

2019



Progetto  
Ematologia-Romagna

Con il patrocinio di

SE - Società Italiana di Ematologia  
SIES - Società Italiana di Ematologia Sperimentale

Comune di Faenza  
Comune di Ravenna



UNIVERSITÀ DI BOLOGNA  
DIPARTIMENTO DI EMATOLOGIA  
Policlinico S. Orsola

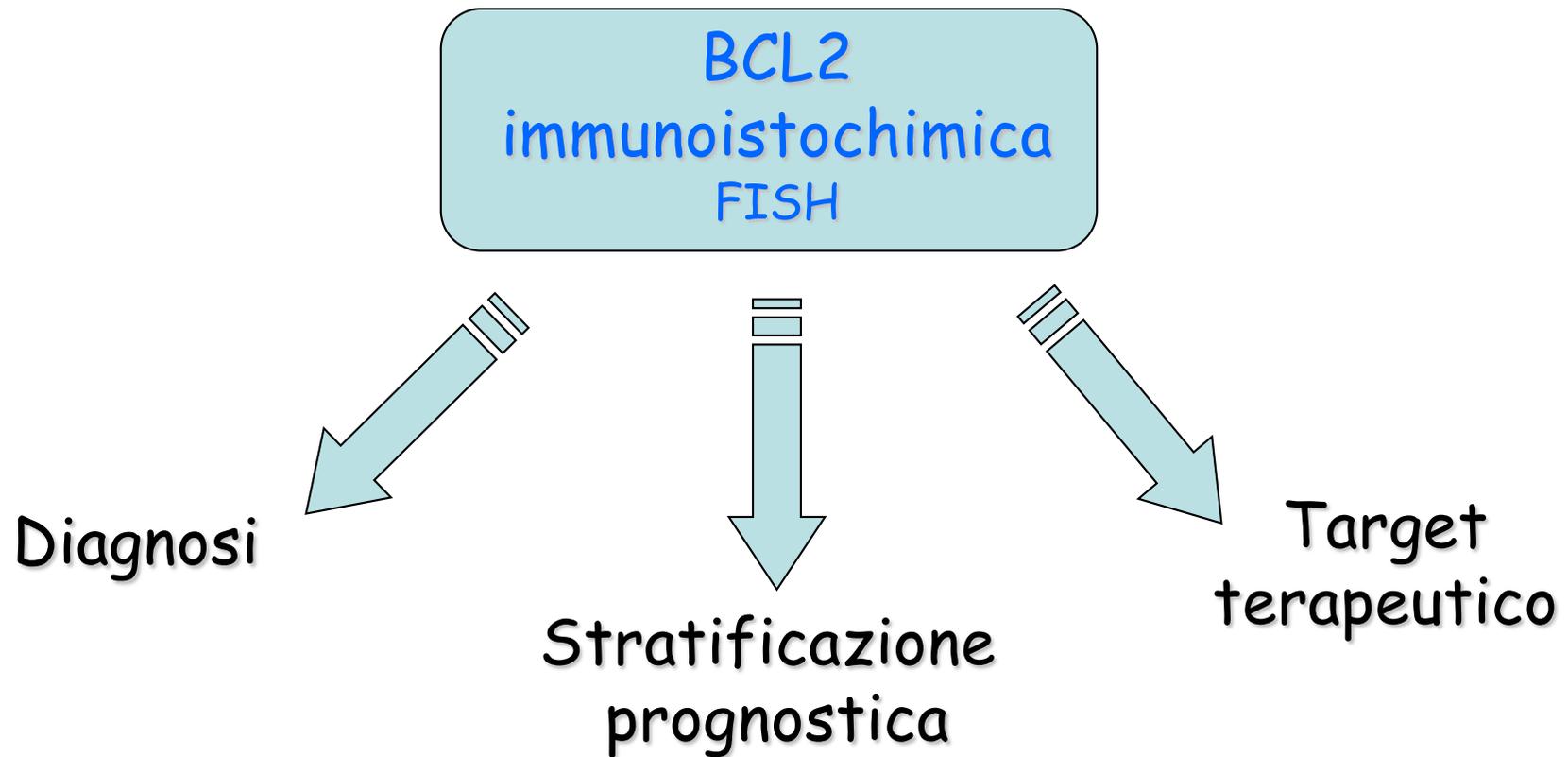
*IL BCL2 È IL GENE DELLA "VITA";  
LE SUE ALTERAZIONI  
(MUTAZIONE, TRASLOCAZIONI E AMPLIFICAZIONI)  
INDUCONO MALATTIE  
LINFO-MIELOPROLIFERATIVE*

**Ruolo diagnostico  
dell'emolinfopatólogo**

Agostinelli C,  
UO Emolinfopatólogia  
Istituto Seragnoli  
Policlinico S.Orsola  
Univeristà di Bologna



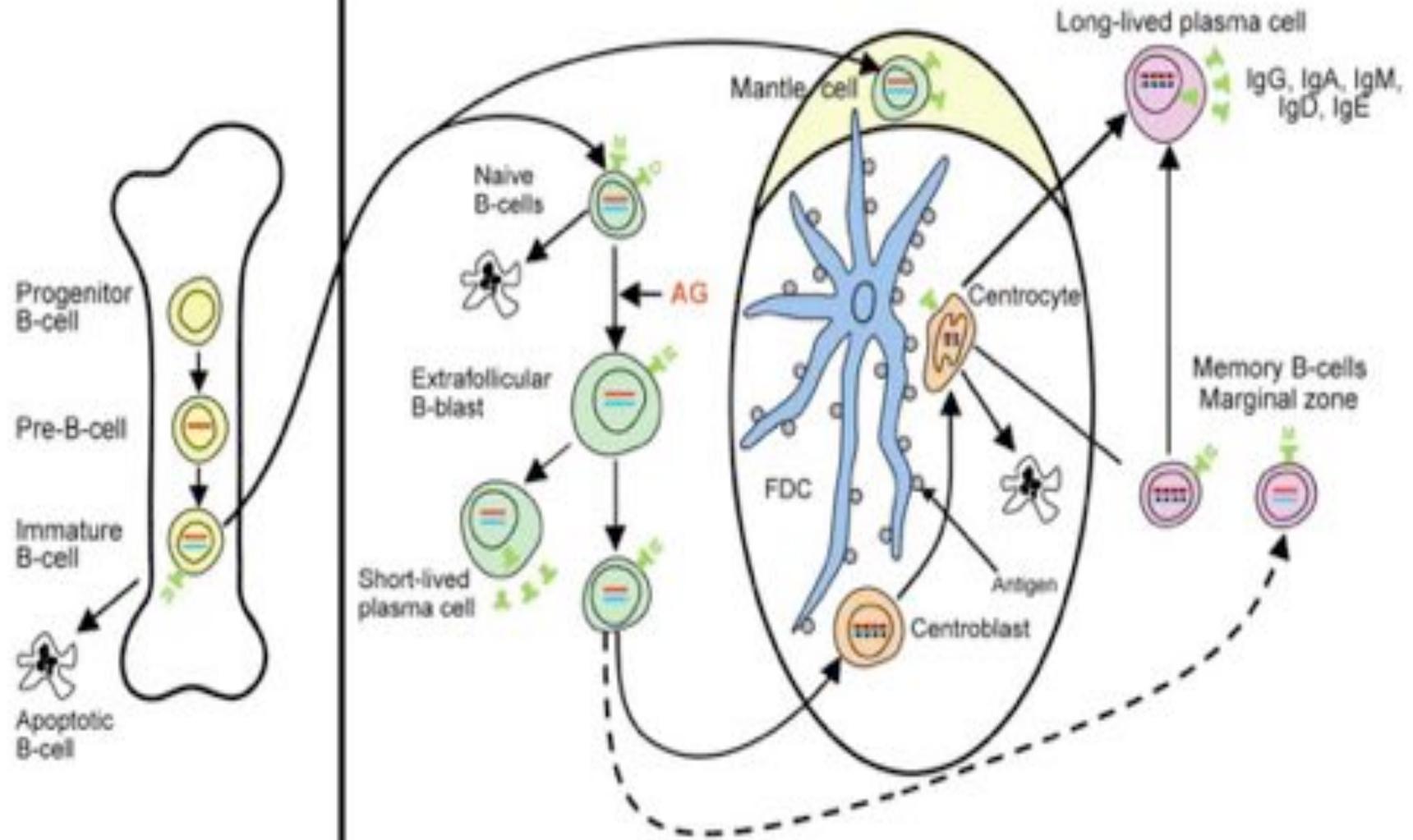
# BCL2 in ematopatologia



**Central lymphoid tissue**

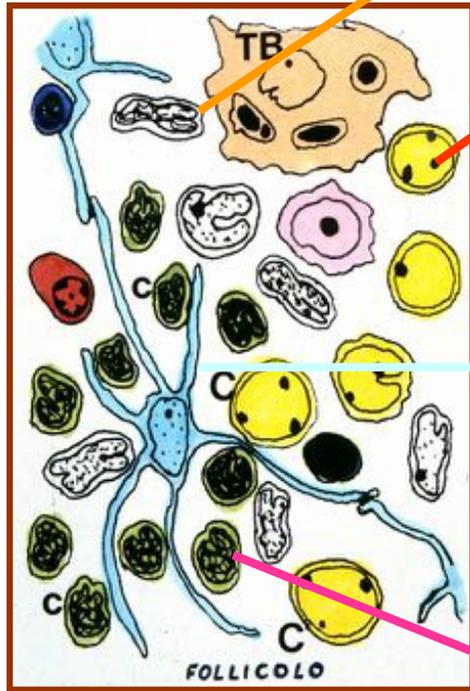
**Peripheral lymphoid tissue**

Precursor B-cells	Peripheral (mature) B-cells		
Bone marrow	Interfollicular area	Follicular area	Perifollicular area



# Bcl-2: anti-apoptotic protein

## Follicolo reattivo

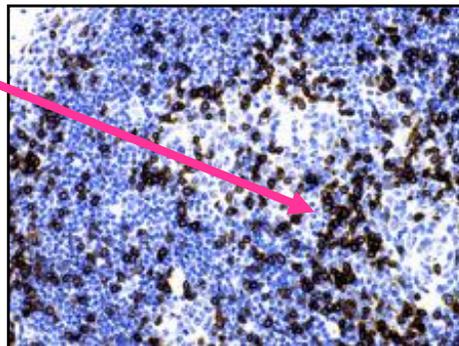
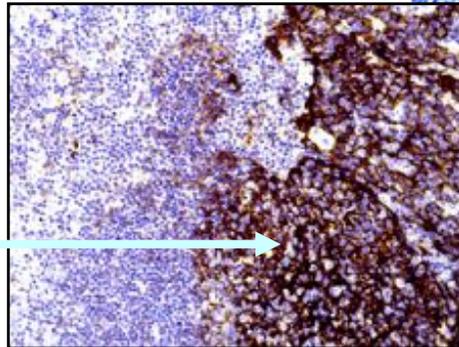
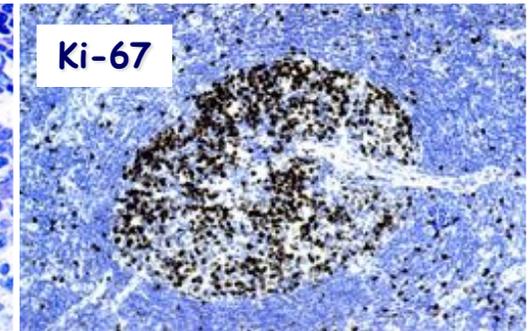
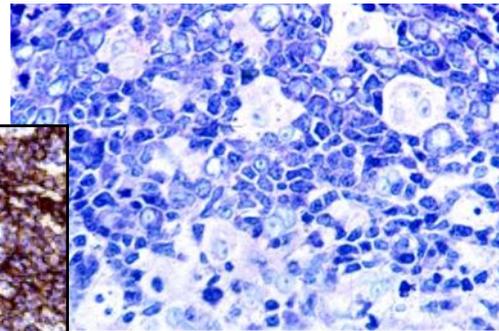
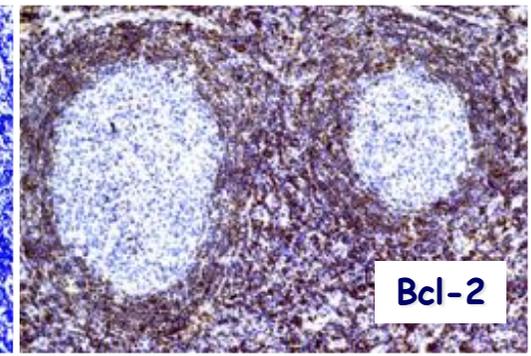
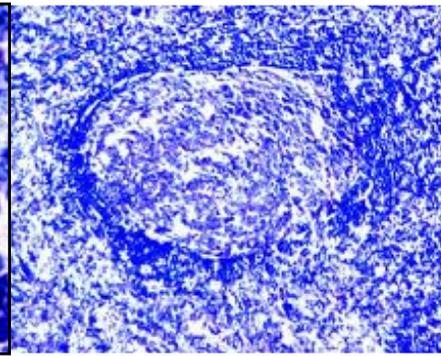
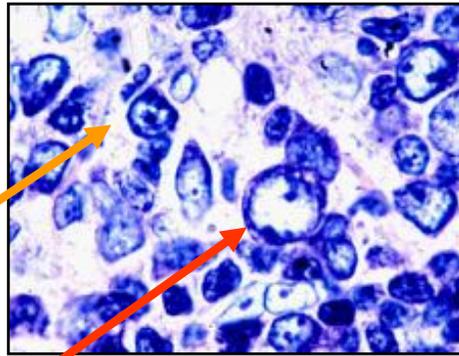


cc

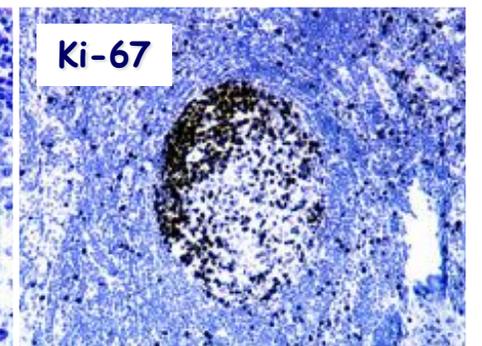
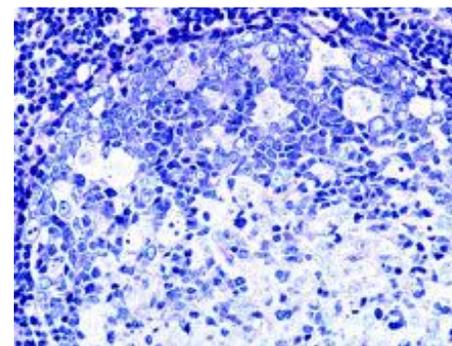
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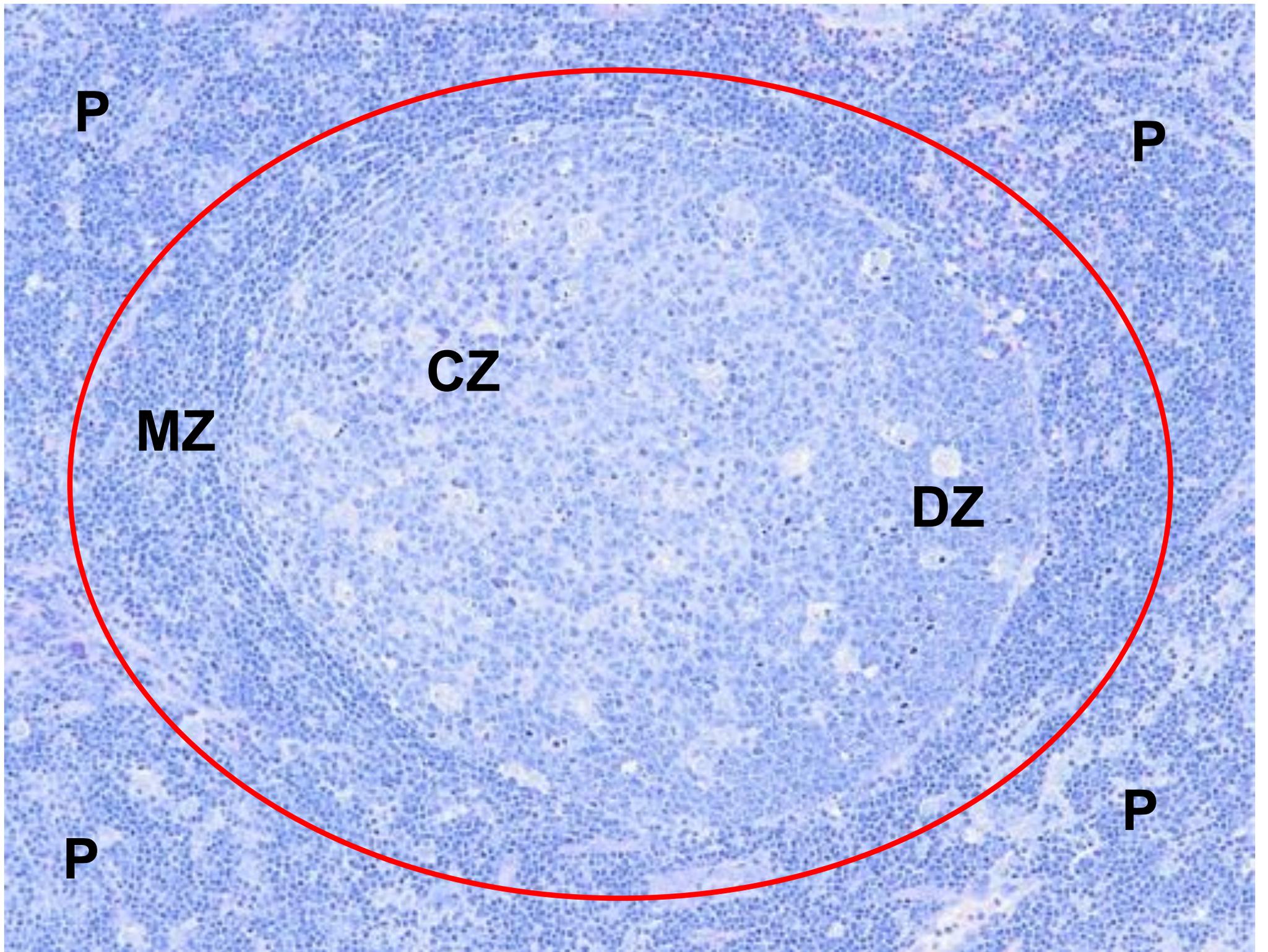
fdc

