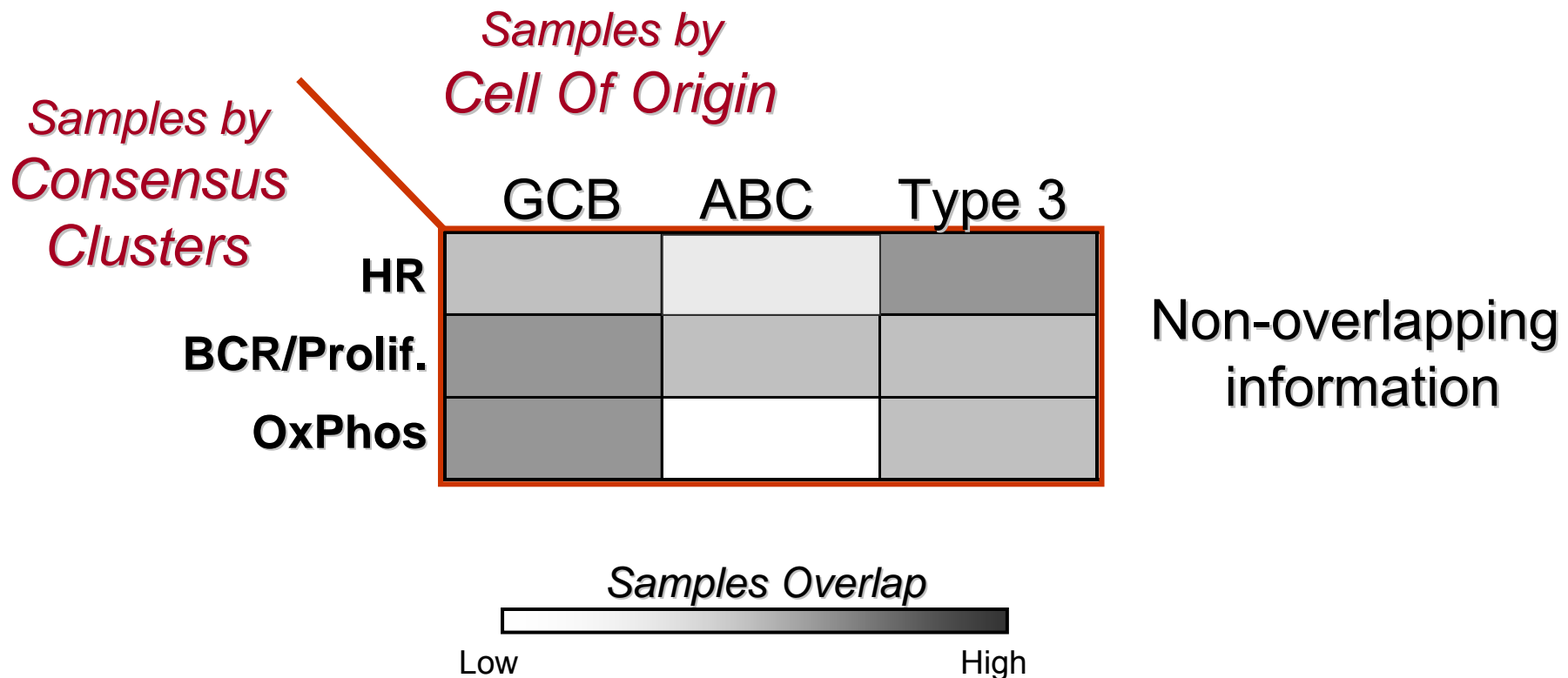
Validation of Consensus Clusters on Independent Database



