



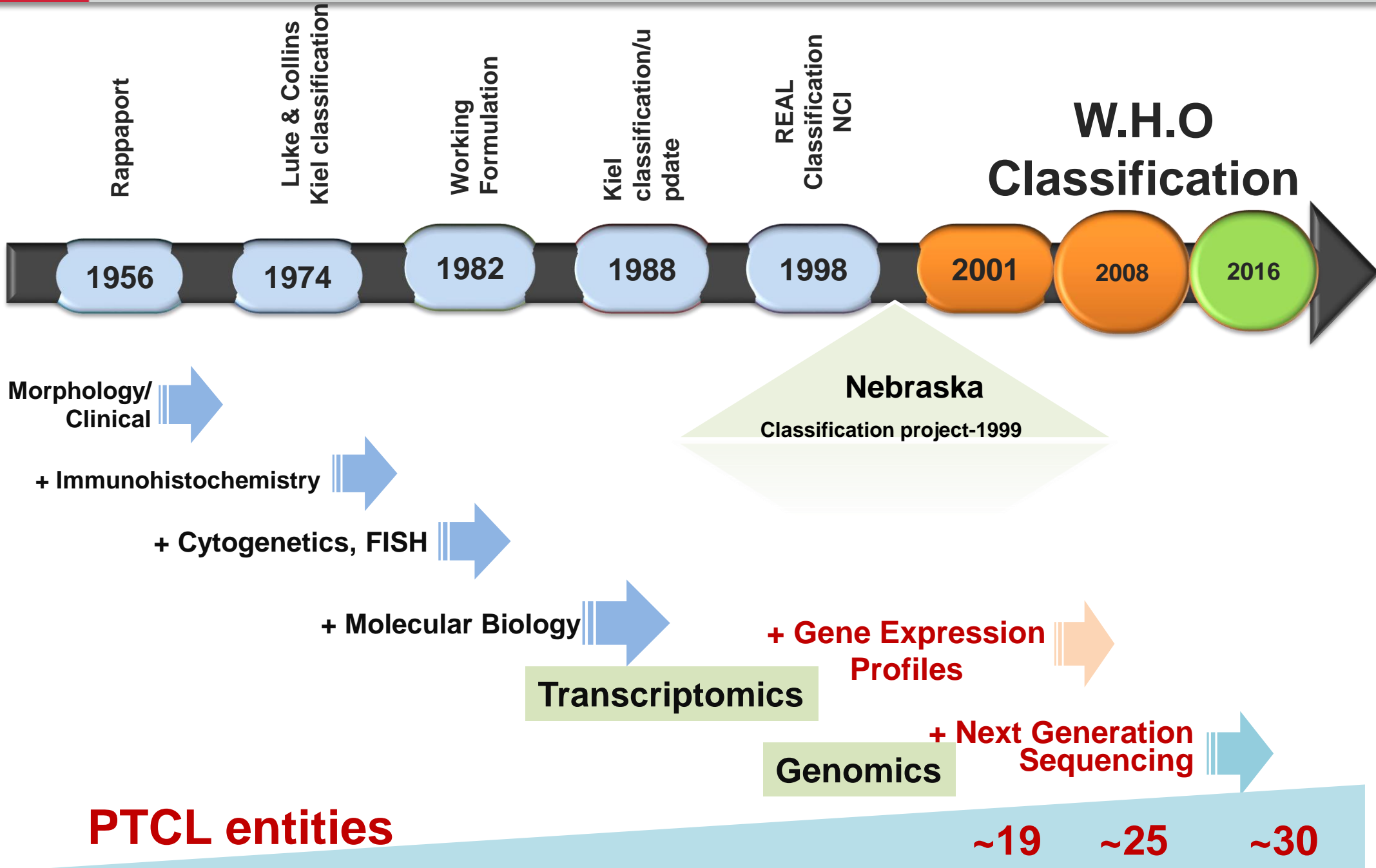
# PTCL-NOS: Gene expression profiling

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James O. Armitage center for Leukemia and Lymphoma Research  
University of Nebraska Medical Center  
Omaha,NE