T

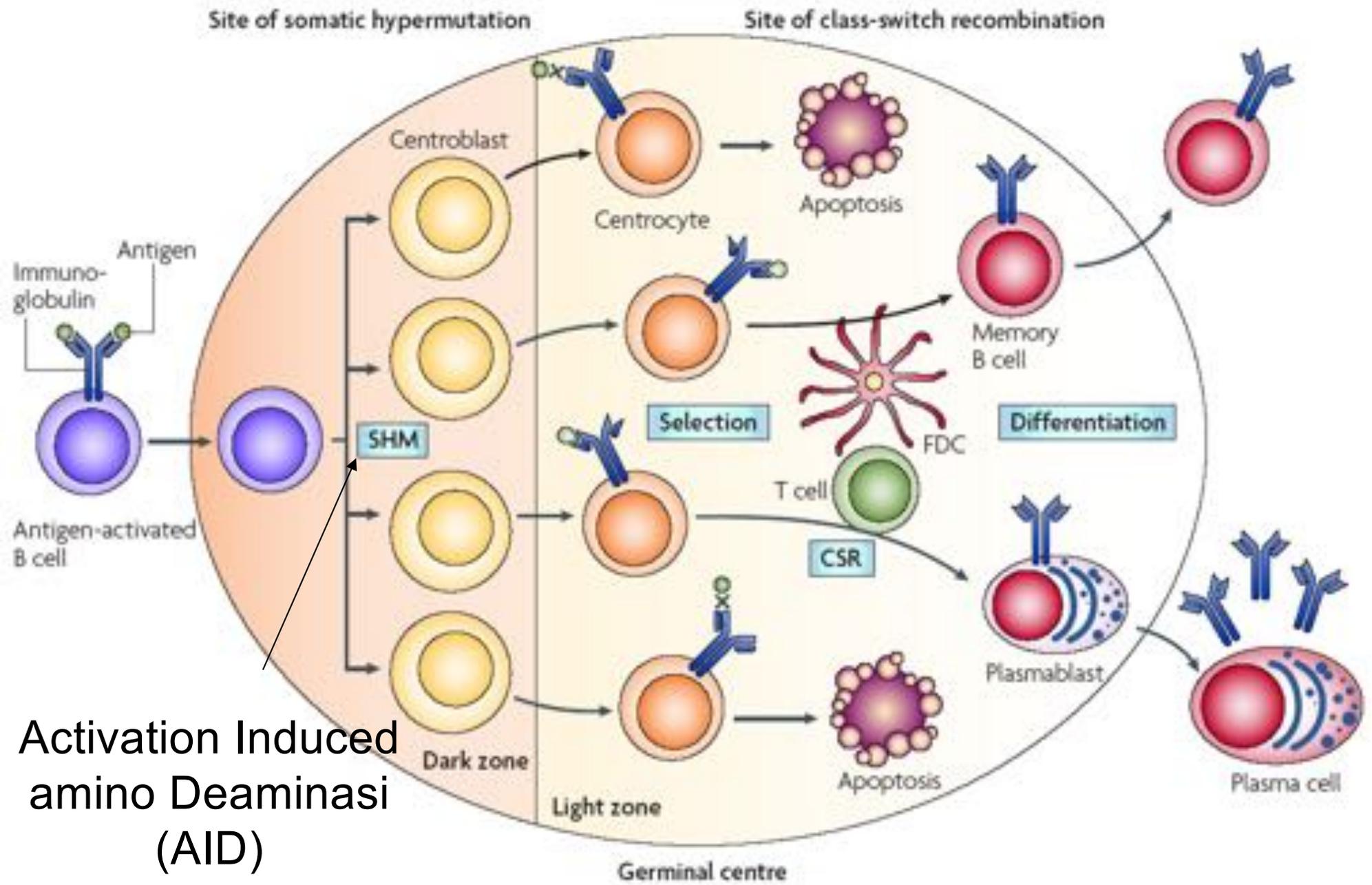


## Polarizzazione del GC



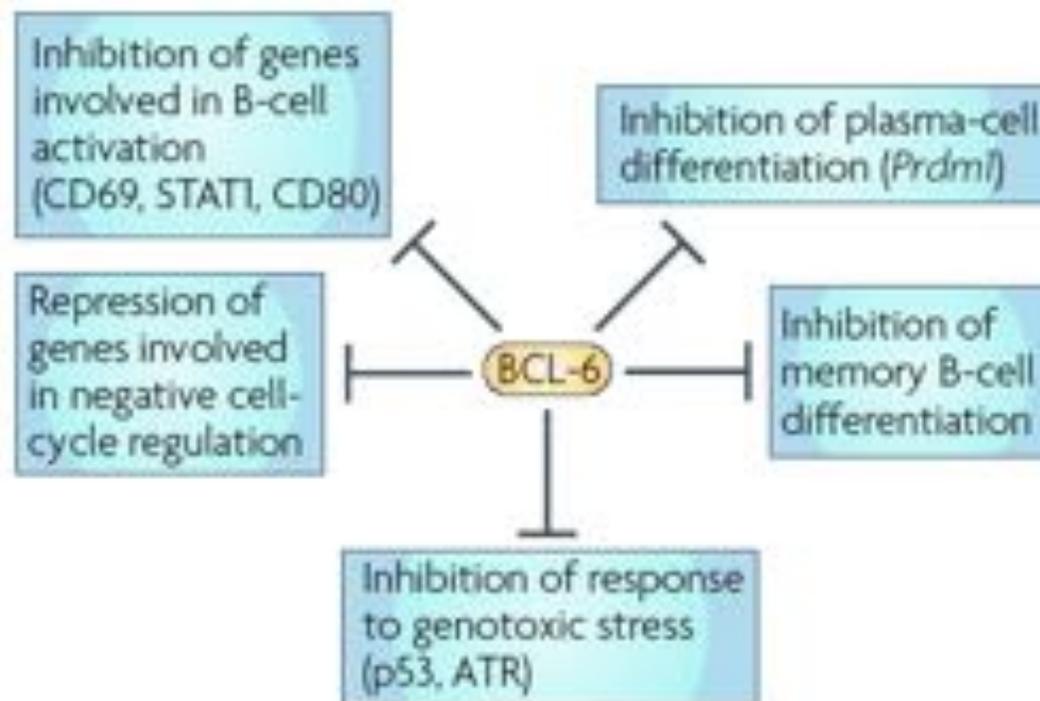
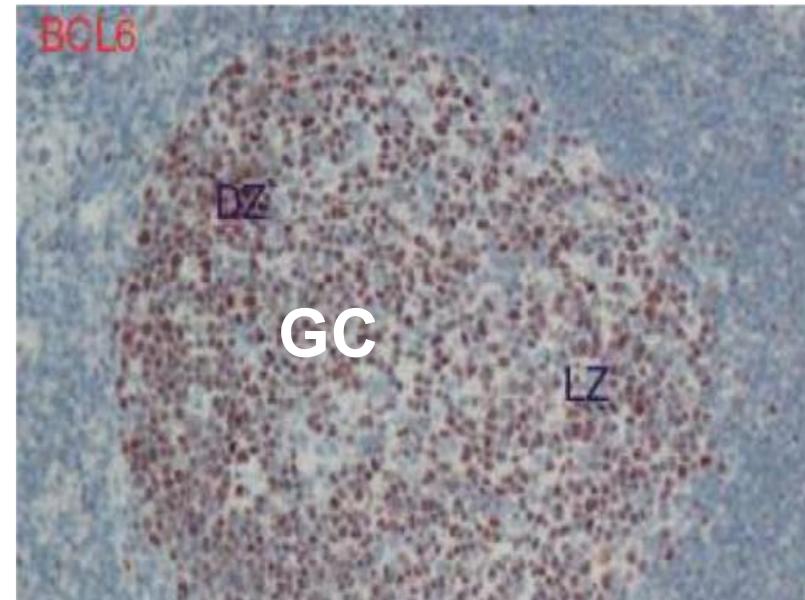


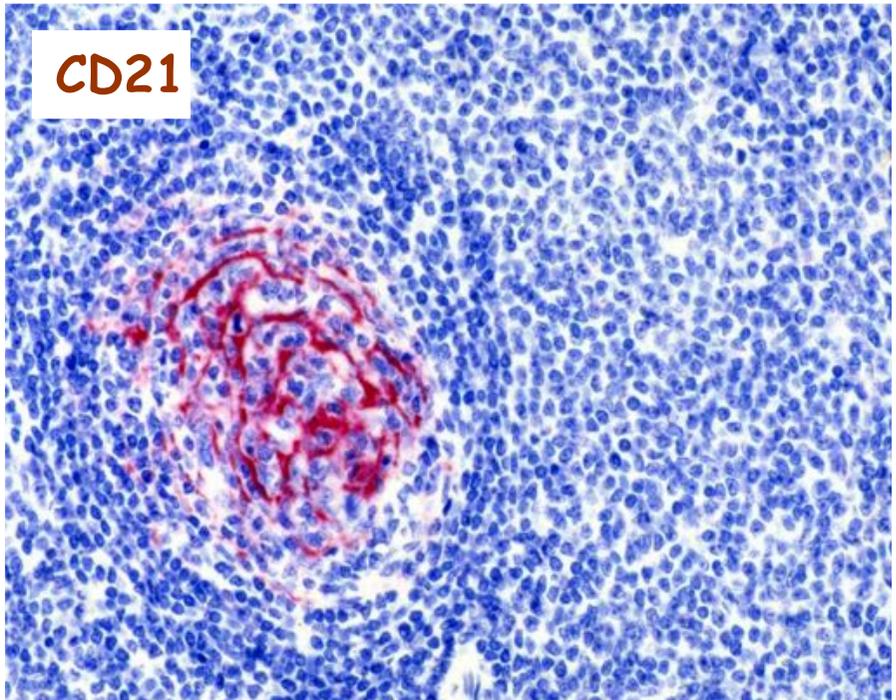
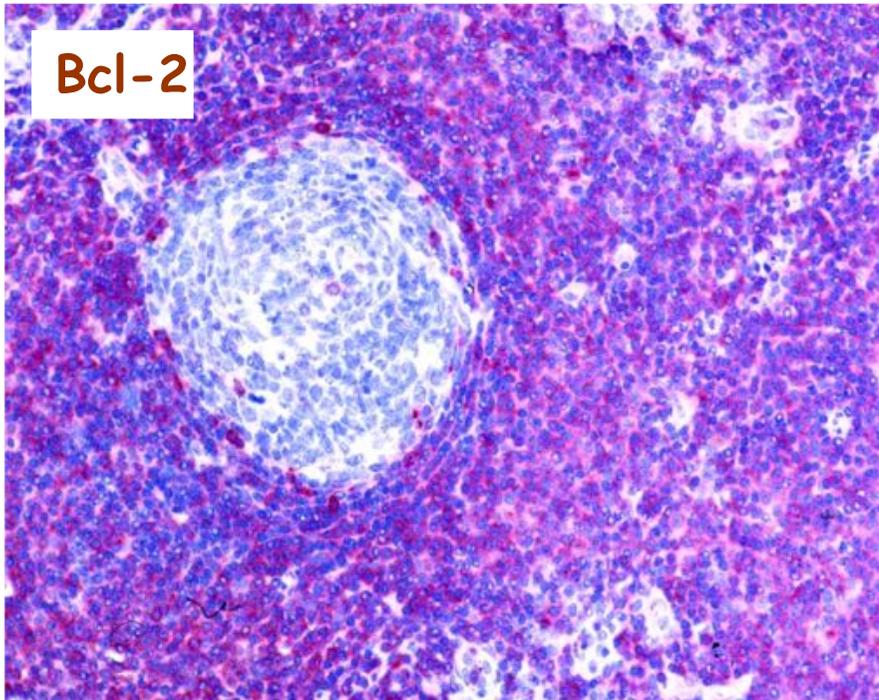
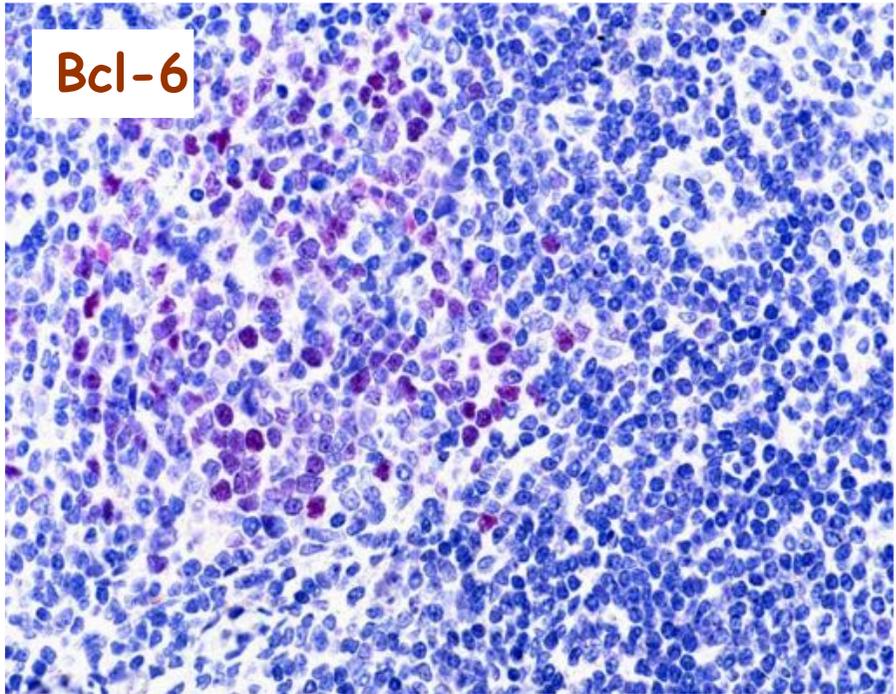
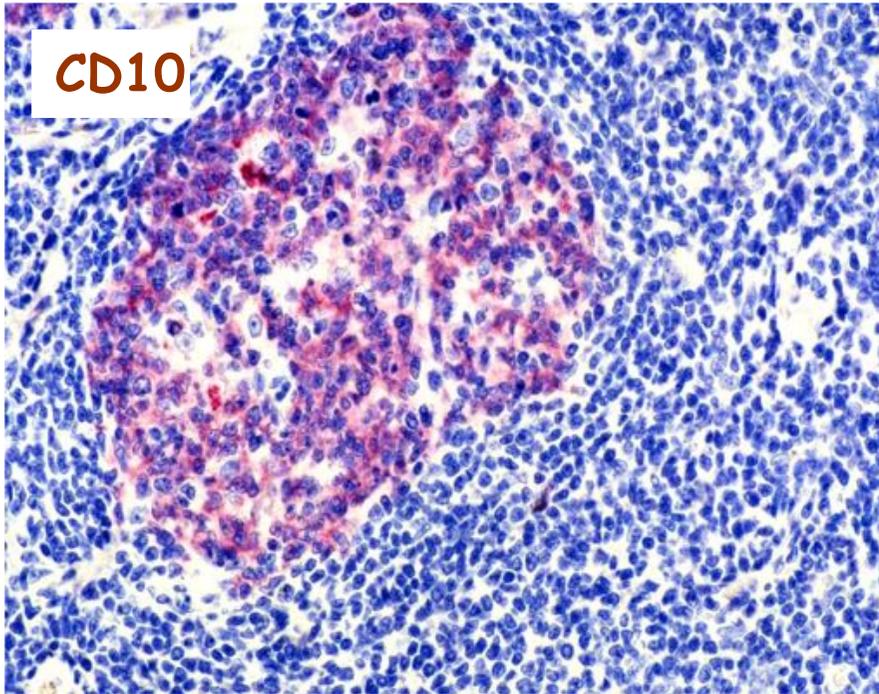
# Fisiologia del centro germinativo



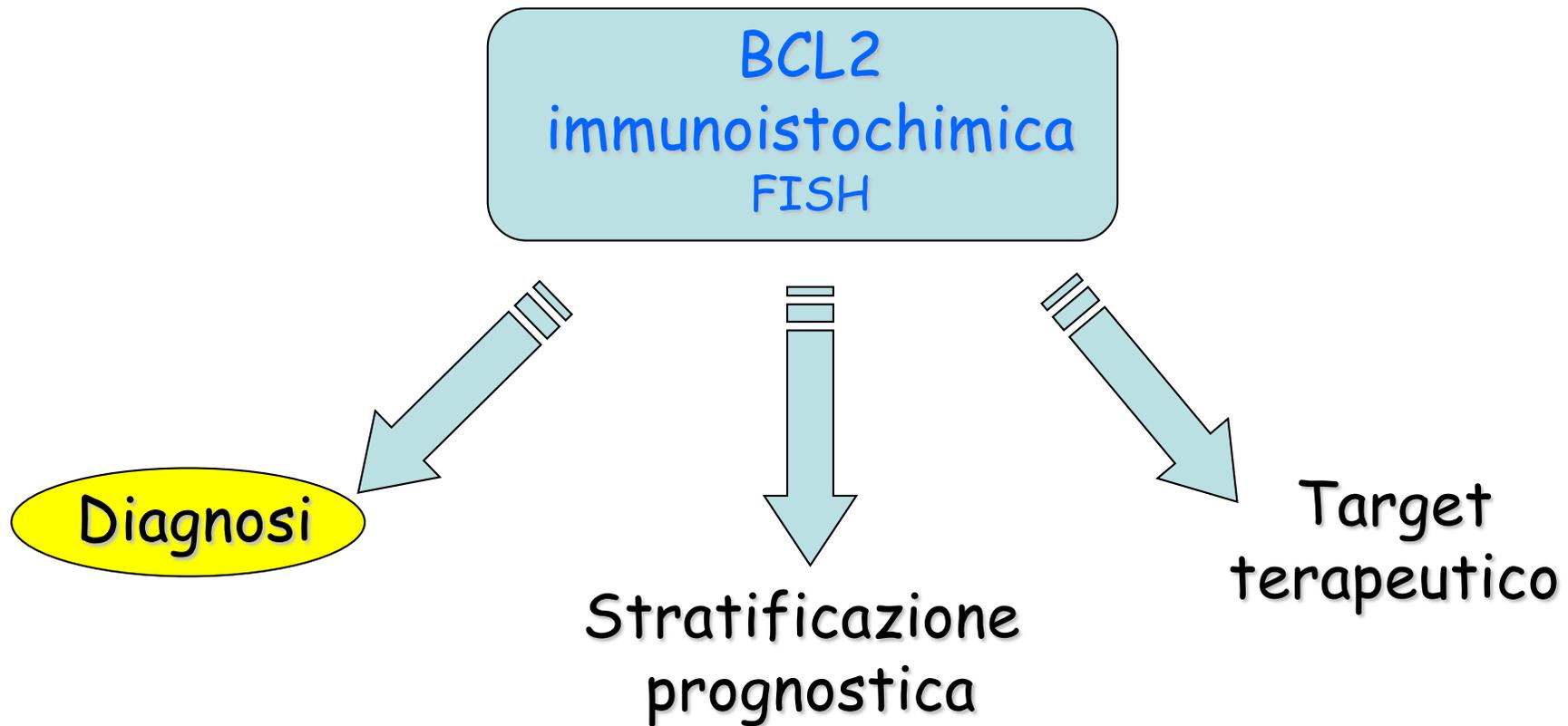
Activation Induced amino Deaminasi (AID)

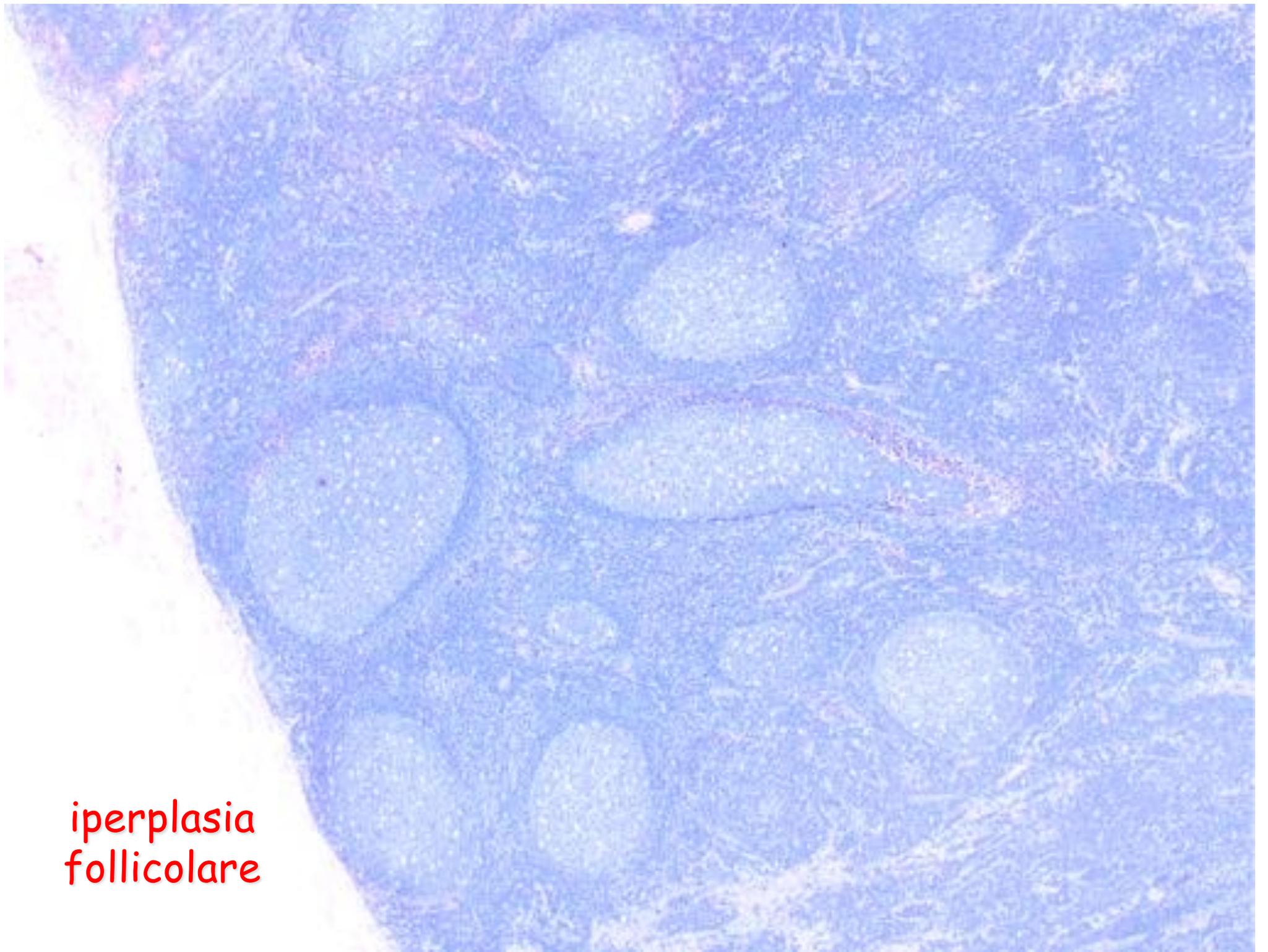
**BCL6** è il gene regolatore principale dello sviluppo dei centroblasti e della maggior parte dei centrociti. Fosfoproteina che funziona da repressore della trascrizione reclutando complessi di co-repressori.