Consensus Clusters *and* Cell Of Origin

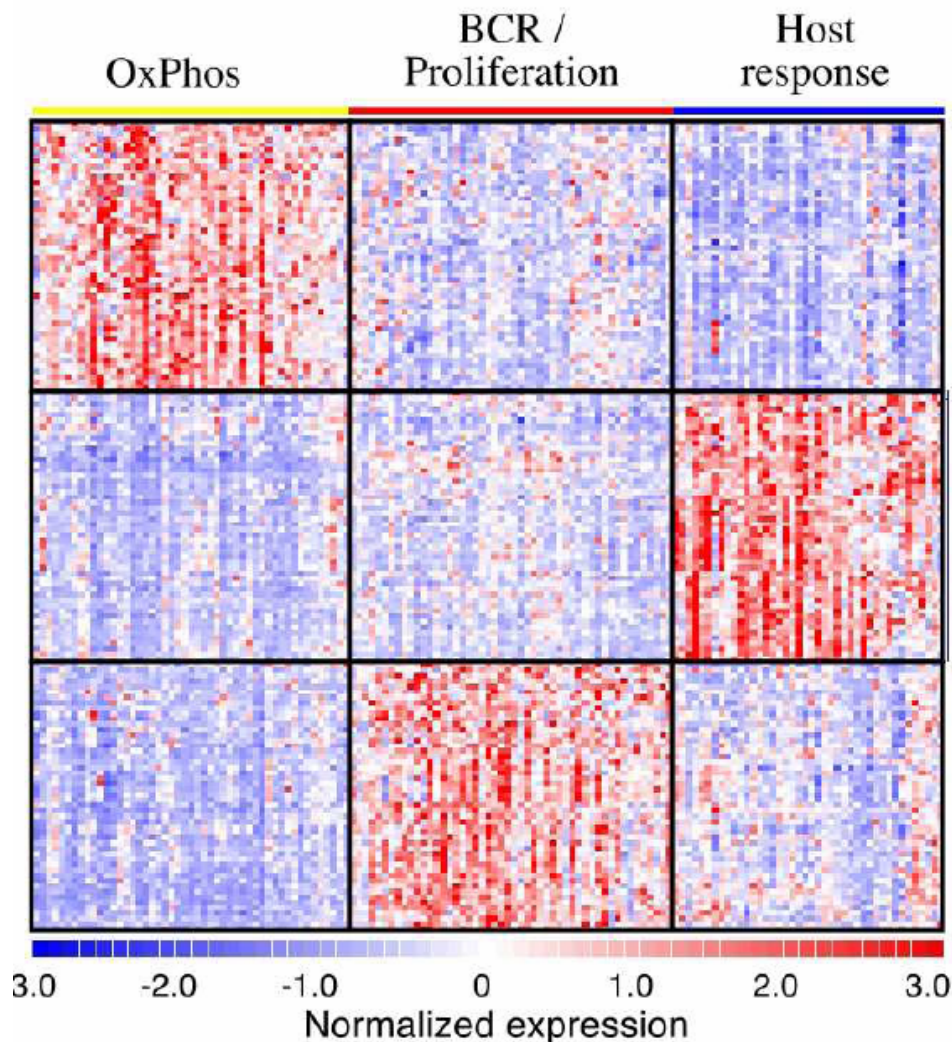


Consensus Clusters *and* Cell Of Origin



COO assignment based on methodology described in [Wright, et al., PNAS 2003].

DLBCL Consensus Clusters



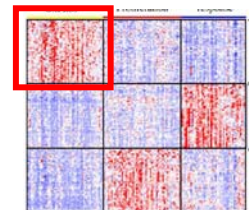
NADH dehydrogenase 1 α/β subcomplex 1
 Cytochrome c oxidase (COX) 7A2L
 ATP binding protein
 Proteasome α 5
 ATP synthase, mitochond. FO complex, subunit c iso 3
 ATP synthase, mitochond. F1 complex, γ polypeptide 1
 Proteasome α 2
 Proteasome α 6
 Mitochondrial ribosomal protein L3
 Translocase of inner mitochondrial membrane 8B
 NADH dehydrogenase 1 β subcomplex 1