***T-cell Lymphomas: we are close to the finalization”***



# History of Lymphoma Classification

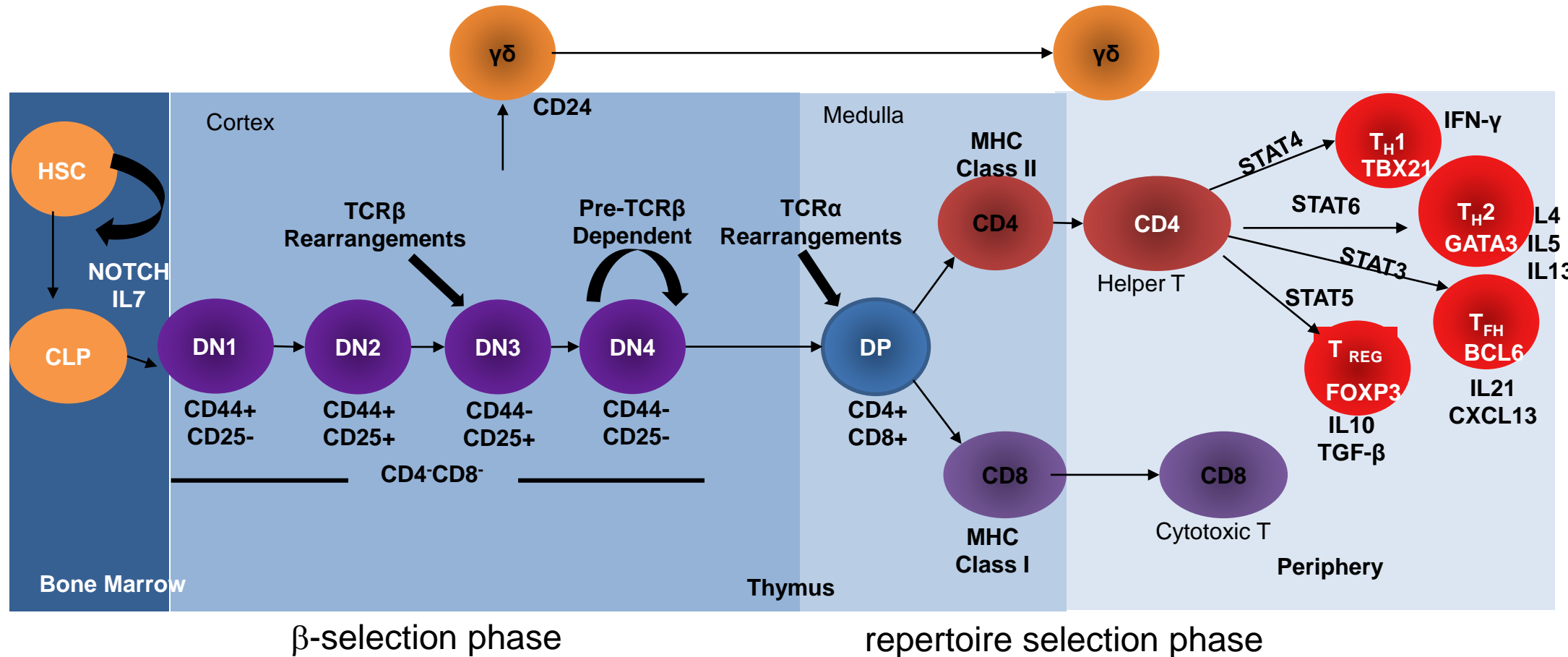




# Gene Signatures in PTCL

- **The genomic characteristics of each tumor through expression of a unique set of genes is known as “GENE SIGNATURE**
  - **Molecular diagnosis**
  - **Pathobiology and target characterization**
  - **Rationalize/Justify the new clinical investigations**

# Mature T cell development and activation



HSC: Hematopoietic stem cells  
 CLP: common lymphoid progenitor

**Complexity of T-cell immunobiology, numerous subsets and functional plasticity makes disease classification challenging**