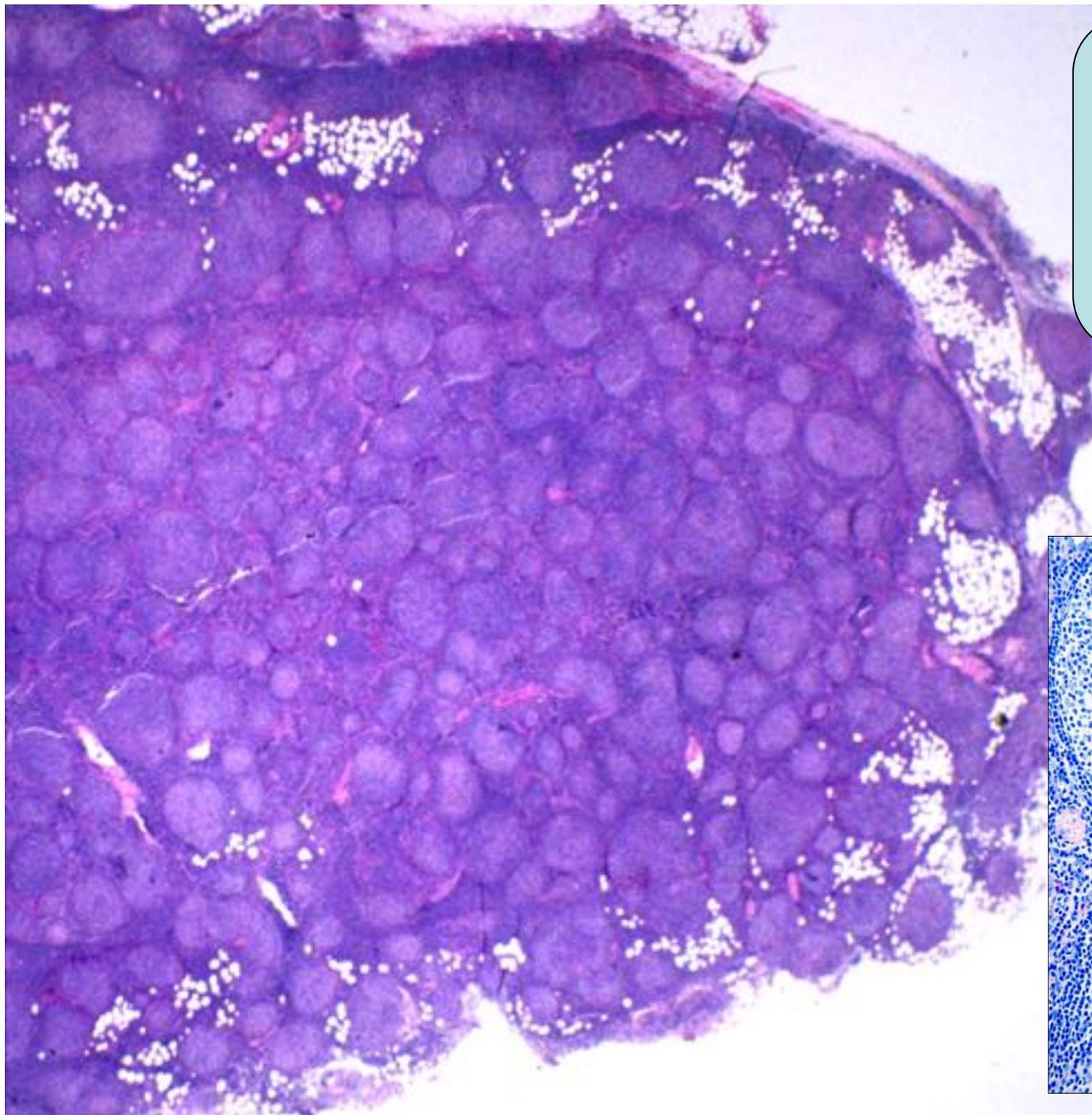


# BCL2 in ematopatologia



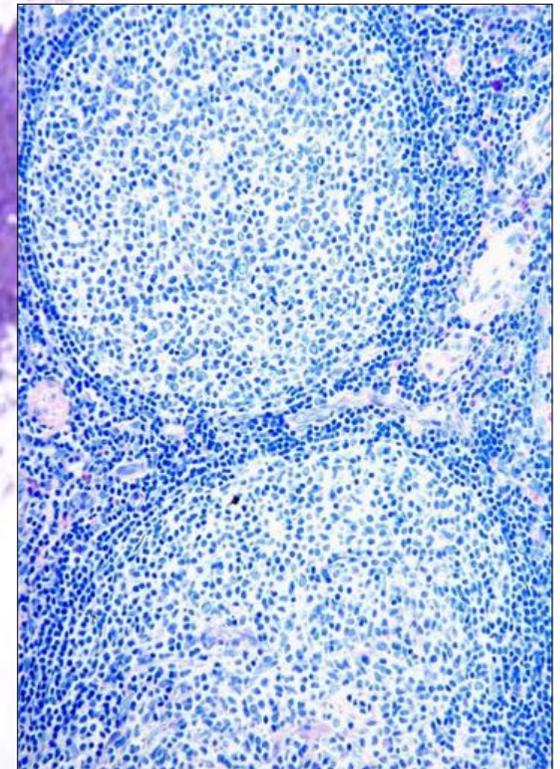


iperplasia  
follicolare

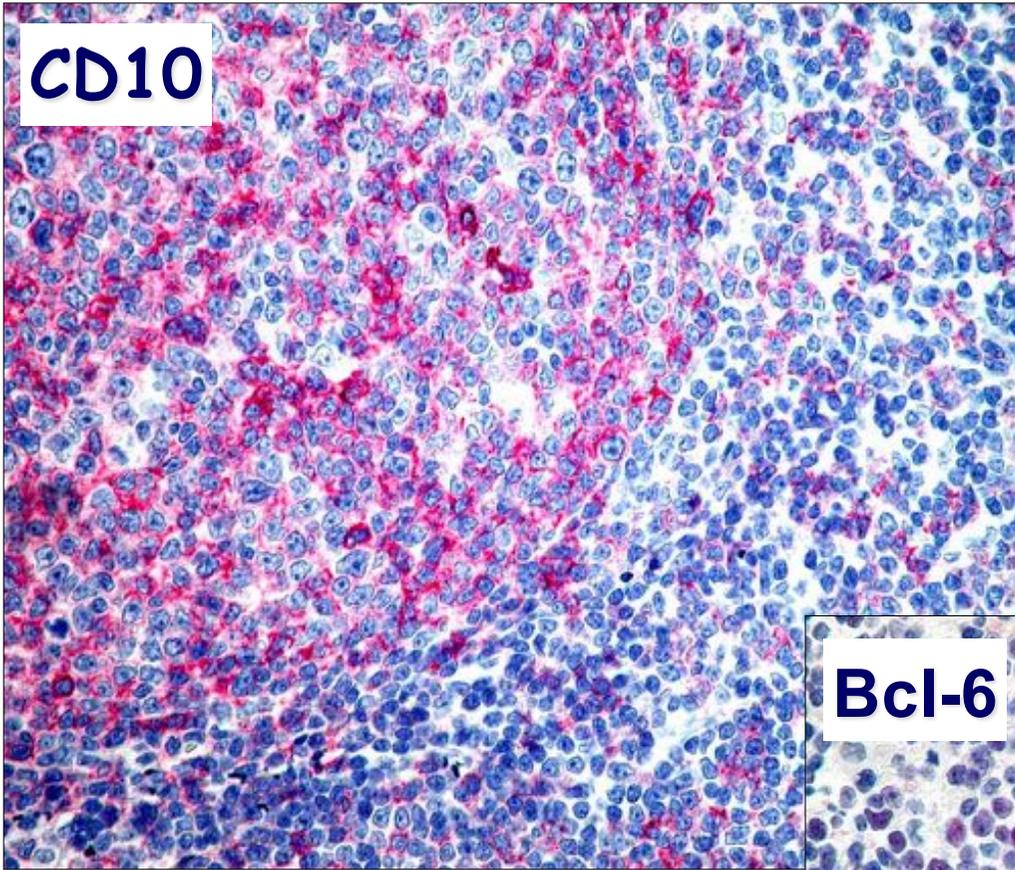


Follicoli addossati  
mantelli attenuati o  
assenti mancanza  
assenza  
polarizzazione di GC

Linofoma  
follicolare

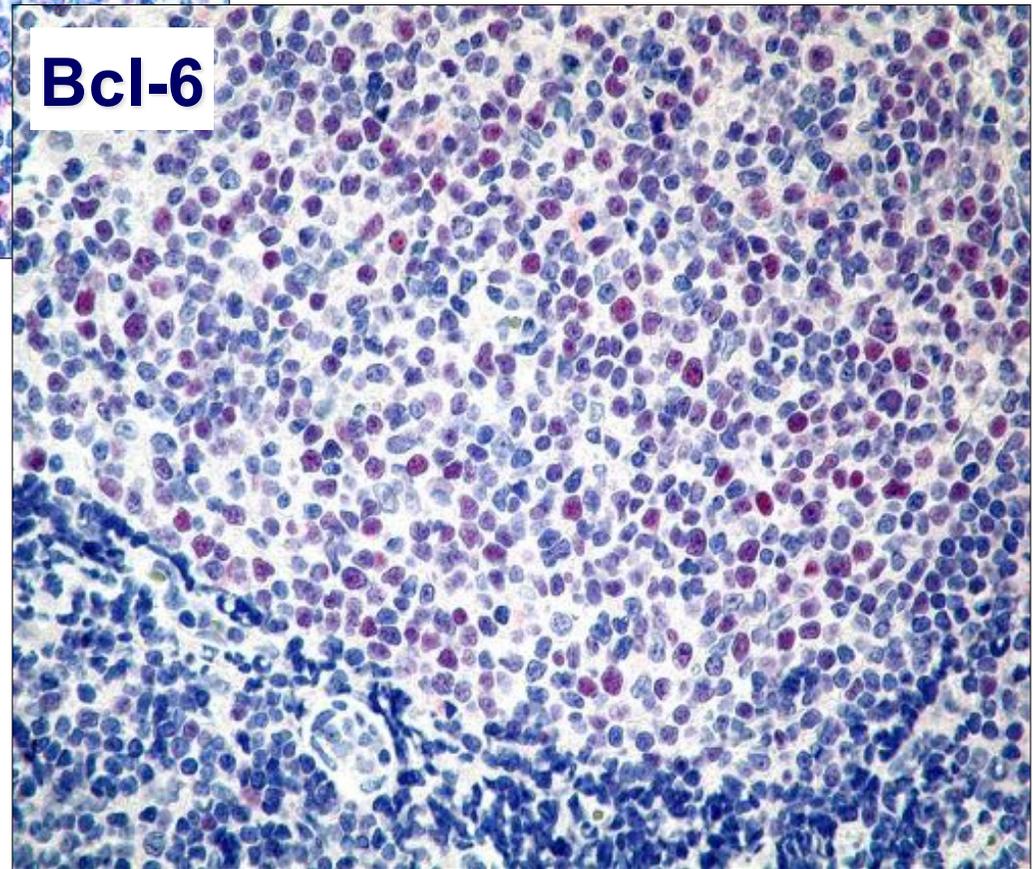


**CD10**



## Germinal Center markers

**Bcl-6**



Bcl-2



*Chr 18 Proto-oncogene BCL2*



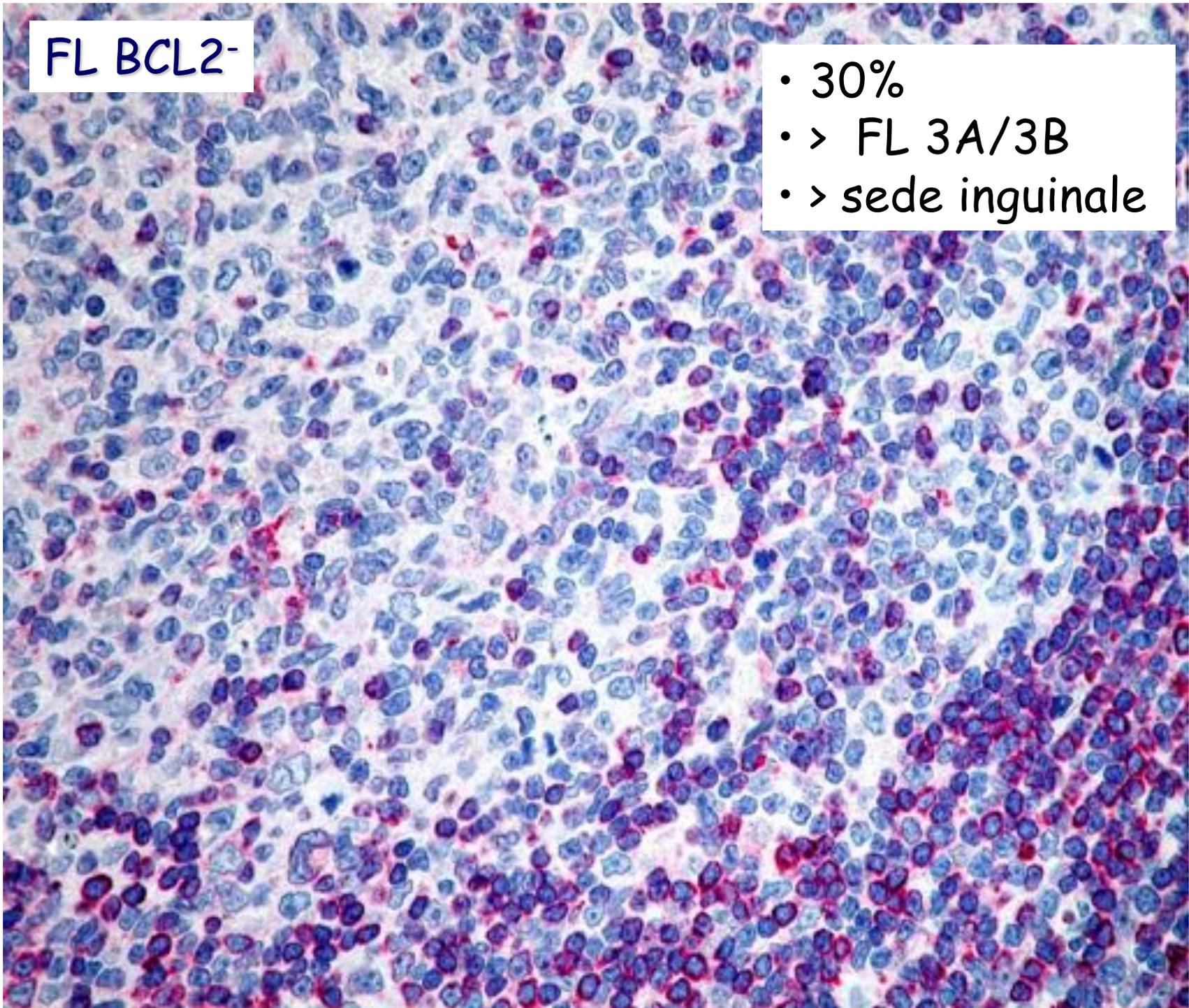
*Chr 14 IGH@*



Deregolazione trascrizionale proto-oncogene

FL BCL2-

- 30%
- > FL 3A/3B
- > sede inguinale



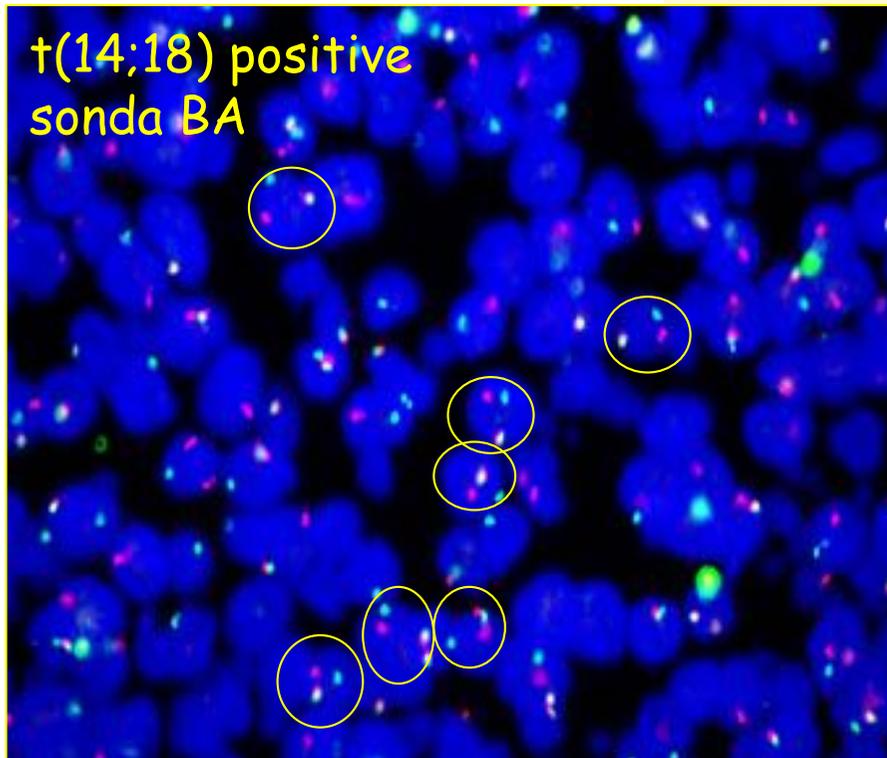
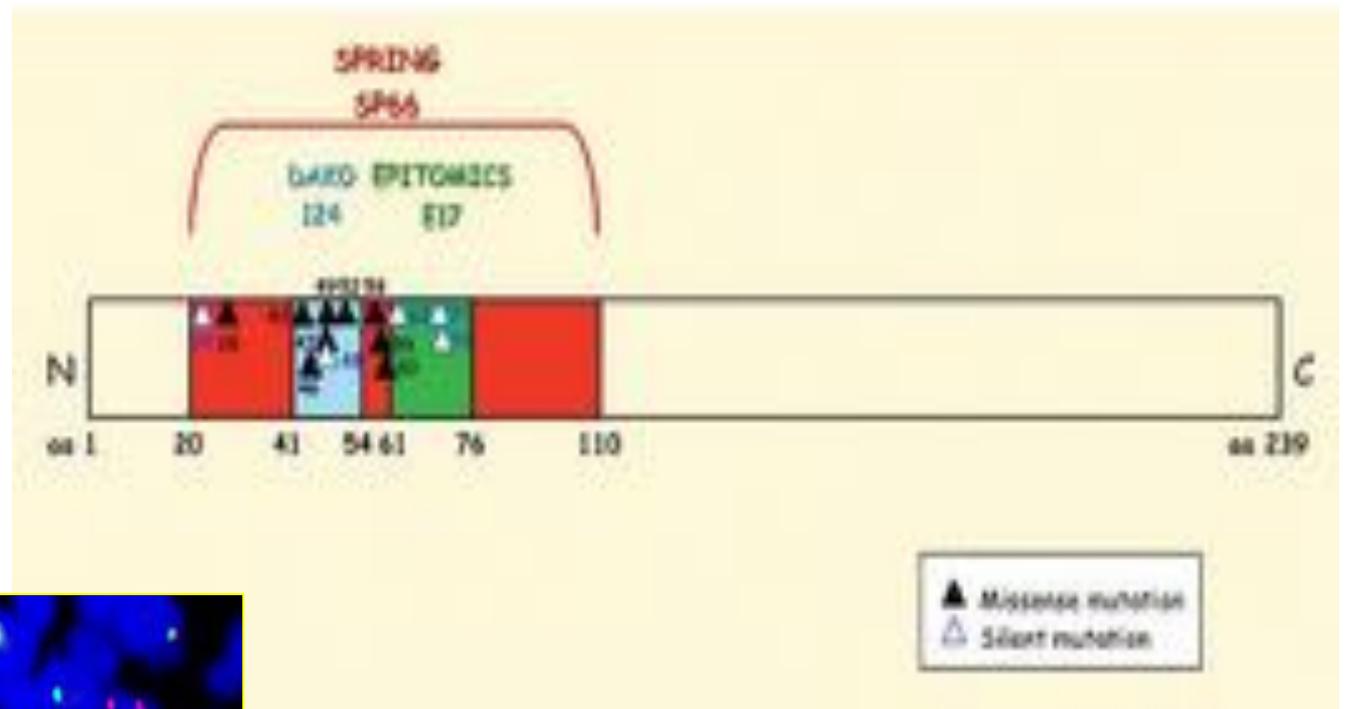
# FL t(14;18)-

- perdita polarizzazione morfofunzionale CG
- Fenotipi aberranti (CD10<sup>-</sup>/BCL6<sup>+</sup>/IRF4<sup>+</sup>)
- Aberrazioni BCL6
- Clonalità geni IG