Stromal cell-derived factor 1
 TNF-related death ligand 1 β (APRIL)
 IFN-induced transmembrane protein 2
 TNFRSF1 β
 LAMP1
 GATA3
 cMAF
 CD3 ϵ
 Linker for activation of T-cells
 CD2
 T-cell immune regulator 1
 TNFRSF1 α
 Integrin β 2
 IFN regulatory factor 1

CD79A
 Phospholipase C γ 2
 MAP4K1
 CD22
 CD37
 Postmeiotic segreg. increased-2-like 9, 8, 2, 11, 3
 Proliferation-associated protein 100
 Ki67
 Inositol polyphosphate-5-phosphatase
 CHL1-related helicase

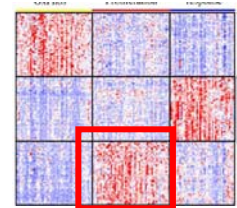
OxPhos cluster

- Genes involved in **oxidative phosphorylation** ($p \leq .002$) and **mitochondrial function** ($p \leq .003$)
 - **BFL-1/A1** (anti-apoptotic BCL-2 family member)
 - members of **NADH dehydrogenase** complex
 - members of the **COX** complex
 - **ATP synthase** components



BCR/Proliferation cluster

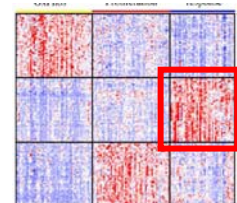
- BCR signaling components
 - CD19, IG, CD79a, BLK, SYK, PLCgamma2, MAP4K
- B-cell transcription factors
 - PAX5, OBF-1, E2A, BCL6, STAT6, MYC
- Cell cycle regulatory genes
 - CDK2, MCM
- DNA repair genes
 - PMS2, H2AX, PTIP, p53



Host Response (HR) cluster

signature largely defined by the associated host response rather than the tumor itself

- Components of TCR (TCR α/β , CD3), CD2, T/NK cell activation, and complement cascade.
- Co-regulated inflammatory mediators
- More abundant monocyte/macrophage & dendritic cell transcripts
- Interferon-induced genes, TNF ligands/receptors, cytokine receptors.



Tumor Infiltrating Lymphocytes (TILs)* (morphology)

Consensus clusters

> 20 TILs/HPF

HR

65%

BCR/proliferation

14%

OxPhos

11%

p < .0001

* Morphologically normal (CD2+) lymphocytes with round/oval nuclei and delicately dispersed chromatin.

TILs and Dendritic Cells in HR tumors (immunostaining)

- Increased # of CD2⁺/CD3⁺ T-cells (p≤.005)
- Increased # of GILT⁺ dendritic cells (DC) (p=.06)
 - Interdigitating DCs (S100⁺, CD1a⁻ CDC123⁻), (p<.009)
 - correlated with TILs (p<.0001)

HR tumors and T-cell/histiocyte-rich LBCs

- HR tumors appear
 - in younger patients ($p=0.04$);
 - with higher incidence of splenic ($p=0.02$) and BM involvement ($p=0.03$).

- 8/10 patients with T-cell/Histiocyte-rich LBCs fall in the HR cluster

Genetic abnormalities

in DLBCL consensus clusters

Nearly absent in the HR cluster

| Genetic abnormality | OxPhos (n=27) | BCR/ Prolif. (n=50) | HR (n=29) | Total (n=116) |
|---------------------|------------------|------------------------|--------------|------------------|
| t(14;18) | 8 (22%) | 5 (10%) | 1 (3%) | 14 (12%) |
| t(3; ...) | 2 (5%) | 8 (16%) | 1 (3%) | 11 (9%) |
| None | 27 (73%) | 37 (74%) | 27 (93%) | 91 (78%) |

p = .059

* Columns may not add to 100% because of rounding.

Summary

- Identified three robust clusters by transcriptional profiling and confirmed in independent series.

- HR cluster characterized by:
 - inflammatory/immune cell infiltrate
 - fewer known genetic lesions
 - distinct clinical features

- Different mechanisms of transformation?