# W.H.O. classification of mature T/NK-cell neoplasms (2016 revised version)

**Nodal**

**Extra-nodal**

**Cutaneous**

**Leukemic**

**Peripheral T-cell Lymphoma, Not Otherwise Specified  
PTCL-NOS**

**Angioimmunoblastic T-cell lymphoma  
AITL**

**Nodal PTCL with T<sub>FH</sub> phenotype**

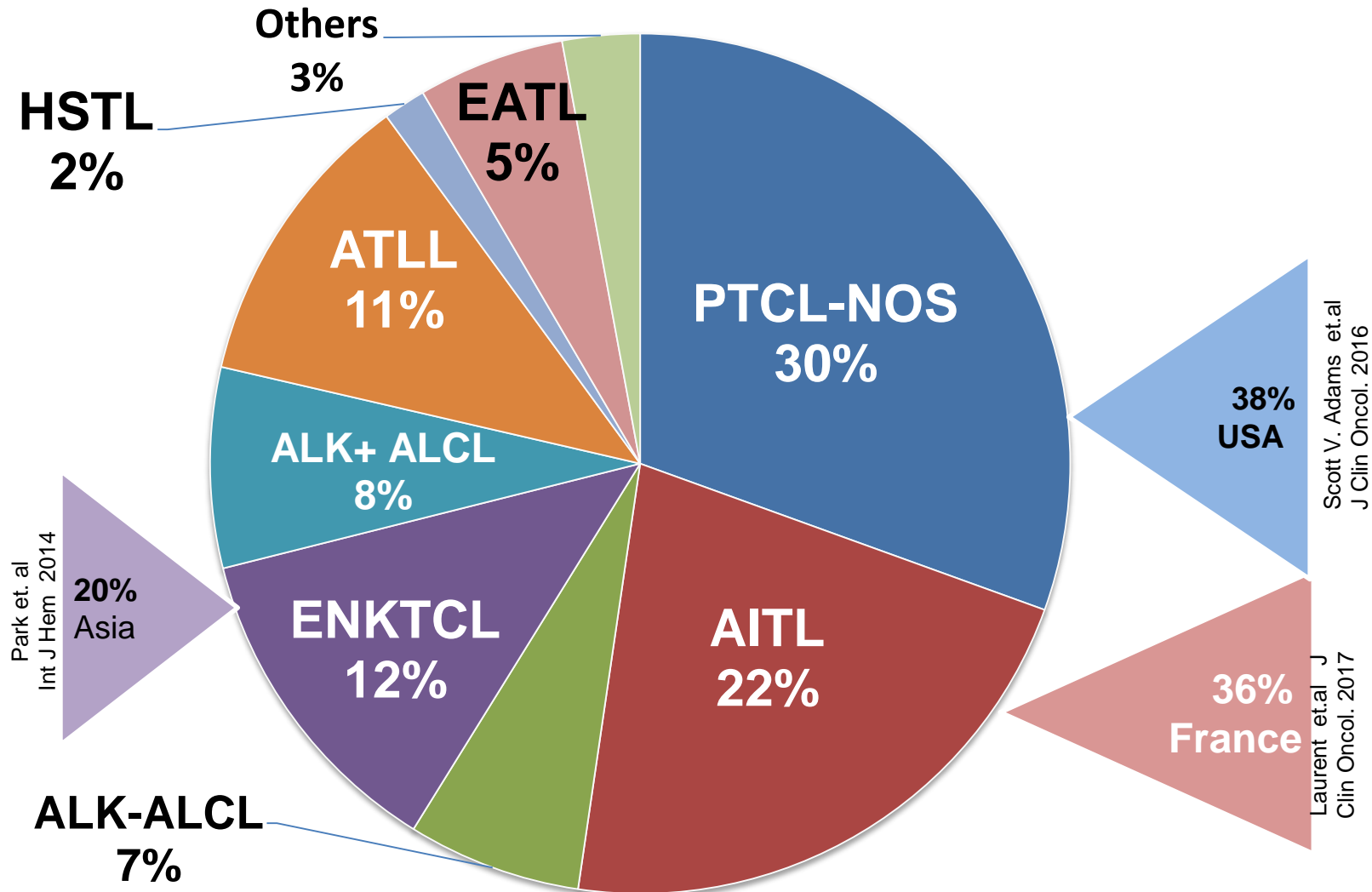
**Follicular PTCL**

**Anaplastic large-cell lymphoma, ALK(+)ALCL**

**Anaplastic large-cell lymphoma, ALK(-) ALCL**



# Overall frequency of PTCL subtypes



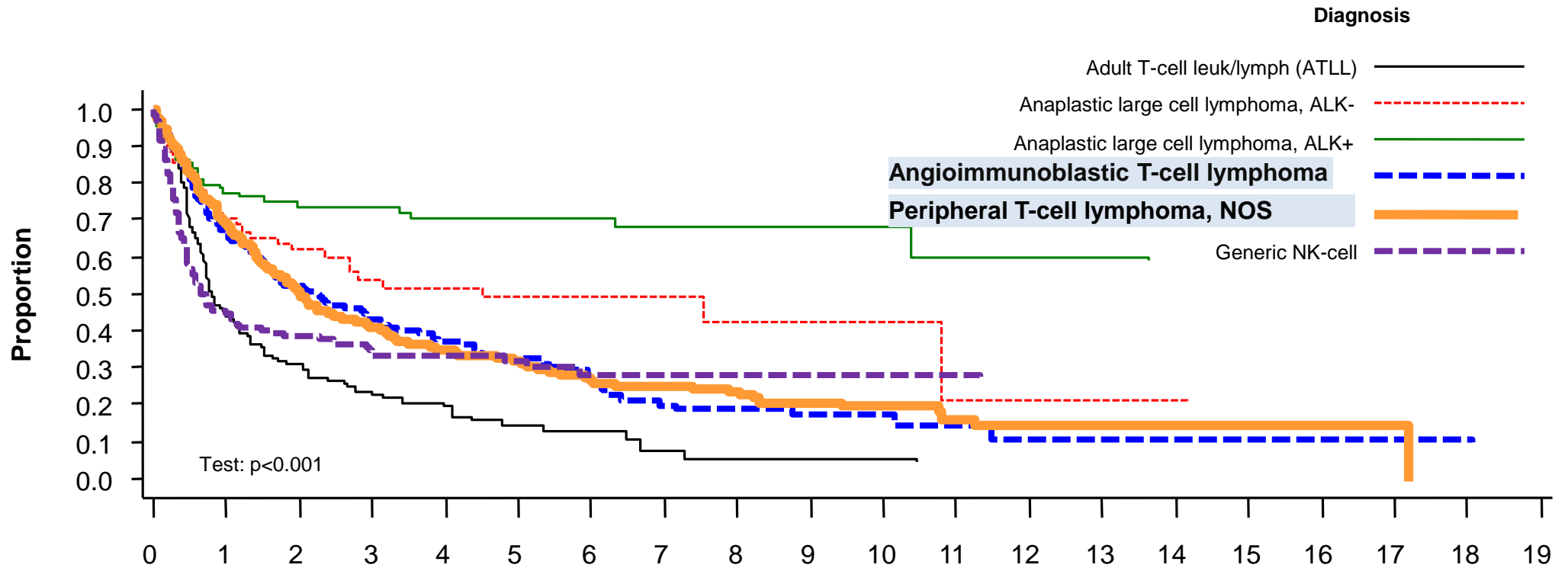