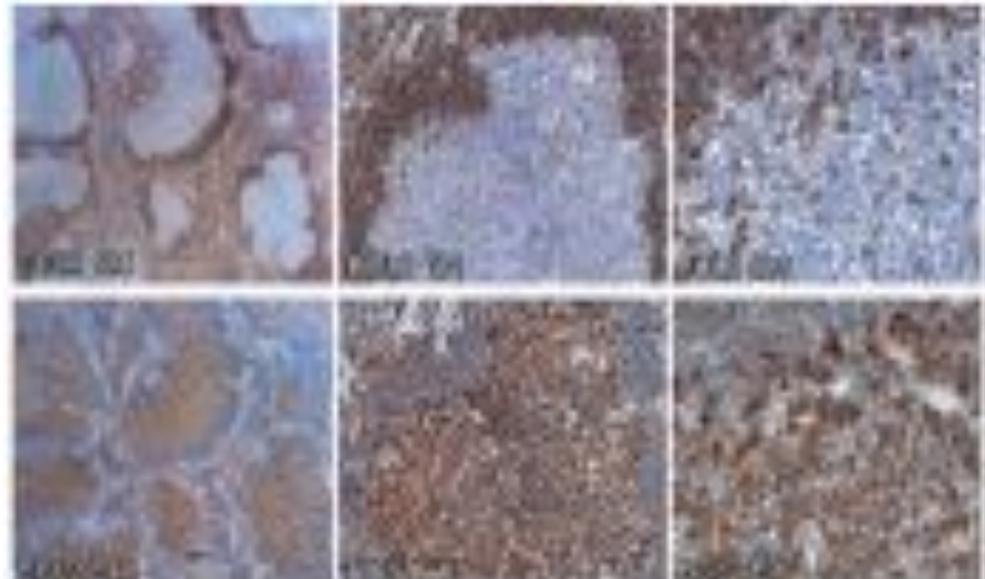
NB: rischio pitfall diagnostico

t(14;18) is present but BCL2 gene somatic mutations:

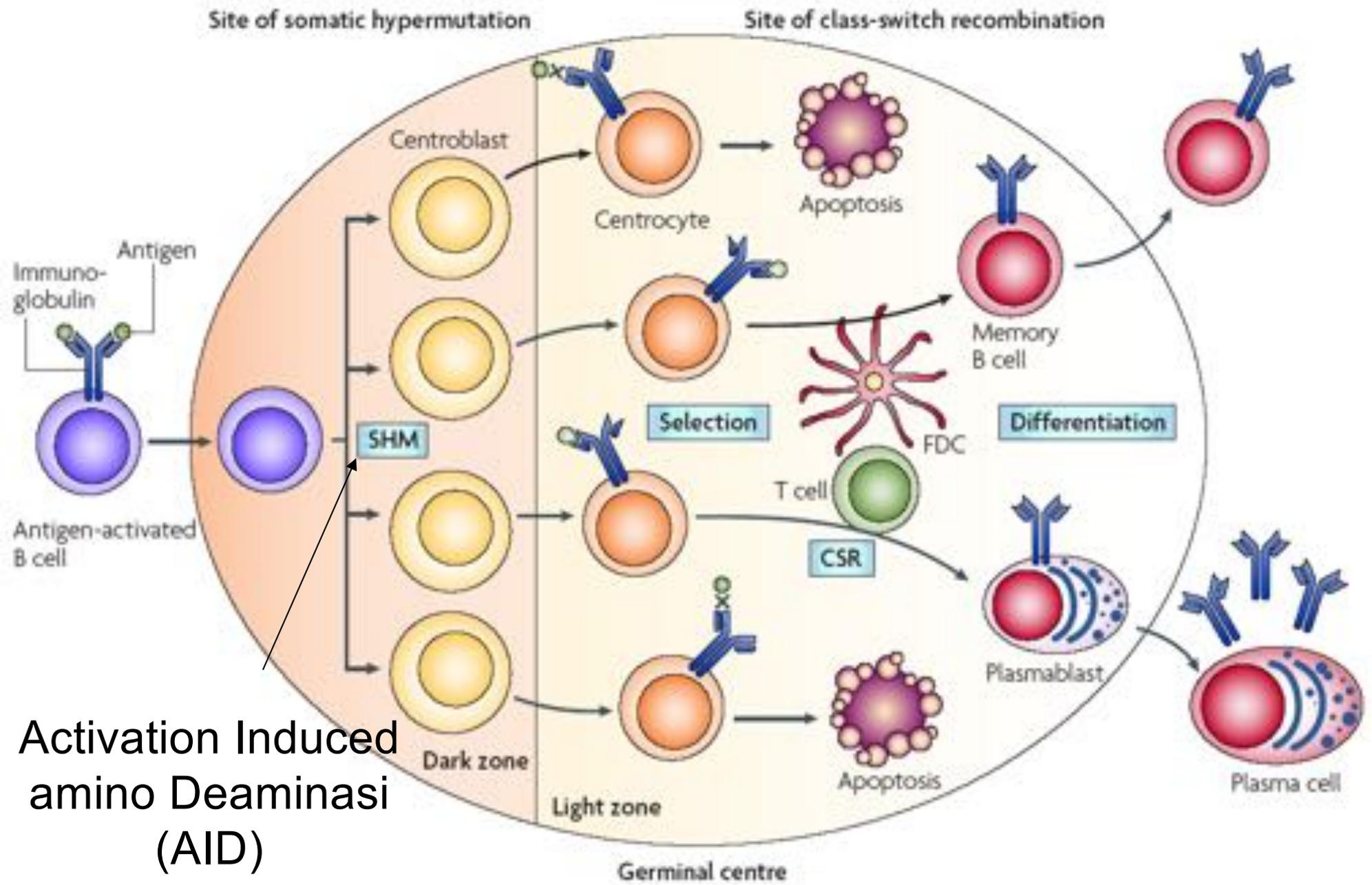
- produce stop codons
- modify epitope



False negative BCL2



# Fisiologia del centro germinativo



Activation Induced amino Deaminasi (AID)

# SOMATIC HYPERMUTATION in GERMINAL CENTER

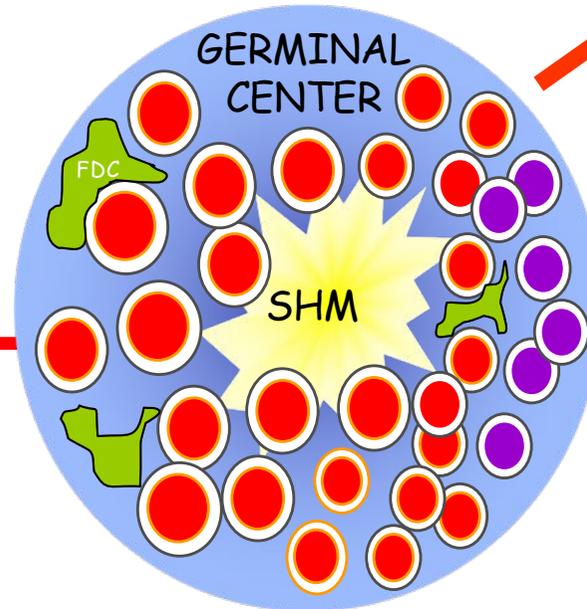
P  
H  
Y  
S  
I  
O  
L  
O  
G  
I  
C  
A  
L

*IgV*

*BCL-6*  
*FAS*

**PIM-1**

- Serine kinase
- Prolongs survival of haematopoietic cells



**PAX-5**

- B-cell-specific transcription factor essential for B-lineage commitment and differentiation
- Implicated in translocations of NHL

**RhoH/TTF**

- Small GTP-binding protein belonging to the Ras superfamily
- Implicated in translocations of NHL

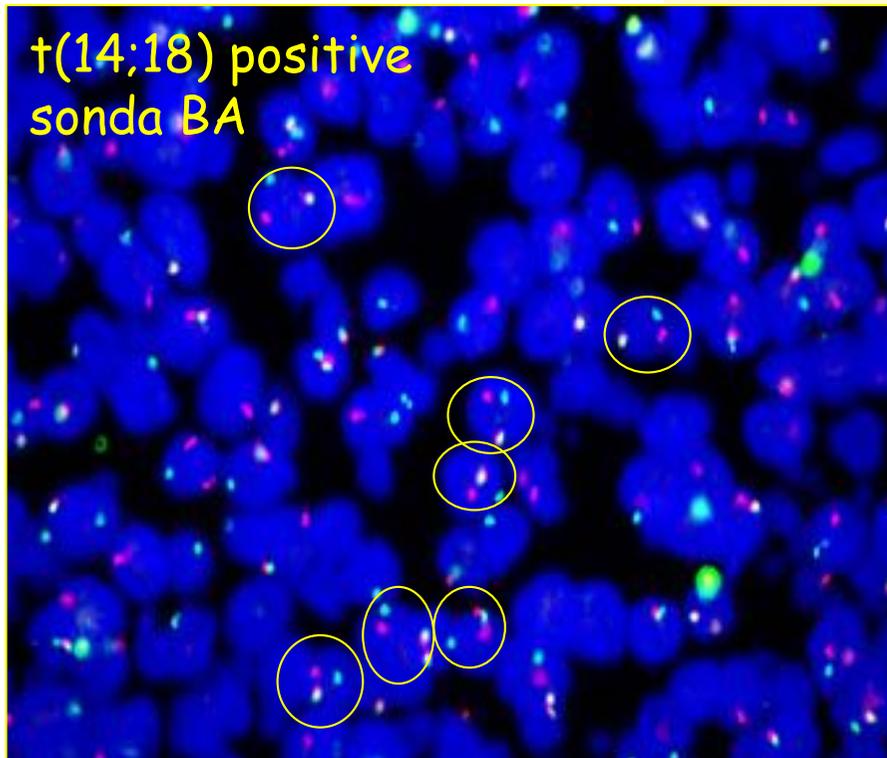
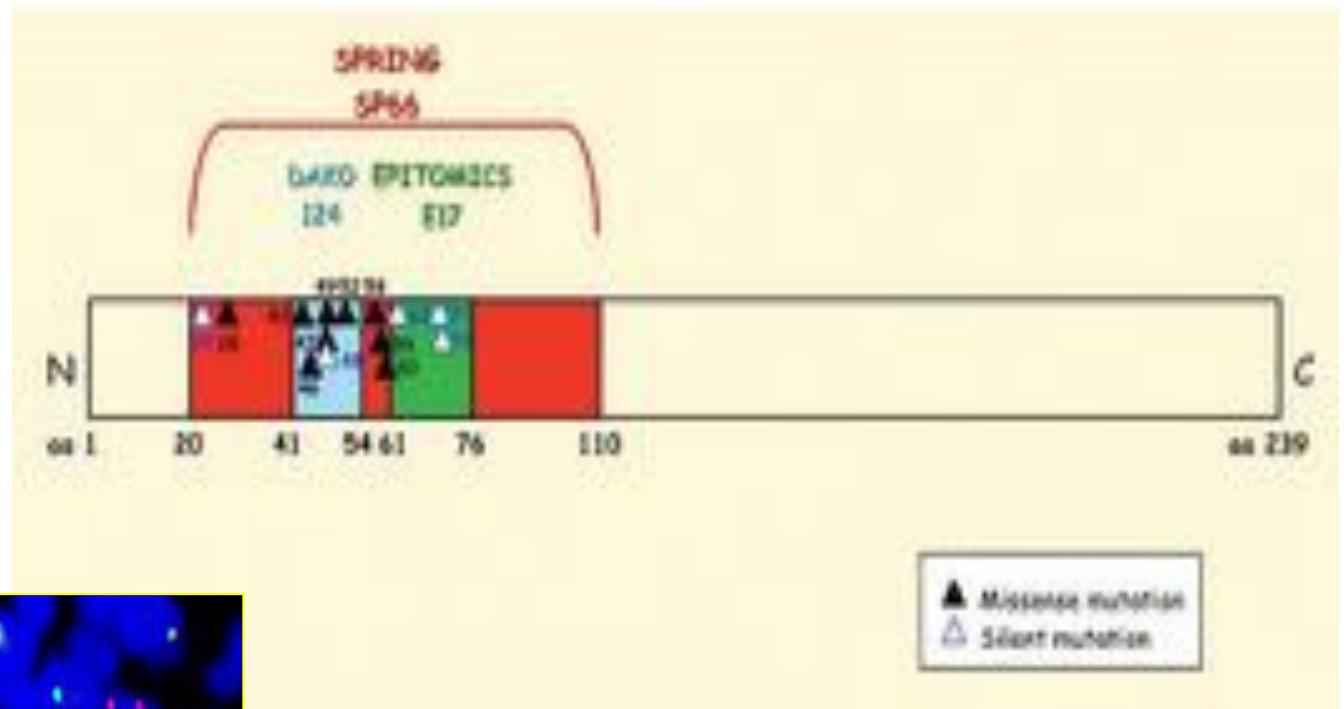
**c-MYC**

- Transcriptional activator
- Involved in the control of cell growth, proliferation, differentiation and apoptosis
- Implicated in translocations of NHL

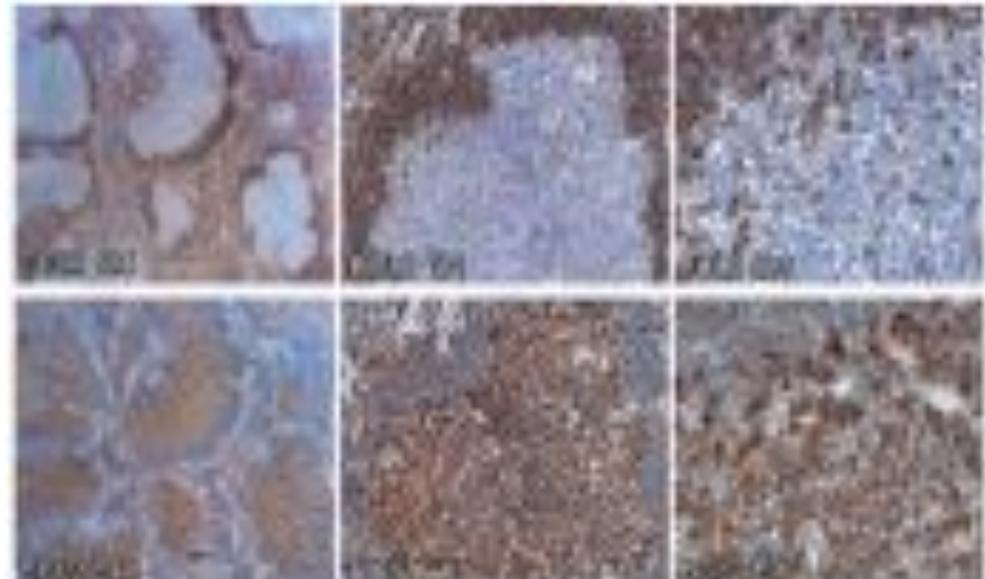
**ABERRANT  
(SHM malfunctioning)**

t(14;18) è presente ma BCL2 gene ha mutazioni somatiche :

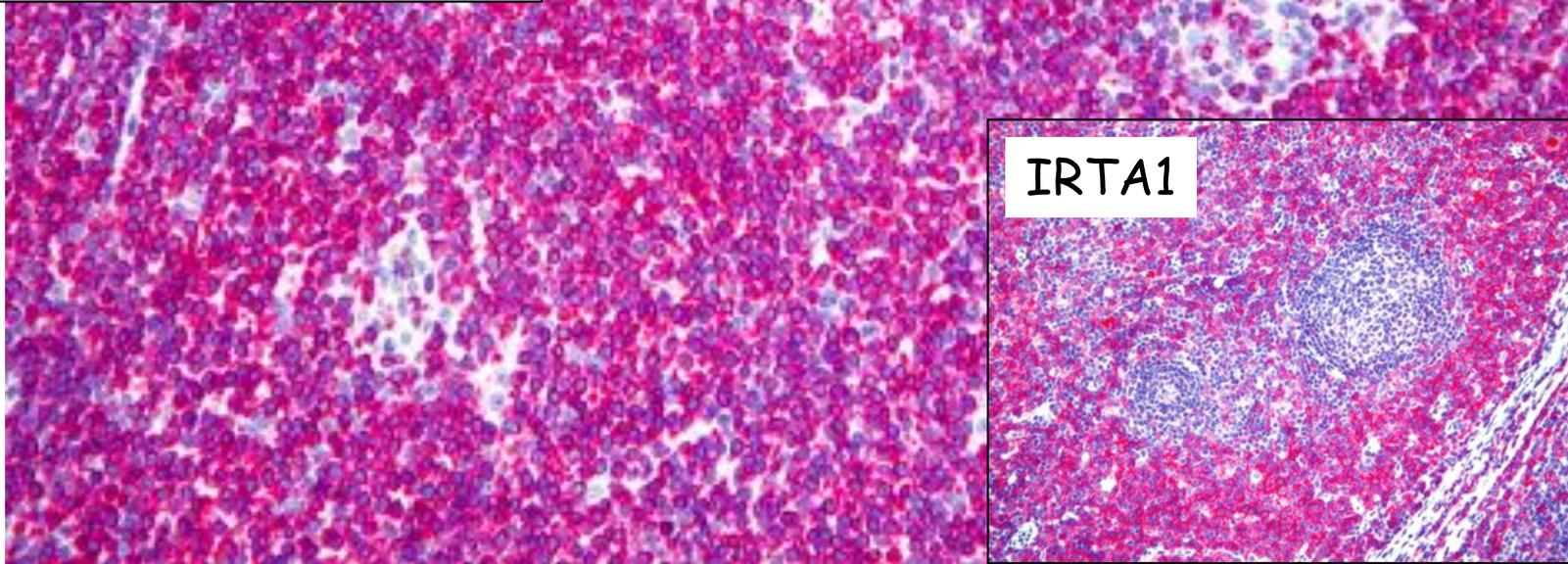
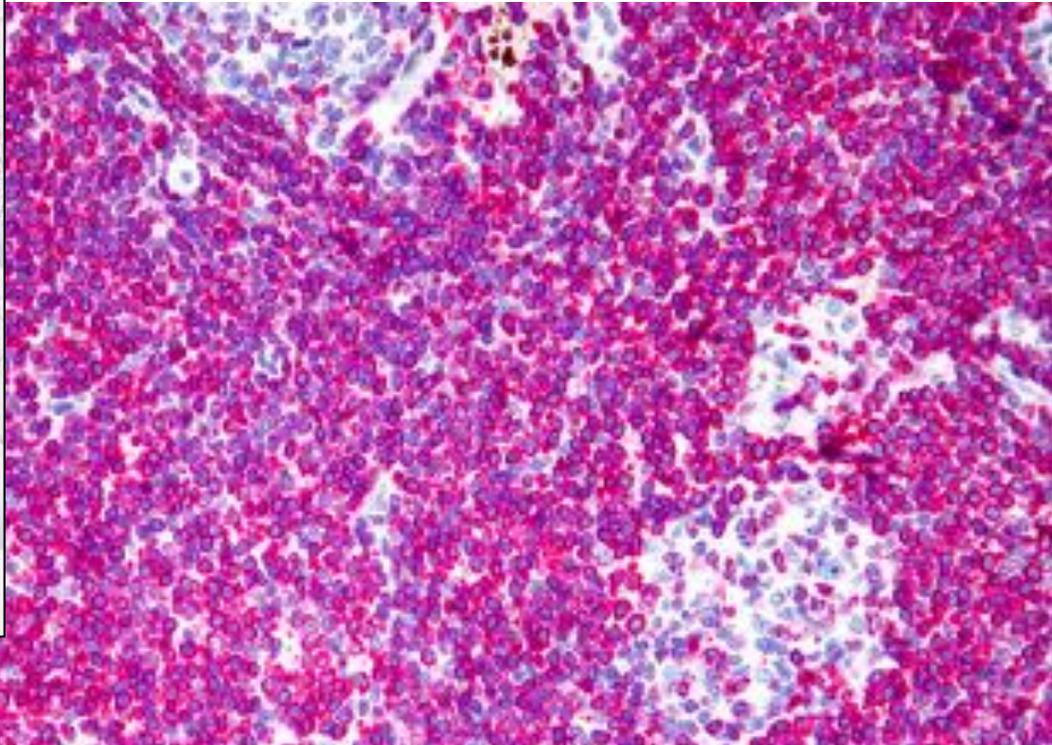
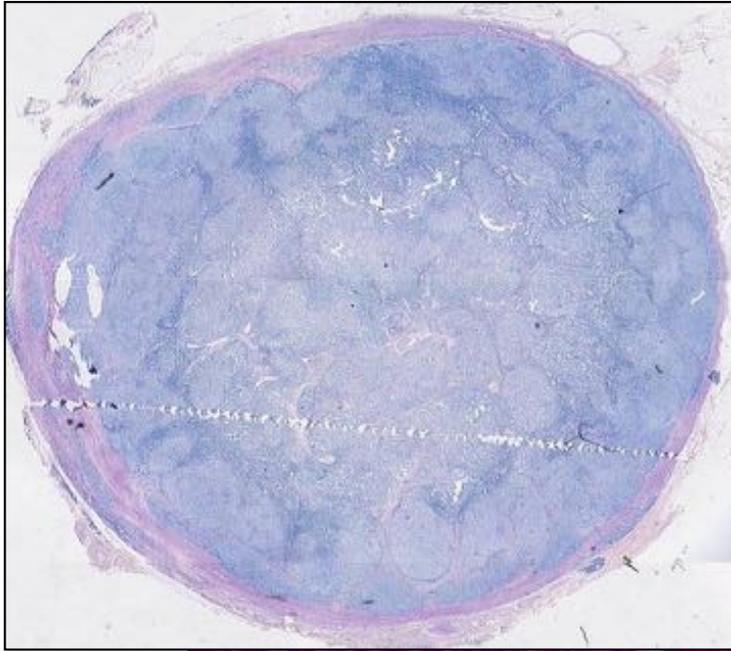
- produce stop codons
- modifica epitopi