Participants

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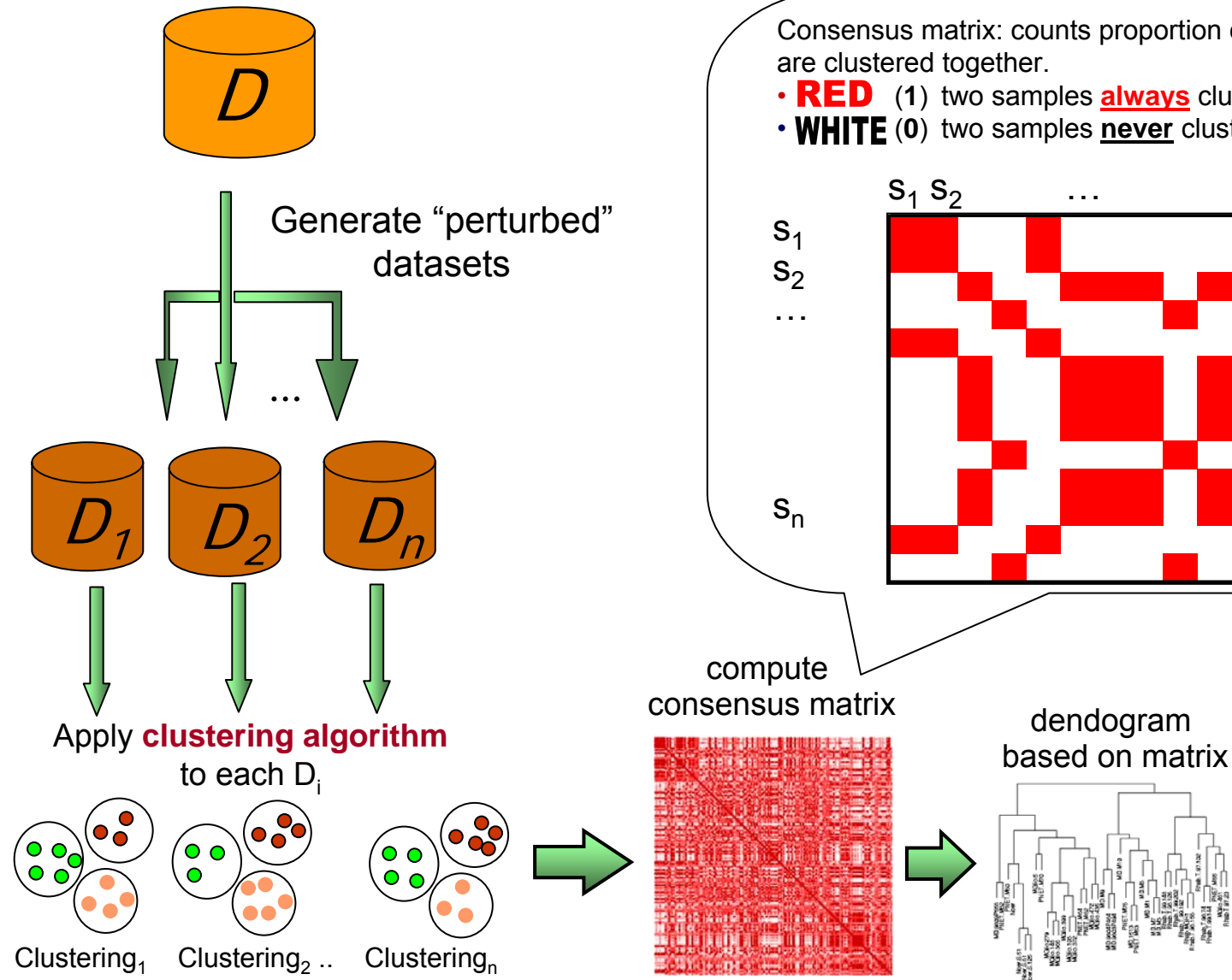