Park et. al  
Int J Hem 2014

Scott V. Adams et.al  
J Clin Oncol. 2016

Laurent et.al J  
Clin Oncol. 2017



# Major PTCL subtypes have inferior clinical outcome

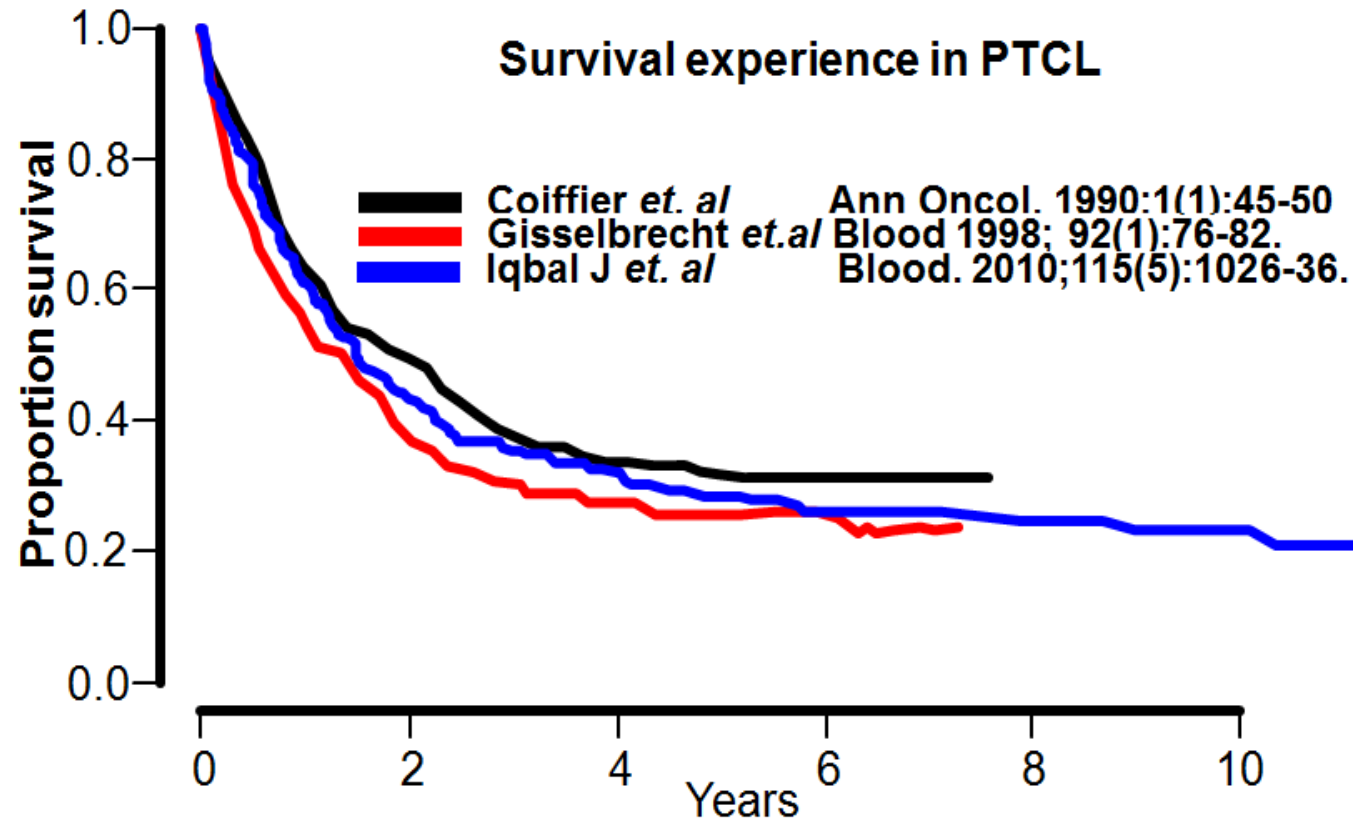


- Xu et.al PLOS One 2014

“No Survival Improvement for PTCL/AITL patients over the Past Two Decades: A Population-Based Study of 1207 Cases”



# No major improvement in clinical outcome since last three decades in PTCL

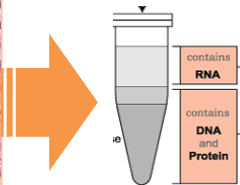