BCL2 falso negativo

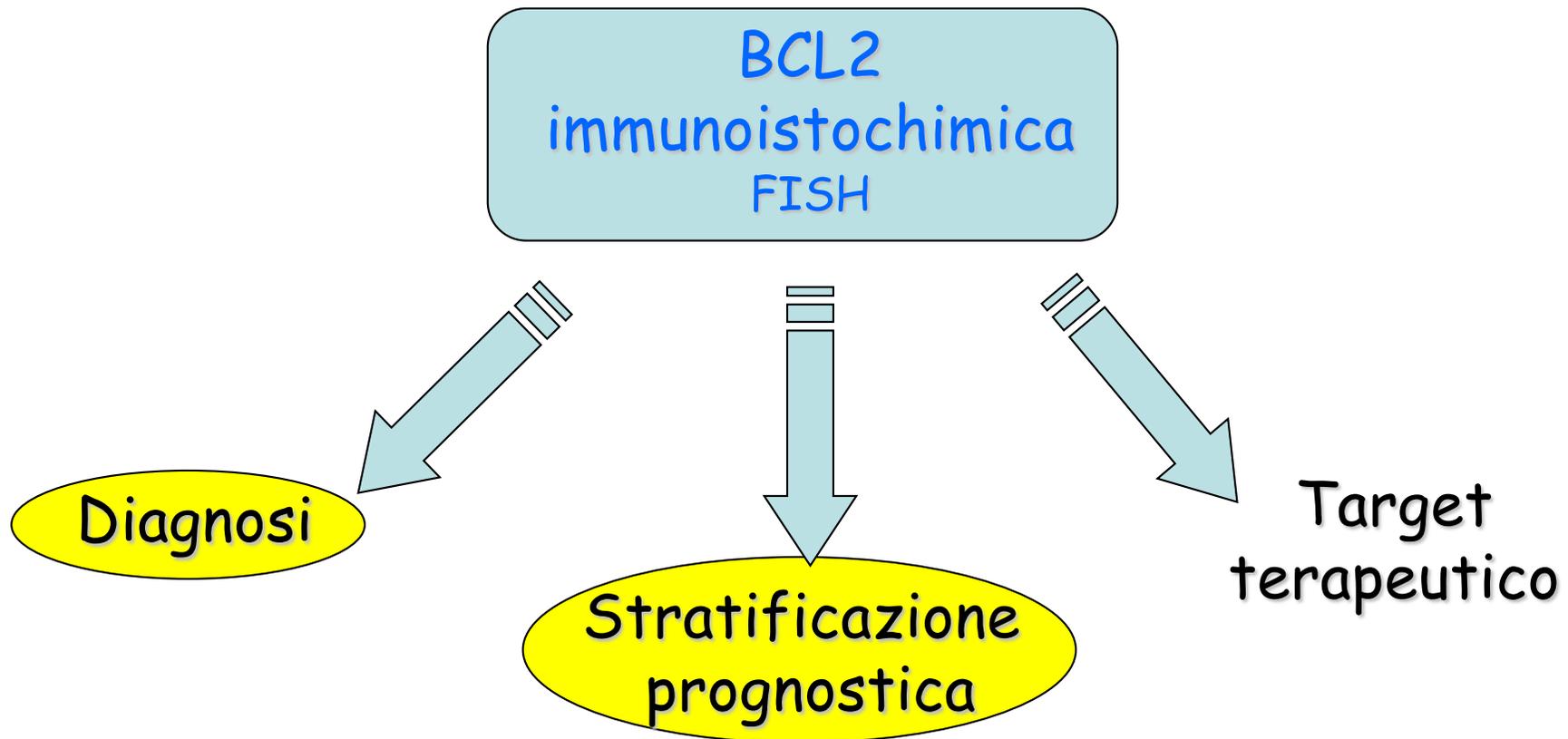


# Linfoma marginale Nodale Vs Linfoma Follicolare

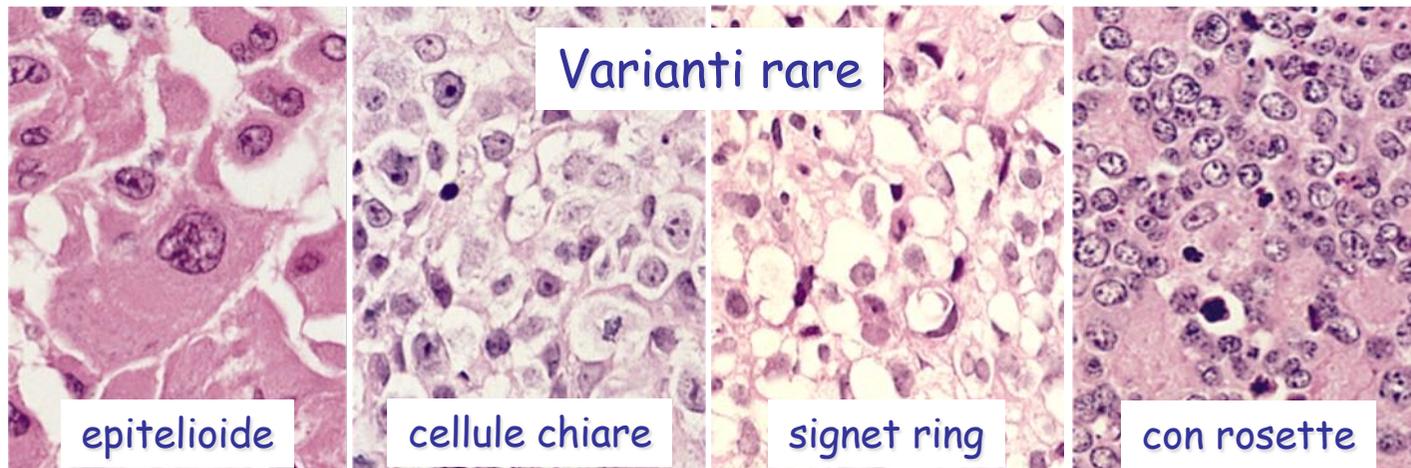
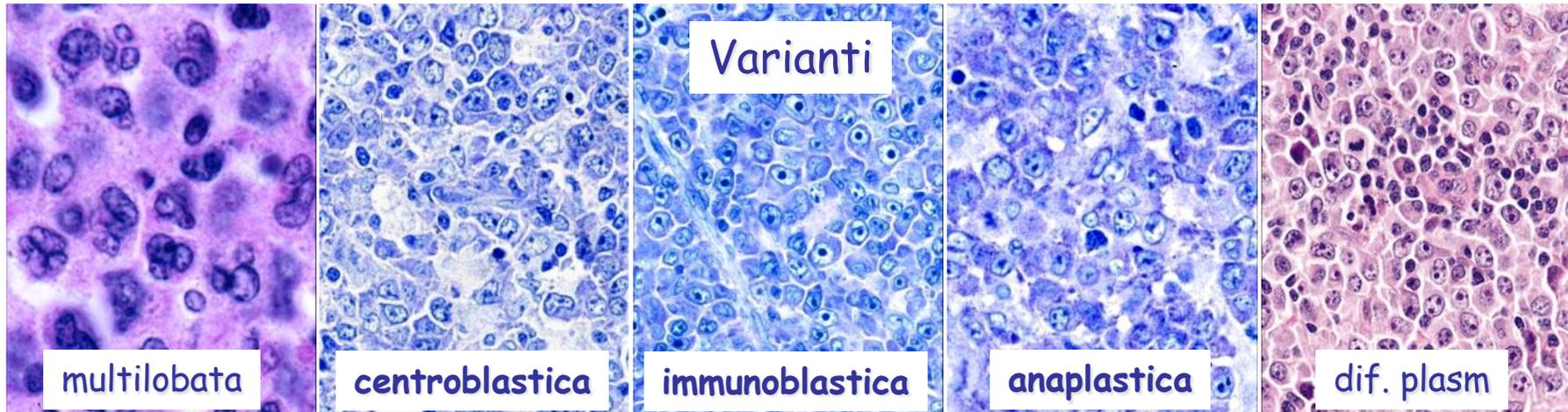
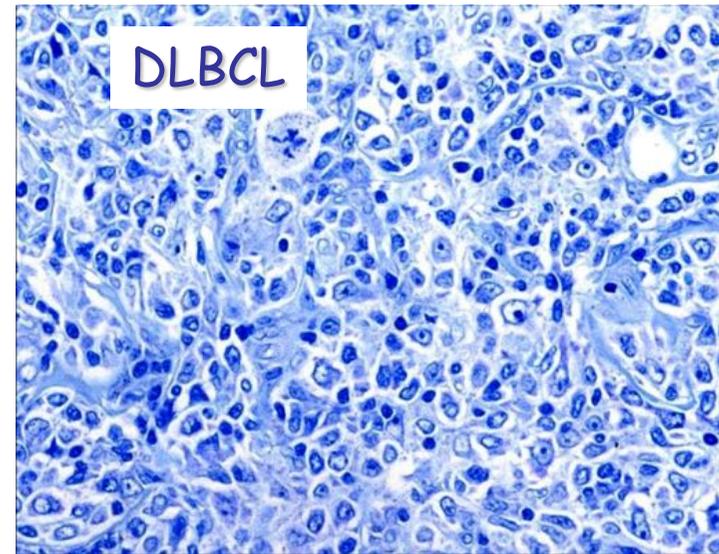


**BCL2<sup>+</sup> (assenza della t14;18)**

# BCL2 in ematopatologia



# BCL2: classificazione e stratificazione prognostica linfomi B aggressivi



## THE UPDATED WHO CLASSIFICATION OF HEMATOLOGICAL MALIGNANCIES

### The 2016 revision of the World Health Organization classification of lymphoid neoplasms

Steven H. Swerdlow,<sup>1</sup> Elias Campo,<sup>2</sup> Stefano A. Pileri,<sup>3</sup> Nancy Lee Harris,<sup>4</sup> Harald Stein,<sup>5</sup> Reiner Siebert,<sup>6</sup> Ranjana Advani,<sup>7</sup> Michele Ghielmini,<sup>8</sup> Gilles A. Salles,<sup>9</sup> Andrew D. Zelenetz,<sup>10</sup> and Elaine S. Jaffe<sup>11</sup>

Diffuse large B-cell lymphoma (DLBCL), NOS

Germinal center B-cell type\*

Activated B-cell type\*

T-cell/histiocyte-rich large B-cell lymphoma

Primary DLBCL of the central nervous system (CNS)

Primary cutaneous DLBCL, leg type

EBV<sup>+</sup> DLBCL, NOS\*

*EBV<sup>+</sup> mucocutaneous ulcer\**

DLBCL associated with chronic inflammation

Lymphomatoid granulomatosis

Primary mediastinal (thymic) large B-cell lymphoma

Intravascular large B-cell lymphoma

ALK<sup>+</sup> large B-cell lymphoma

Plasmablastic lymphoma

Primary effusion lymphoma

*HHV8<sup>+</sup> DLBCL, NOS\**

Burkitt lymphoma

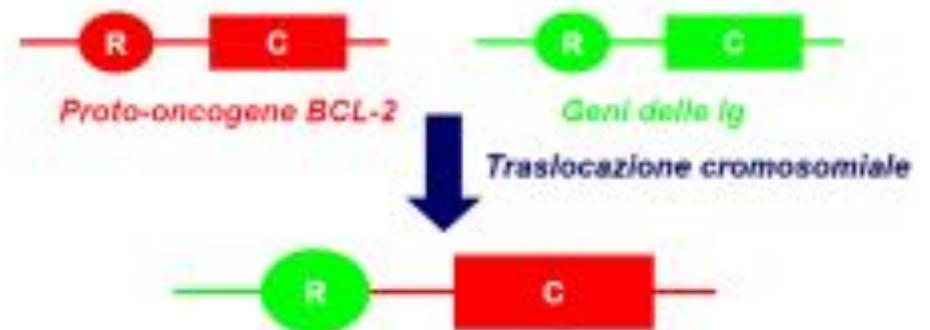
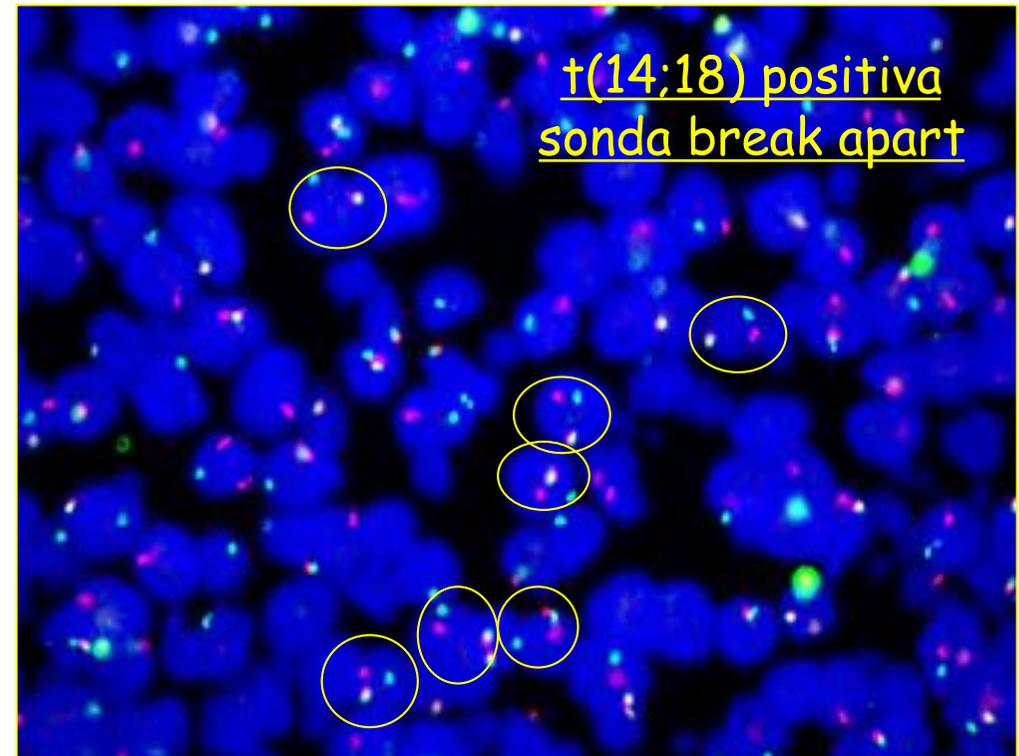
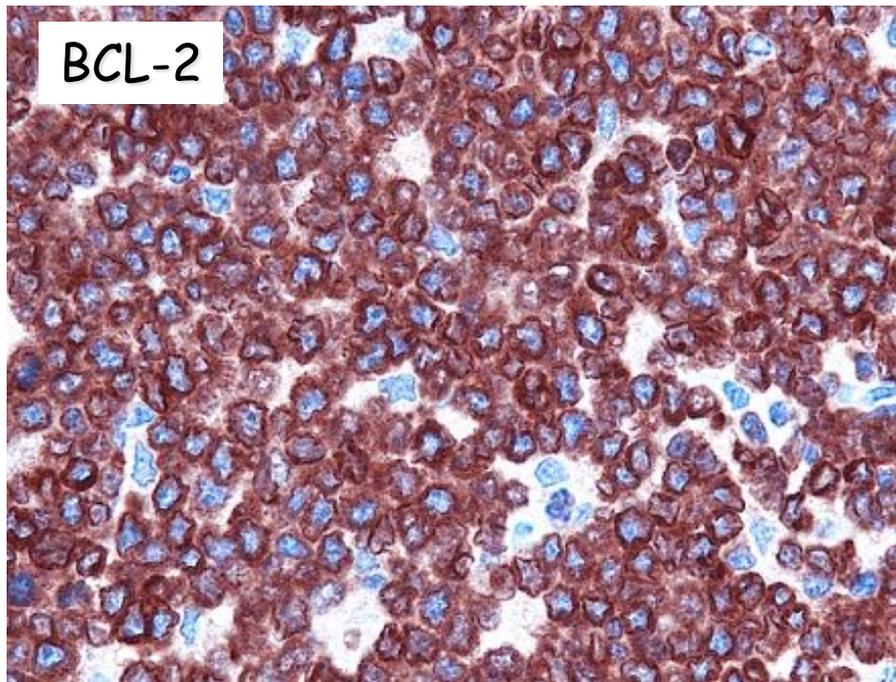
*Burkitt-like lymphoma with 11q aberration\**

High-grade B-cell lymphoma, with *MYC* and *BCL2* and/or *BCL6* rearrangements\*

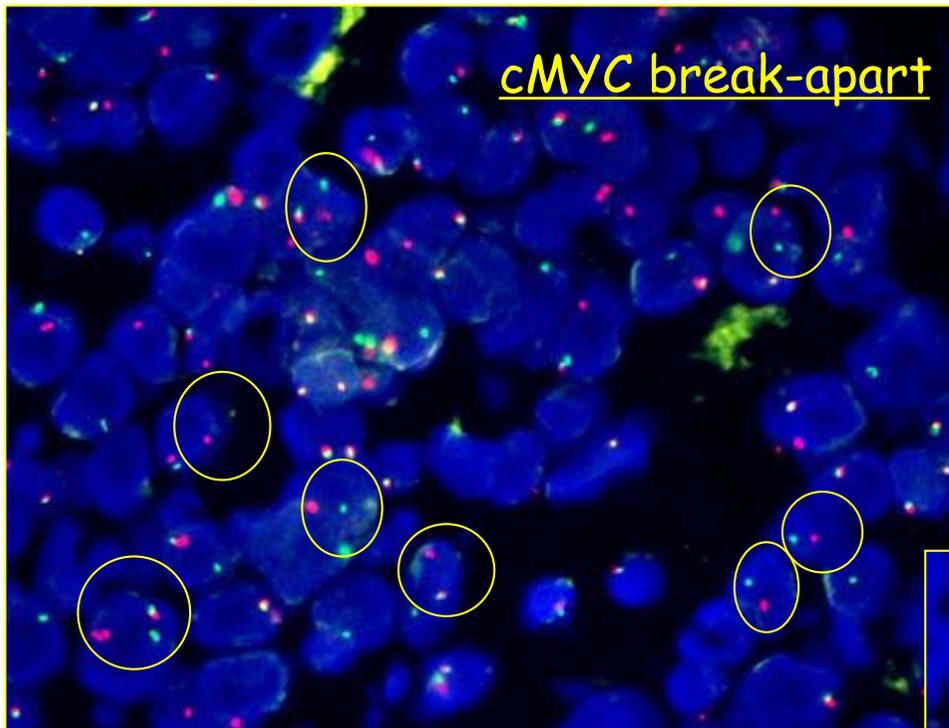
High-grade B-cell lymphoma, NOS\*

## Riarrangiamenti del gene BCL2 sul cromosoma 18:

- 20%-30% DLBCL
- possibili copy gain e amplificazioni

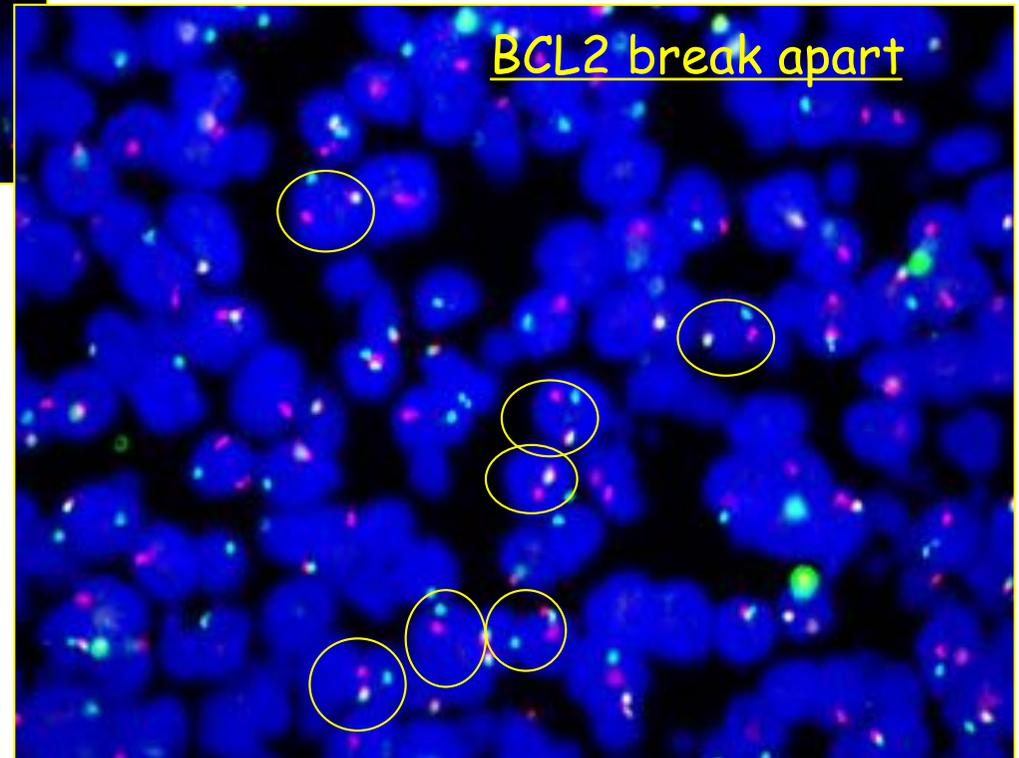


## cMYC break-apart



analysis of *MYC*, *BCL2* and *BCL6* gene rearrangements by FISH is indicated

## BCL2 break apart



Diffuse large B-cell lymphoma (DLBCL), NOS

Germinal center B-cell type\*

Activated B-cell type\*

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EBV<sup>+</sup> DLBCL, NOS\*