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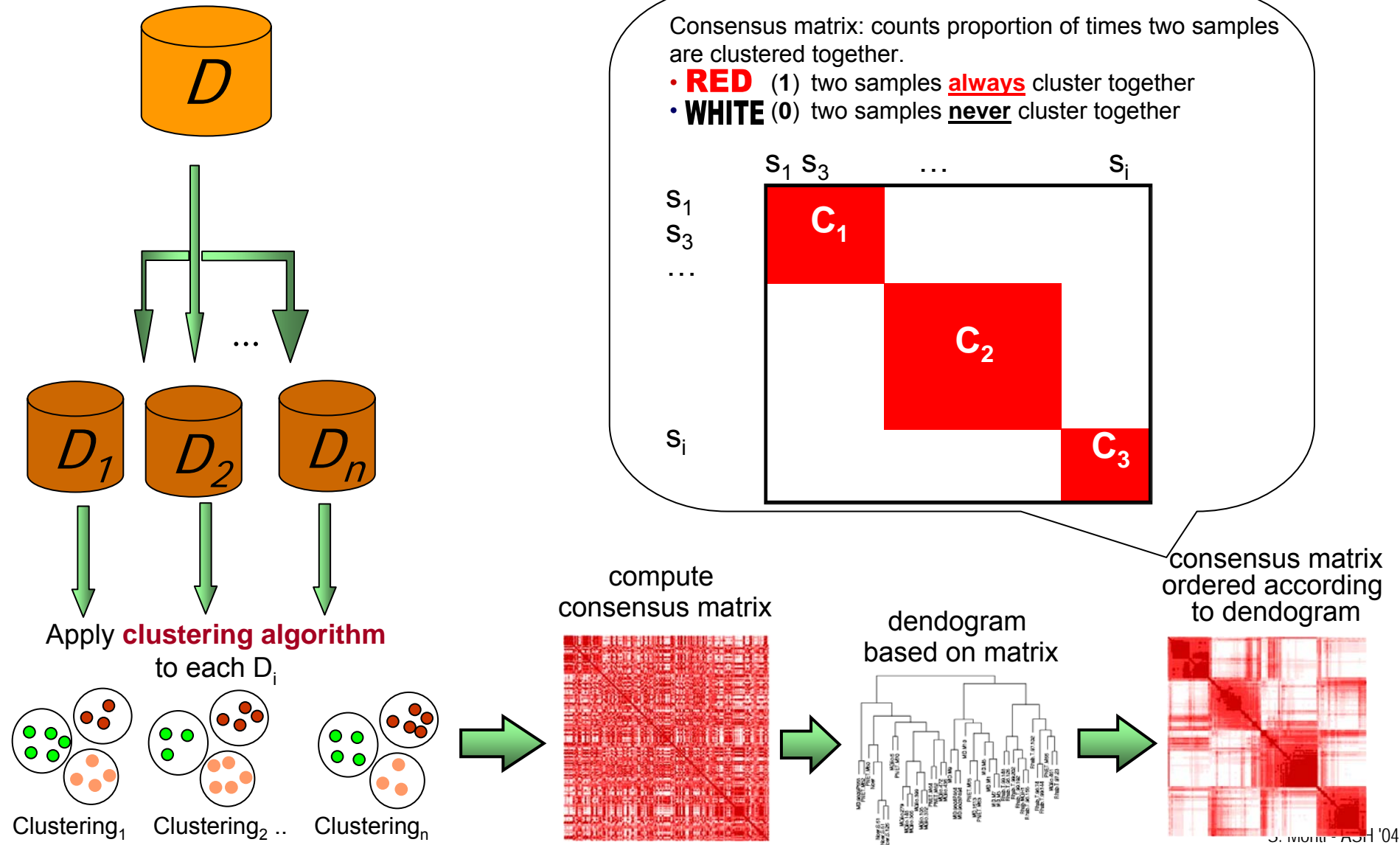
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Appendix