EBV<sup>+</sup> mucocutaneous ulcer\*

DLBCL associated with chronic inflammation

Lymphomatoid granulomatosis

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Intravascular large B-cell lymphoma

ALK<sup>+</sup> large B-cell lymphoma

Plasmablastic lymphoma

Primary effusion lymphoma

HHV8<sup>+</sup> DLBCL, NOS\*

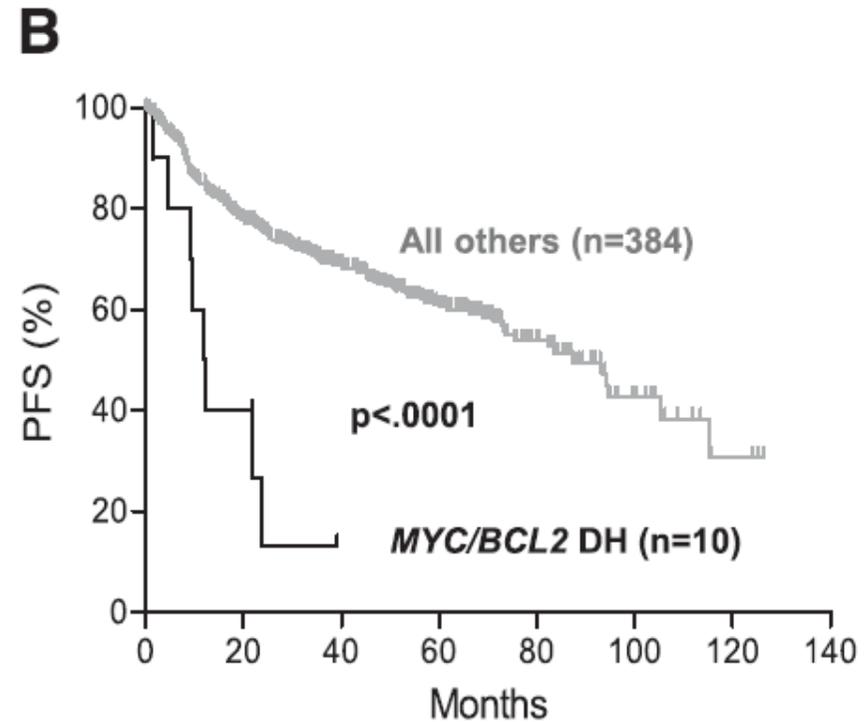
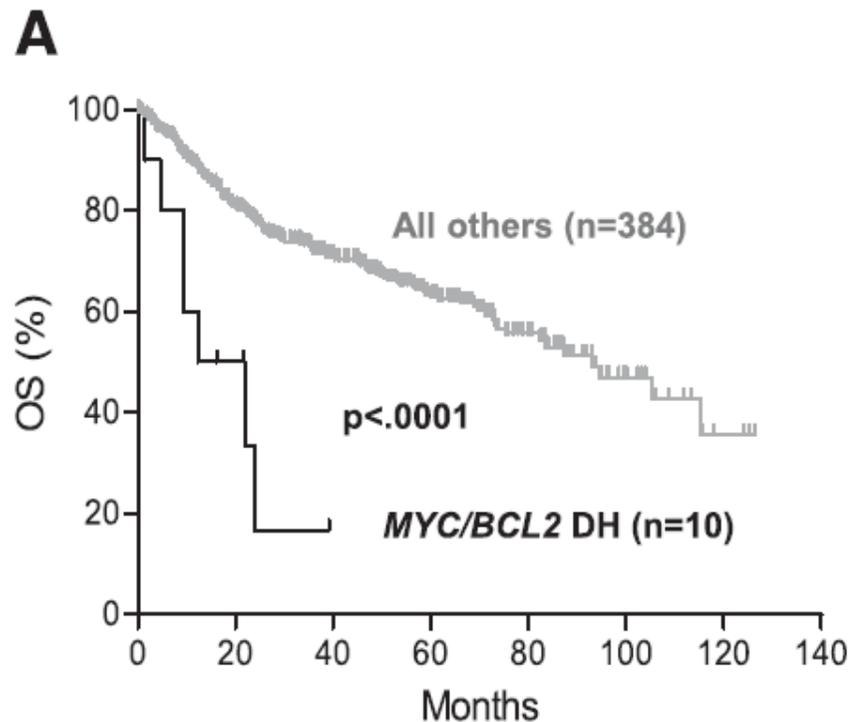
Burkitt lymphoma

Burkitt-like lymphoma with 11q aberration\*

High-grade B-cell lymphoma, with *MYC* and *BCL2* and/or *BCL6* rearrangements\*

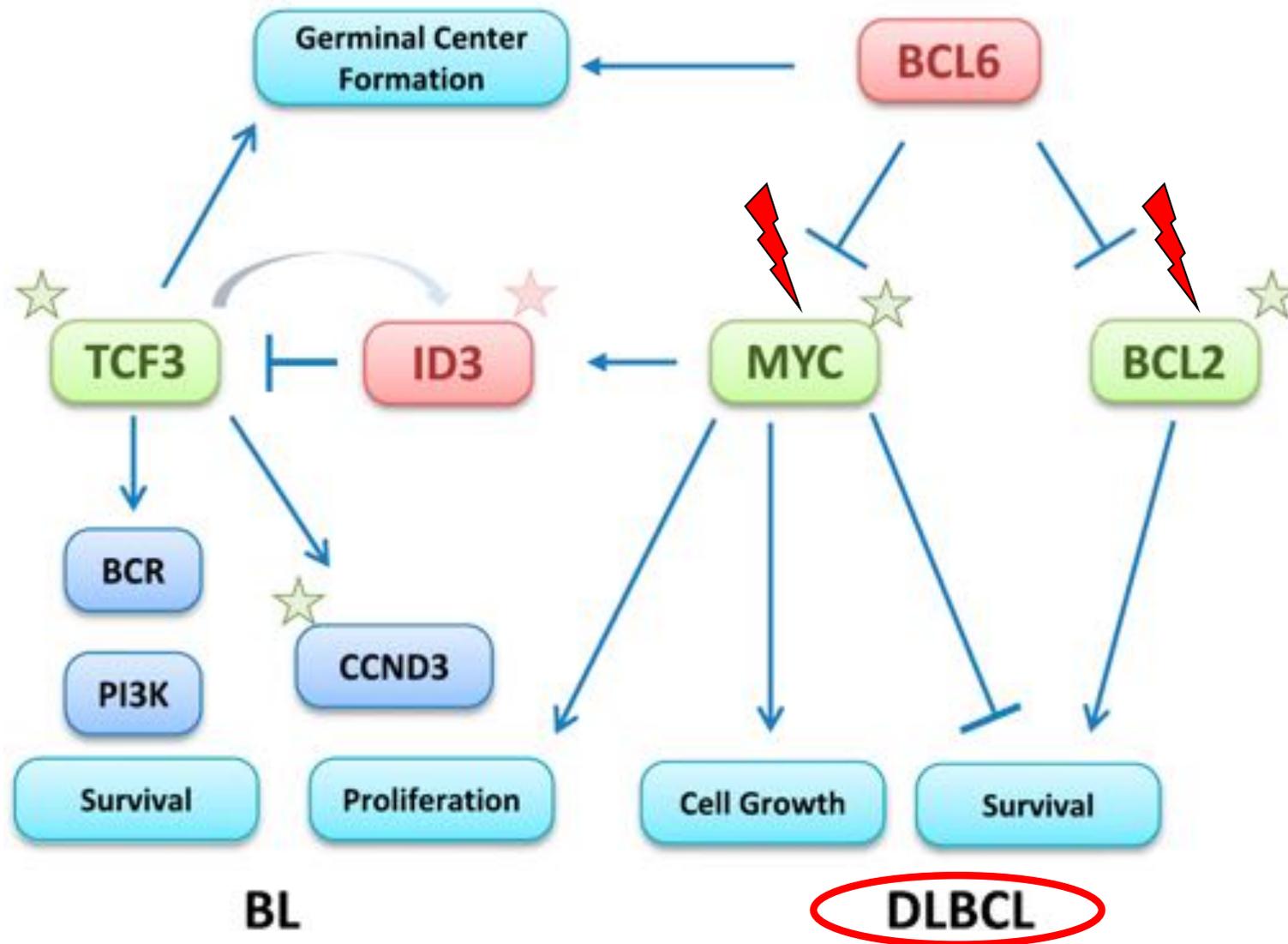
High-grade B-cell lymphoma, NOS\*

## LGCBd double-hit riarrangiamento MYC/BCL2



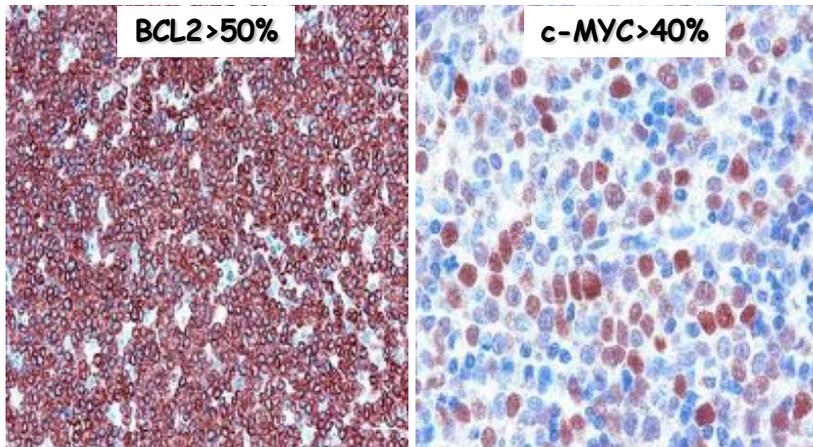
- Circa il 10% dei LGCBd presentano doppio riarrangiamento per MYC/BCL2
- > Frequenti in GCB
- Stadio avanzato
- Età avanzata
- IPI alto

# LGCBBD double-hit riarrangiamento MYC/BCL2



# Possiamo usare DE per identificare i DH/TH ?

Con cut-off BCL2 > 50% e  
MYC > 40%: *NO*



- DE non si osserva solo in DH/TH
- anche DLBCL non MYC/BCL2r possono essere DE
- 30% dei DLBCL sono DE
- in genere DE belong to non-GCB
- DE impatta comunque con la prognosi

## Concurrent Expression of MYC and BCL2 in Diffuse Large B-Cell Lymphoma Treated With Rituximab Plus Cyclophosphamide, Doxorubicin, Vincristine, and Prednisone

Nathalie A. Johnson, Graham W. Slack, Kerry J. Savage, Joseph M. Connors, Susana Ben-Neriah, Sanja Rogic, David W. Scott, King L. Tan, Christian Steidl, Laurie H. Sehn, Wing C. Chan, Javeed Iqbal, Paul N. Meyer, Georg Lenz, George Wright, Lisa M. Rimsza, Carlo Valentino, Patrick Brunhoeber, Thomas M. Grogan, Rita M. Braziel, James R. Cook, Raymond R. Tubbs, Dennis D. Weisenburger, Elias Campo, Andreas Rosenwald, German Ott, Jan Delabie, Christina Holcroft, Elaine S. Jaffe, Louis M. Staudt, and Randy D. Gascoyne

**Double expressor  
Lymphoma  
MYC+/BCL2+**

## MYC/BCL2 protein coexpression contributes to the inferior survival of activated B-cell subtype of diffuse large B-cell lymphoma and demonstrates high-risk gene expression signatures: a report from The International DLBCL Rituximab-CHOP Consortium Program

Shimin Hu,<sup>1</sup> Zijun Y. Xu-Monette,<sup>1</sup> Alexander Tzankov,<sup>2</sup> Tina Green,<sup>3</sup> Lin Wu,<sup>4</sup> Aarthi Balasubramanyam,<sup>4</sup> Wei-min Liu,<sup>4</sup> Carlo Visco,<sup>5</sup> Yong Li,<sup>6</sup> Roberto N. Miranda,<sup>1</sup> Santiago Montes-Moreno,<sup>7</sup> Karen Dybkaer,<sup>8</sup> April Chiu,<sup>9</sup> Attilio Orazi,<sup>10</sup> Youli Zu,<sup>11</sup> Govind Bhagat,<sup>12</sup> Kristy L. Richards,<sup>13</sup> Eric D. Hsi,<sup>14</sup> William W. L. Choi,<sup>15</sup> Xiaoying Zhao,<sup>16</sup> J. Han van Krieken,<sup>17</sup> Qin Huang,<sup>18</sup> Jooryung Huh,<sup>19</sup> Weiyun Ai,<sup>20</sup> Maurizio Porzoni,<sup>21</sup> Andrés J. M. Ferrer,<sup>21</sup> Fan Zhou,<sup>22</sup> Graham W. Slack,<sup>23</sup> Randy D. Gascoyne,<sup>23</sup> Meifeng Tu,<sup>24</sup> Daina Variakojis,<sup>25</sup> Weina Chen,<sup>26</sup> Ronald S. Go,<sup>27</sup> Miguel A. Piris,<sup>7</sup> Michael B. Møller,<sup>3</sup> L. Jeffrey Medeiros,<sup>1</sup> and Ken H. Young<sup>1</sup>

### Key Points

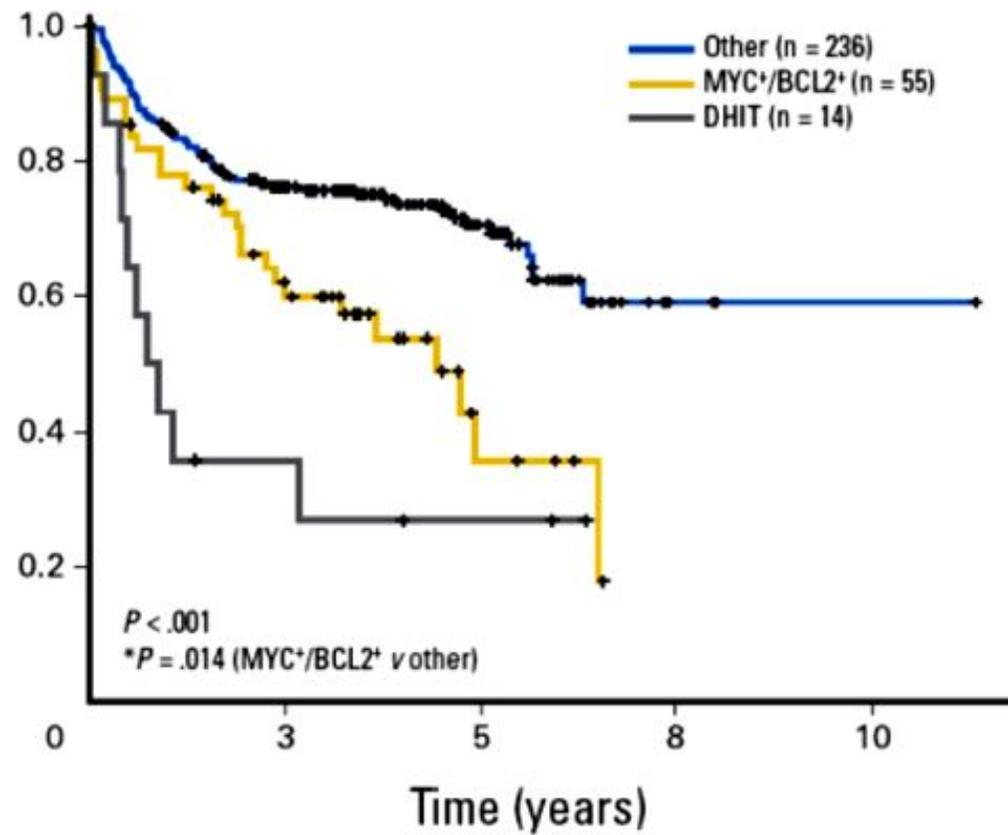
- DLBCL patients with MYC/BCL2 coexpression demonstrate inferior prognosis and high-risk gene expression signatures.

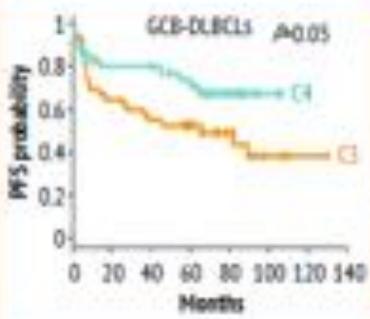
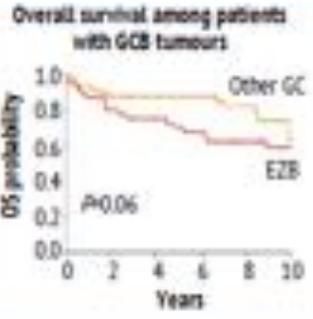
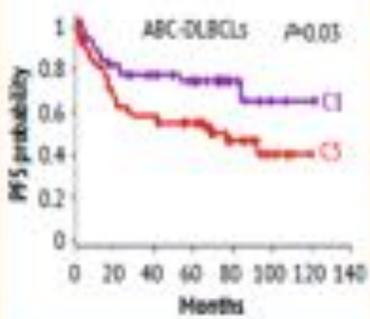
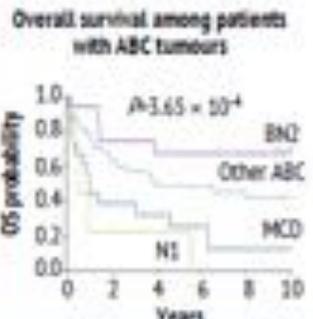
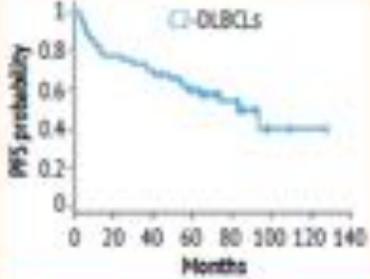
## MYC status in concert with BCL2 and BCL6 expression predicts outcome in diffuse large B-cell lymphoma

(*Blood*. 2013;121(12):2253-2263)

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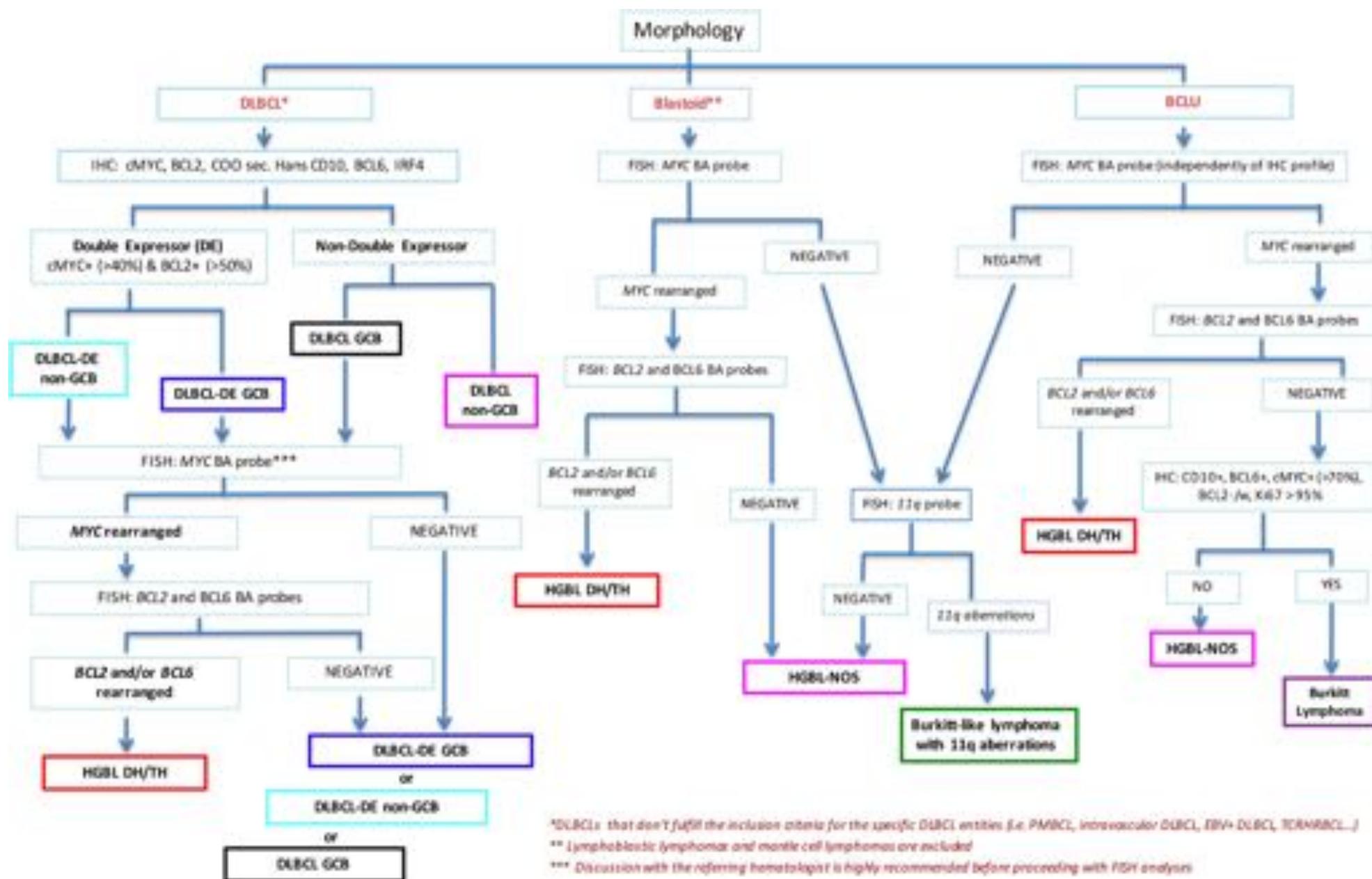
# DHL vs DE vs non DH/DE

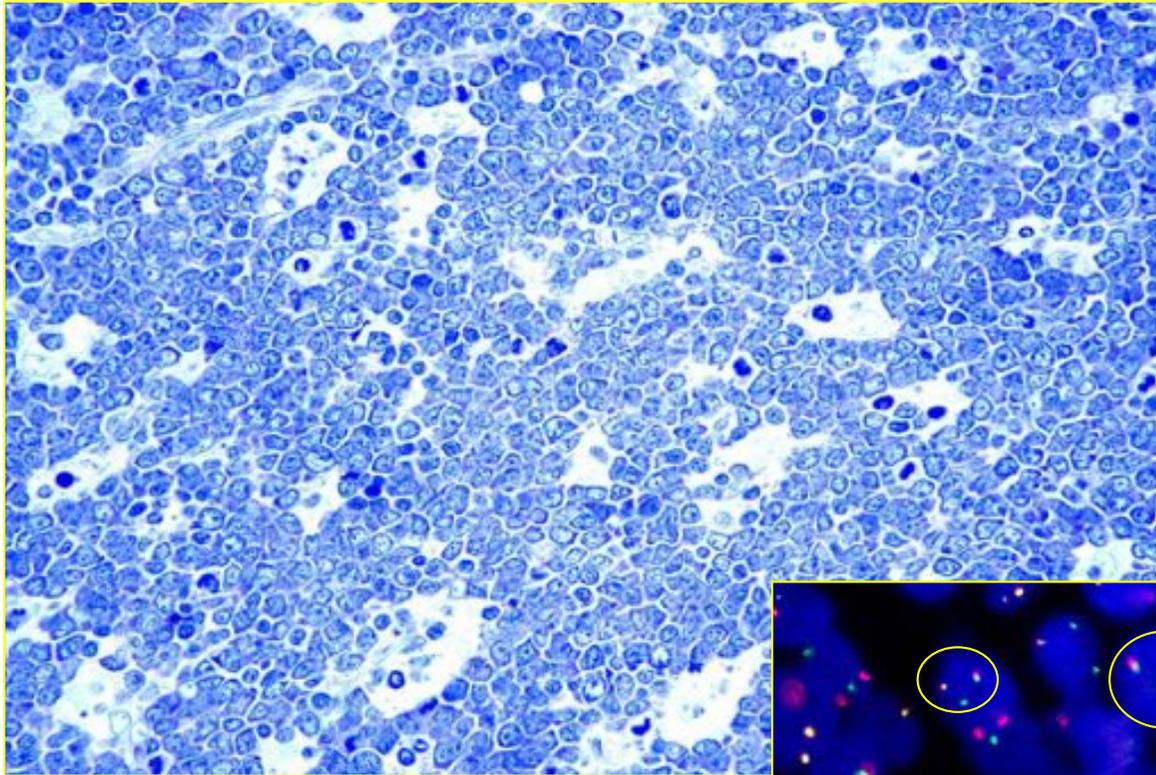


COO	Risk	Chapuy & Shipp <sup>1</sup>	Schmitz & Staudt <sup>2</sup>	Possible Agent		
Germinal Center	Lower Risk	Cluster 4 Histone mutations JAK/STAT and PI3K signalling NF- $\kappa$ B mutations		Other GC	Overall survival among patients with GCB tumours 	PI3K or JAK inhibitor
	Higher Risk	Cluster 3 Bcl-2 translocations EZH2 mutations PI3K signalling		EZB Bcl-2 translocations EZH2 mutations	Bcl-2 and/or EZH2 inhibitor PI3K inhibitor	
ABC	Lower Risk	Cluster 1 Immune evasion NOTCH2/NF- $\kappa$ B mutation Bcl-6 translocations MYD88 <sup>non-L265P</sup> mutation		BN2 Immune evasion NOTCH2/NF- $\kappa$ B mutation Bcl-6 alterations	Overall survival among patients with ABC tumours 	Proteasome inhibitor Checkpoint inhibitor
	Higher Risk	Cluster 5 CD79B, MYD88 <sup>L265P</sup> mutation 18q gains Bcl-2/MALT-1 expression		N1 NOTCH1 mutations MCD CD79B, MYD88 <sup>L265P</sup>	Btk inhibitor	
Other	Higher Risk	Cluster 2 Inactivation of p53, CDKN2A loss			Tissue-agnostic treatment	

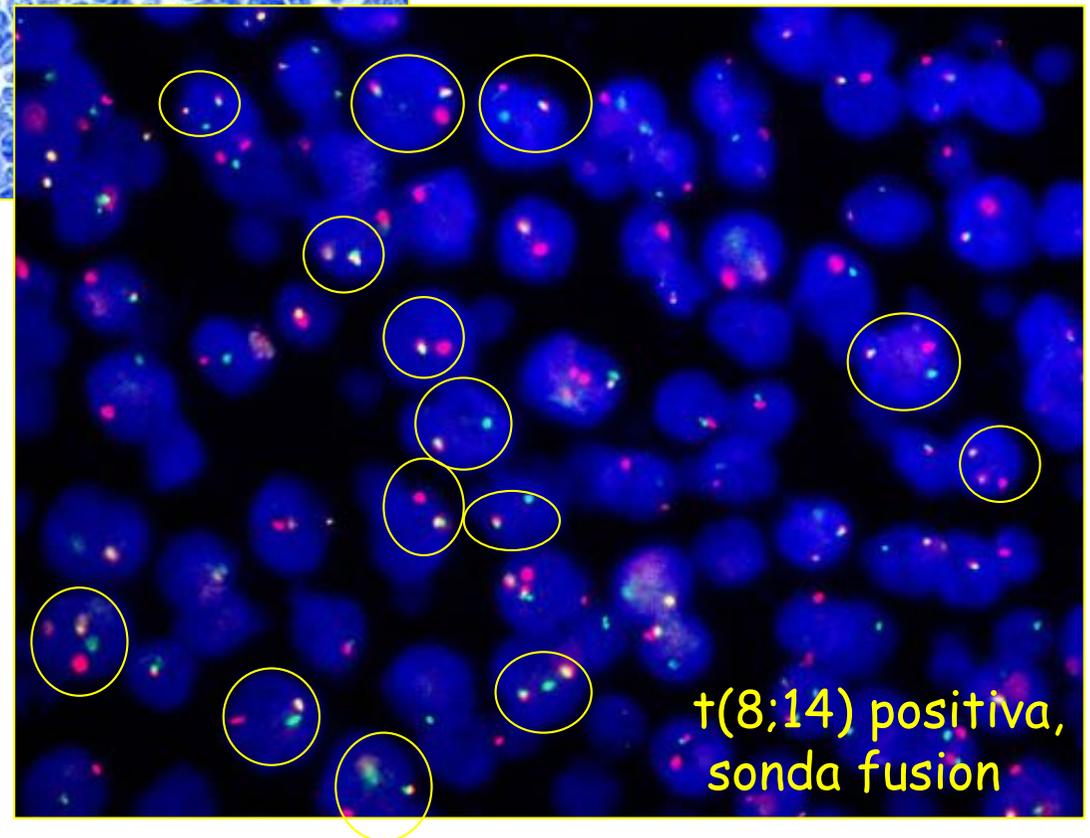
ABC, activated B-cell; C, cluster; COO, cell-of-origin; DLBCL, diffuse large B-cell lymphoma; GC, germinal center; GCB, germinal center B-cell; OS, overall survival; PFS, progression-free survival

1. Chapuy B, et al. Nat Med. 2018;24:679-690; 2. Schmitz R, et al. N Engl J Med. 2018;378:1396-1407



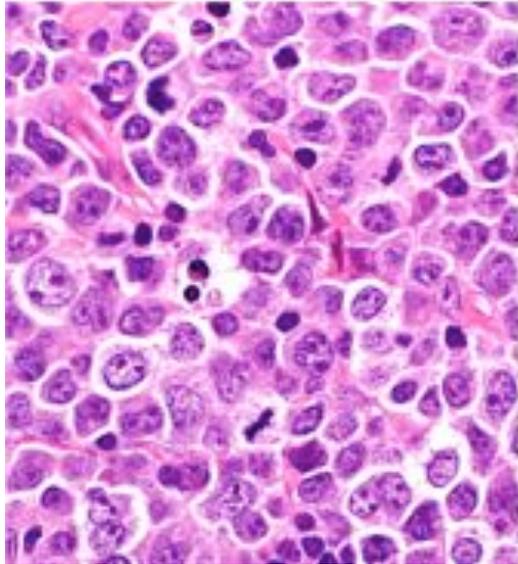


Linfoma di Burkitt  
ricerca t(8;14) , t(2;8), t(8;22)  
a scopo diagnostico

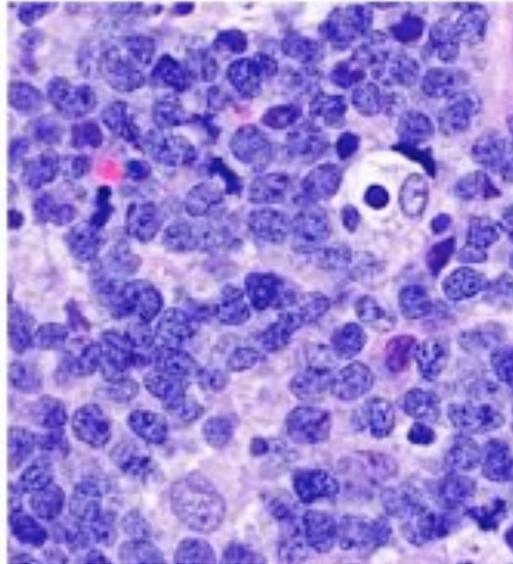


# Classificazione B aggressivi

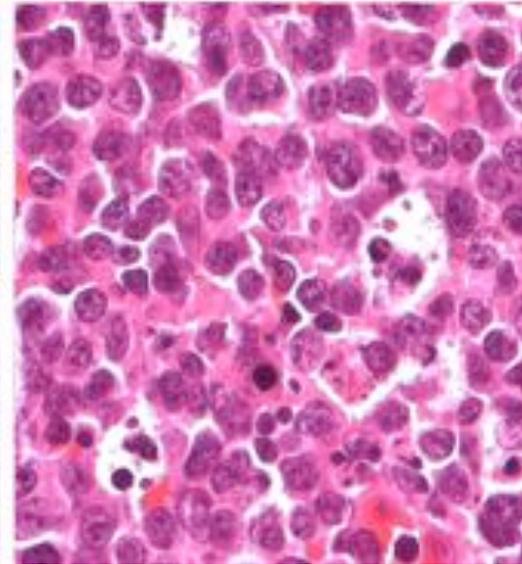
DLBCL



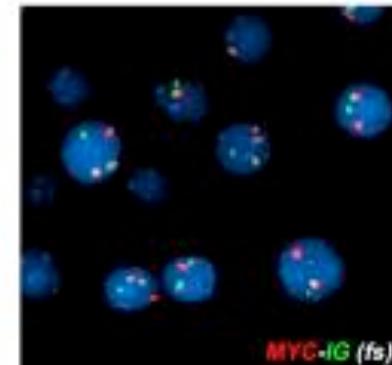
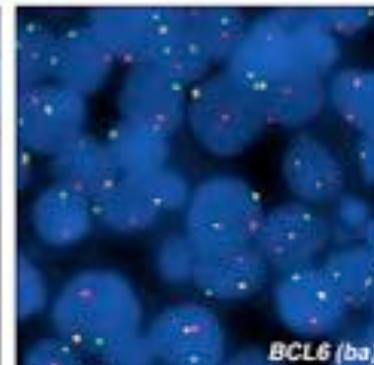
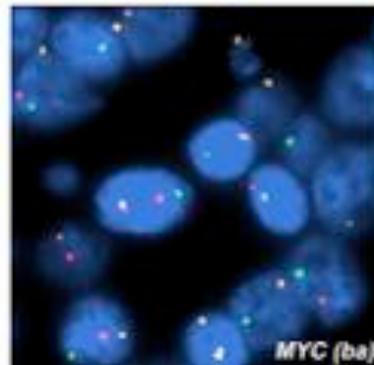
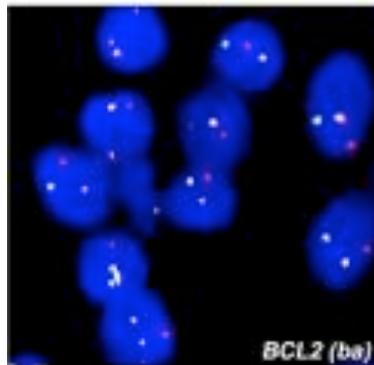
BLASTOID