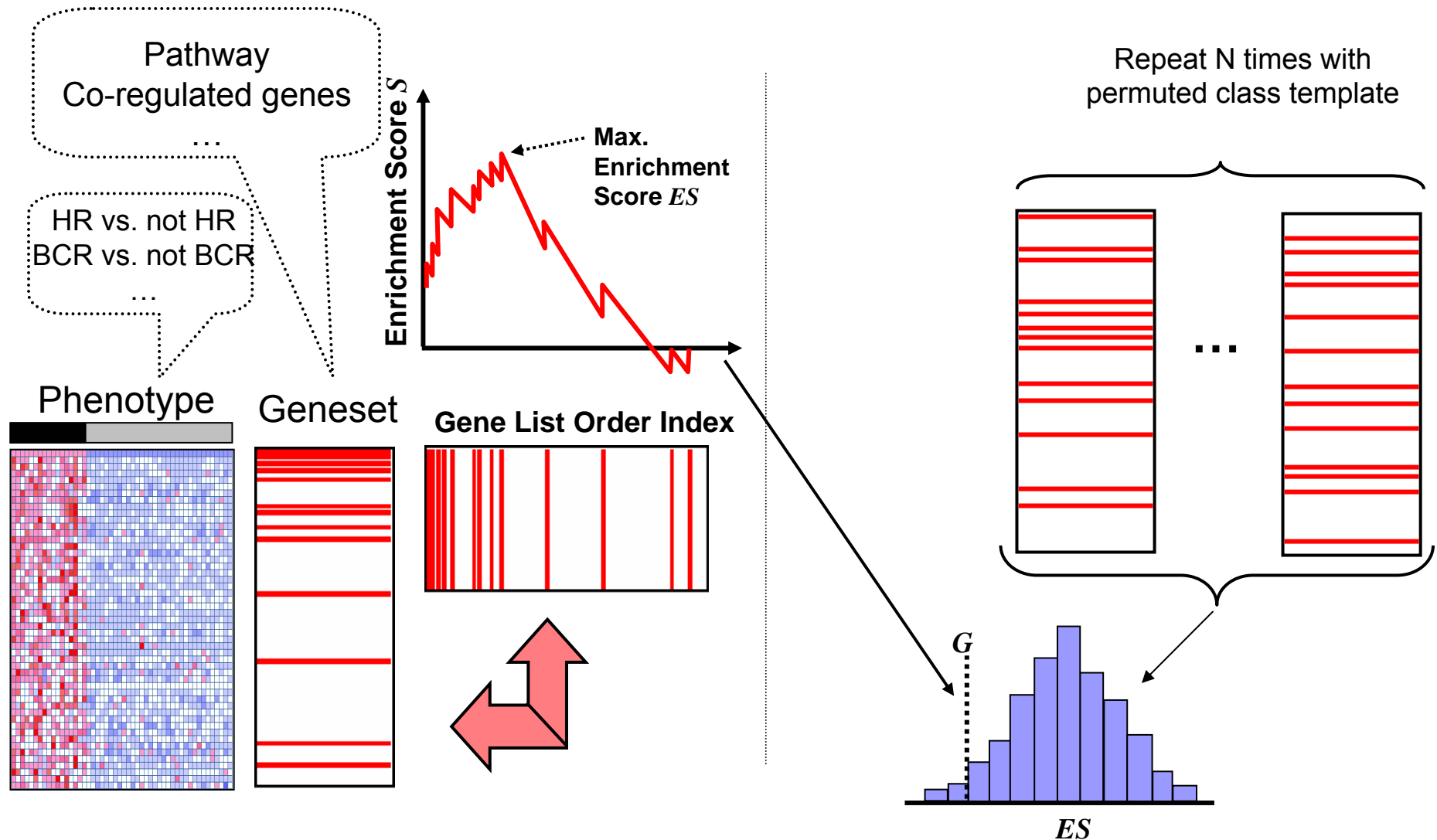
Consensus Clustering



Consensus Clustering



Gene Set Enrichment Analysis



Clusters' annotation by GSEA