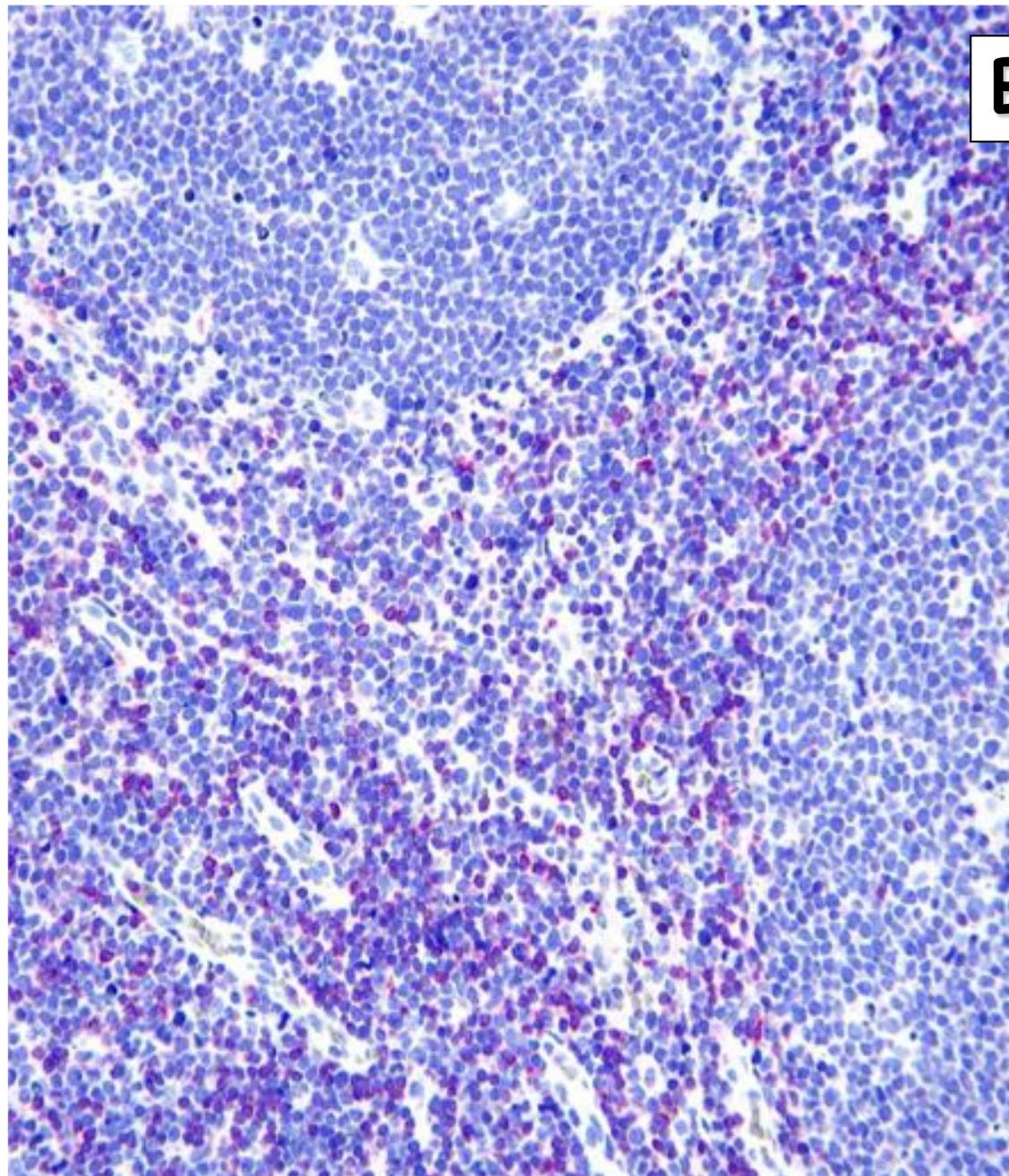


BCLU

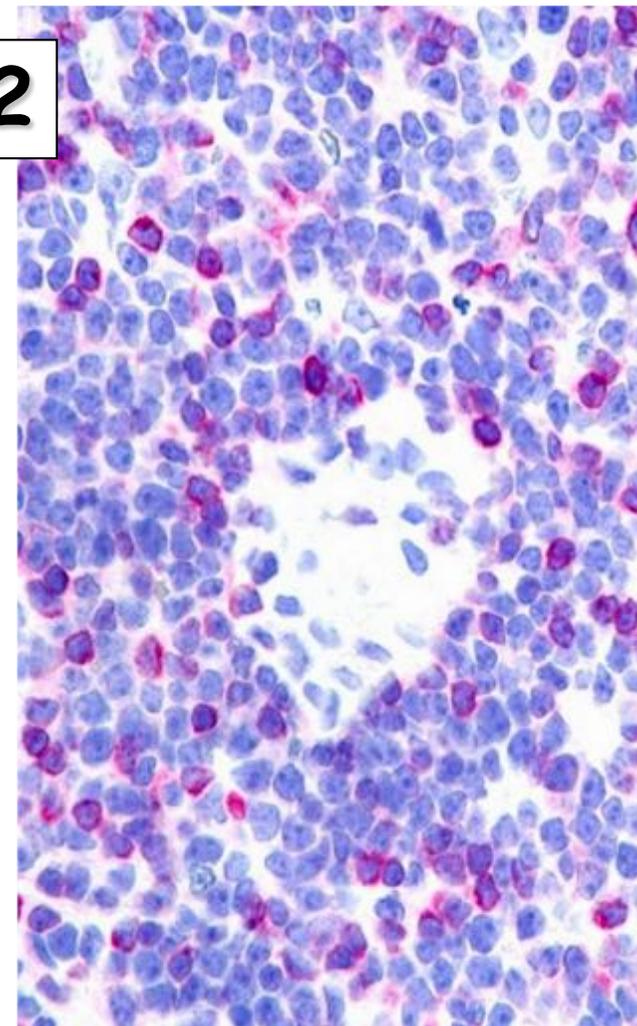


Triple Hit



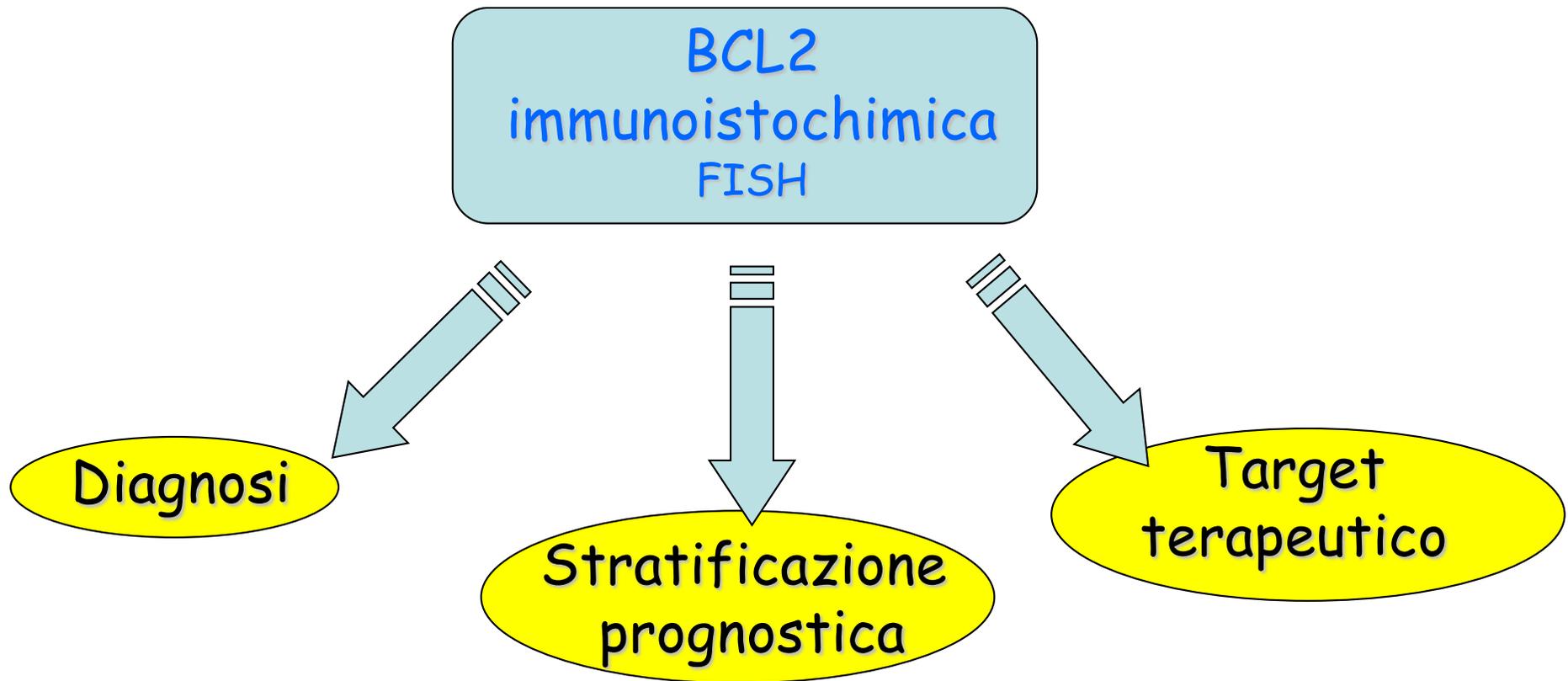


**BCL2**

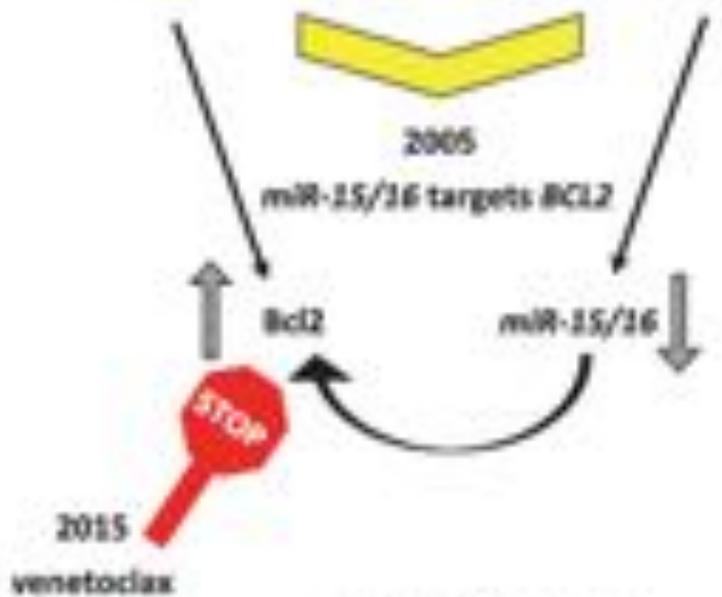
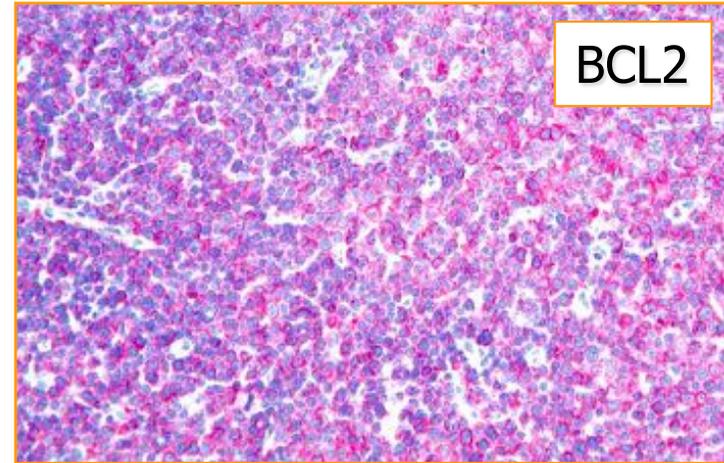
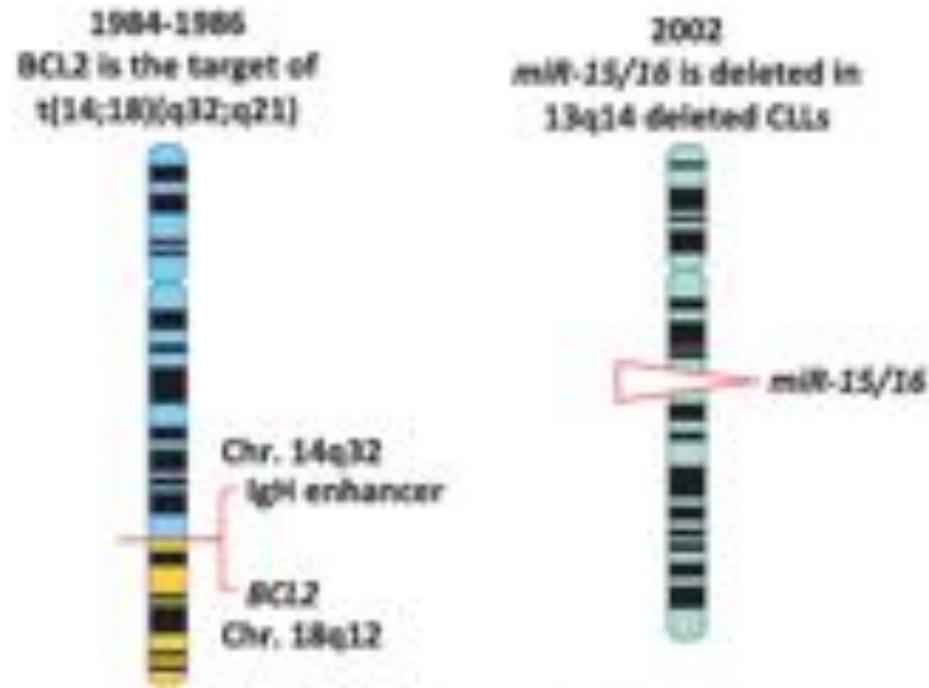


**BL: BCL2<sup>-</sup>/CD10<sup>+</sup>/BCL6<sup>+</sup>**

# BCL2 in ematopatologia



# Leucemia Linfoatica cronica BCL2<sup>+</sup>



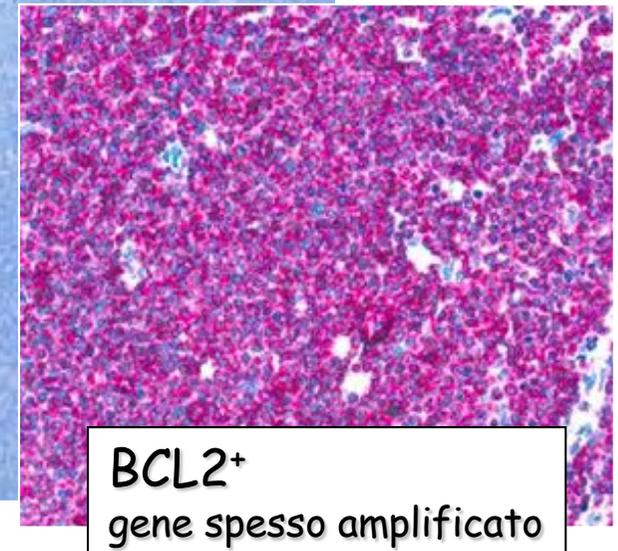
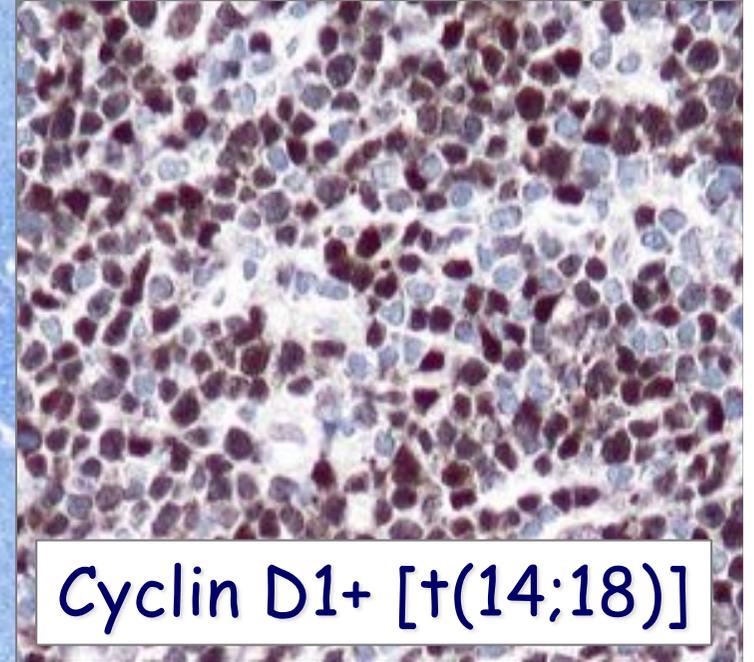
Review

## ***BCL2* and *miR-15/16*: from gene discovery to treatment**

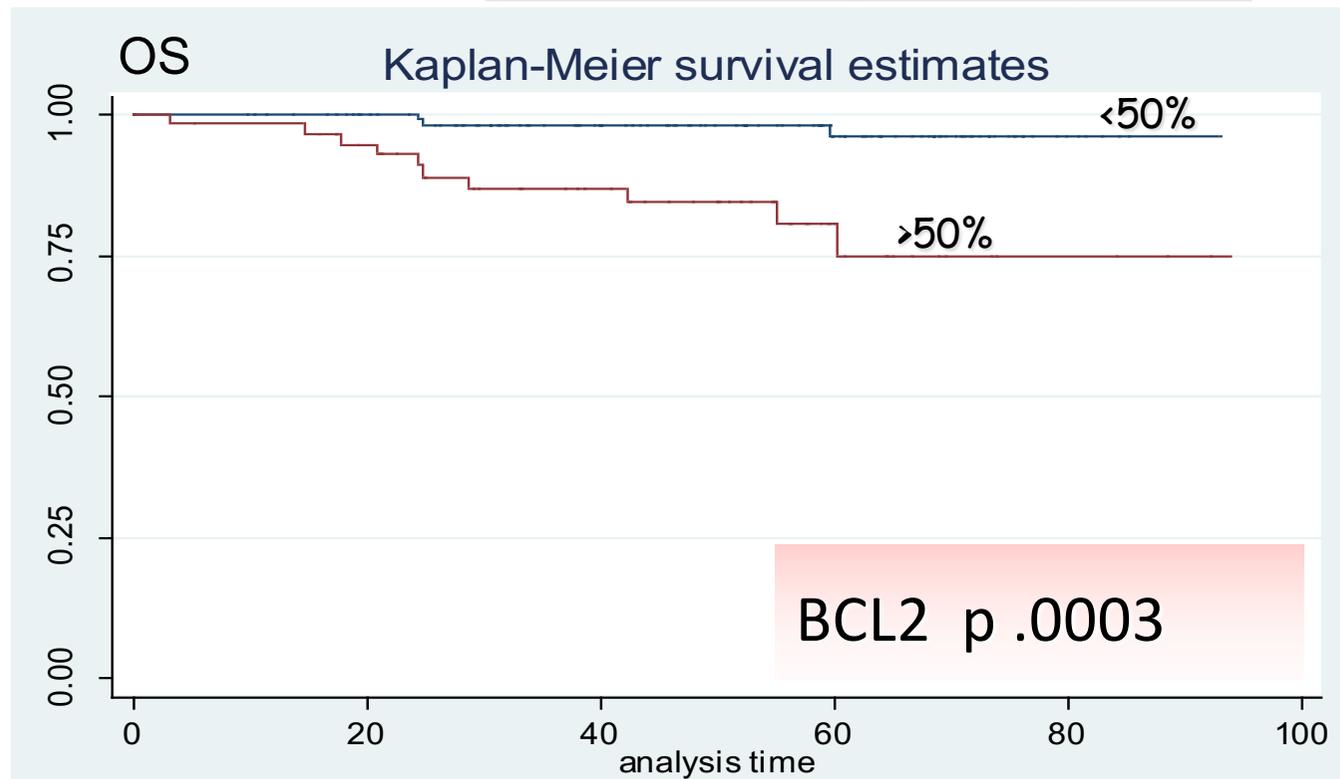
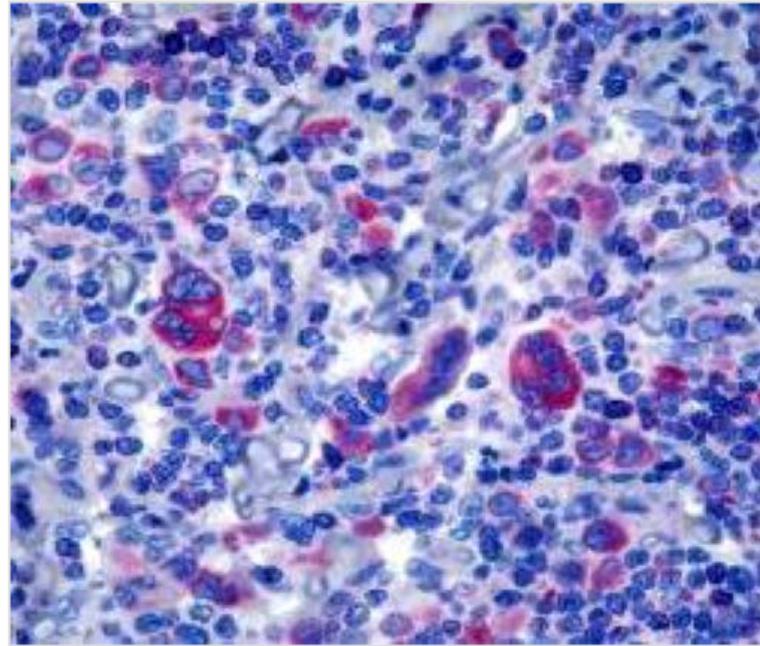
Yuri Pekarsky<sup>1</sup>, Veronica Balatti<sup>1</sup> and Carlo M Croce<sup>\*1</sup>

Graphical Abstract

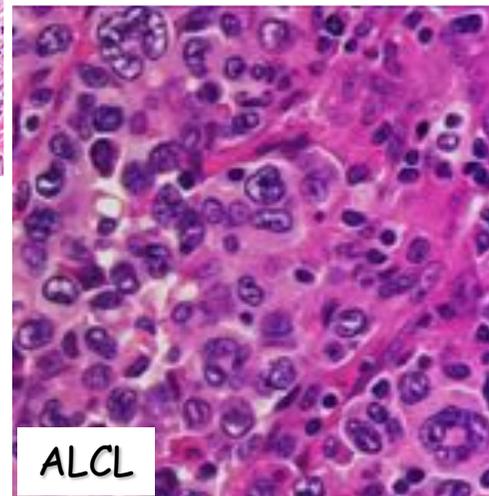
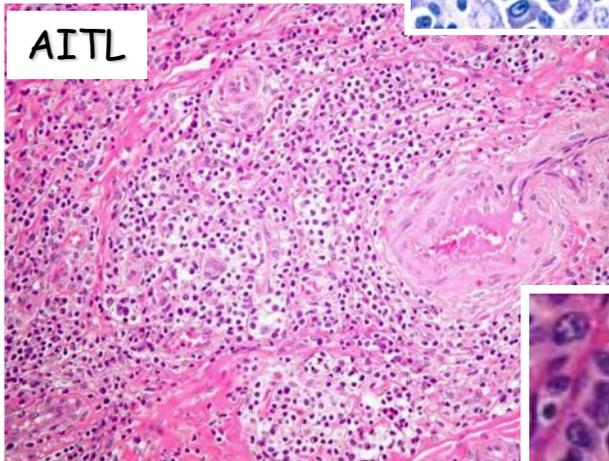
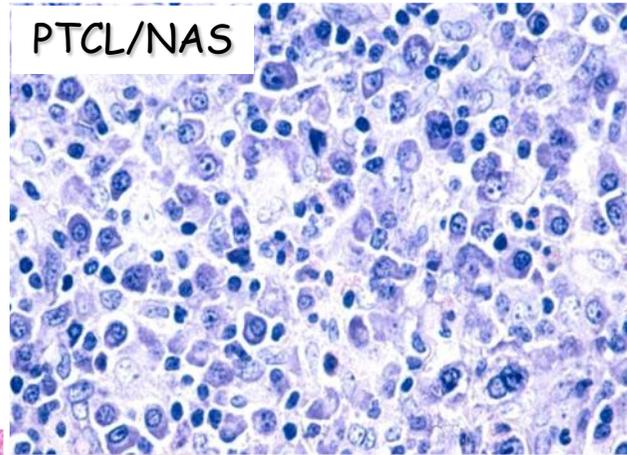
# Mantle cell lymphoma



# Linfoma di Hodgkin Classico



CD38, BCL-2, PD-1, and PD-1L expression in nodal peripheral T-cell lymphoma: Possible biomarkers for novel targeted therapies?



	ALCL- ALK <sup>-</sup>	ALCL- ALK <sup>+</sup>	PTCL- NOS	AITL
<b>Total cases</b>	<b>48</b>	<b>25</b>	<b>73</b>	<b>27</b>
<b>CD38</b>				
N. of evaluable cases	36	10	42	25
CD38 positive cases	6 (17%)	0	24 (57%)	20 (80%)
Positivity score:				
4	3		9	2
3	1		3	5
2	0		2	4
1	2		10	9
0	30		18	5
<b>BCL-2</b>				
N. of evaluable cases	37	13	44	26
BCL-2 positive cases	21 (58%)	4 (31%)	35 (79.5%)	23 (88%)
Positivity score:				
4	13	2	22	10
3	3	0	5	3
2	3	1	5	4
1	2	1	3	6
0	16	9	9	3
<b>PD-1</b>				
N. of evaluable cases	36	18	46	27
PD-1 positive cases	0	2 (11%)	28 (61%)	19 (70%)
Positivity score:				
4		2	9	5
3		0	9	9
2		0	5	1
1		0	5	4
0		16	18	8
<b>PD-1L</b>				
N. of evaluable cases	35	11	44	27
PD1-L positive cases	16 (46%)	8 (72%)	0	0
Positivity score:				
4	9	4		
3	2	1		
2	2	2		
1	3	1		
0	19	3		

Positivity score: 4 = >75% stained cells; 3 = 75-50%; 2 = 25-49%; 1 = 5-24%; 0 = <5%.

E Sabattini, Bacci F, C Agostinelli, C Bertuzzi, C Sagramoso,  
M Rossi, S Righi, A Gazzola, M Piccioli, C Mannu, F Sandri,  
G De Biase, S Giusti, G Da Pozzo