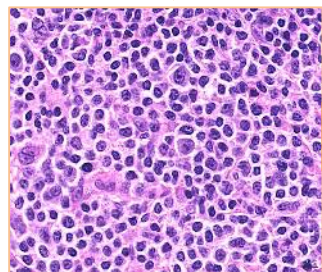


OS of PTCL-NOS/AITL



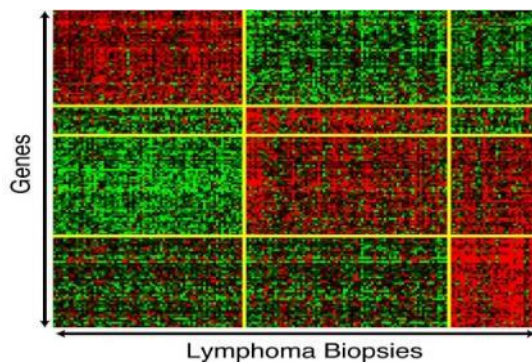


# High-throughput technologies dissecting distinct molecular and prognostic subgroups



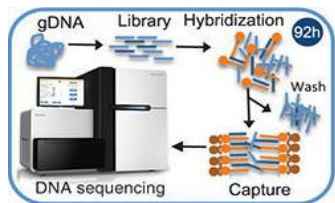
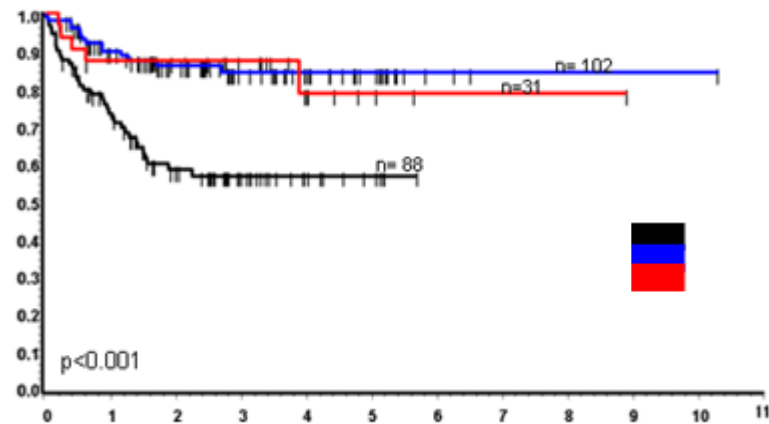
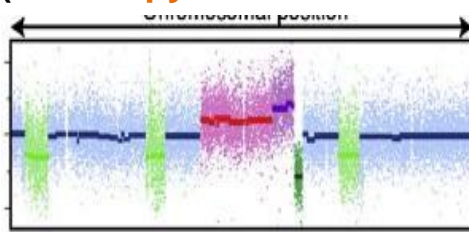
Transcriptomics

Gene expression profiling:  
(mRNA expression)



Genomics

Genomic DNA hybridization  
(DNA copy number variations)



Genetic Evolution of  
molecular  
subgroups

Next generation sequencing



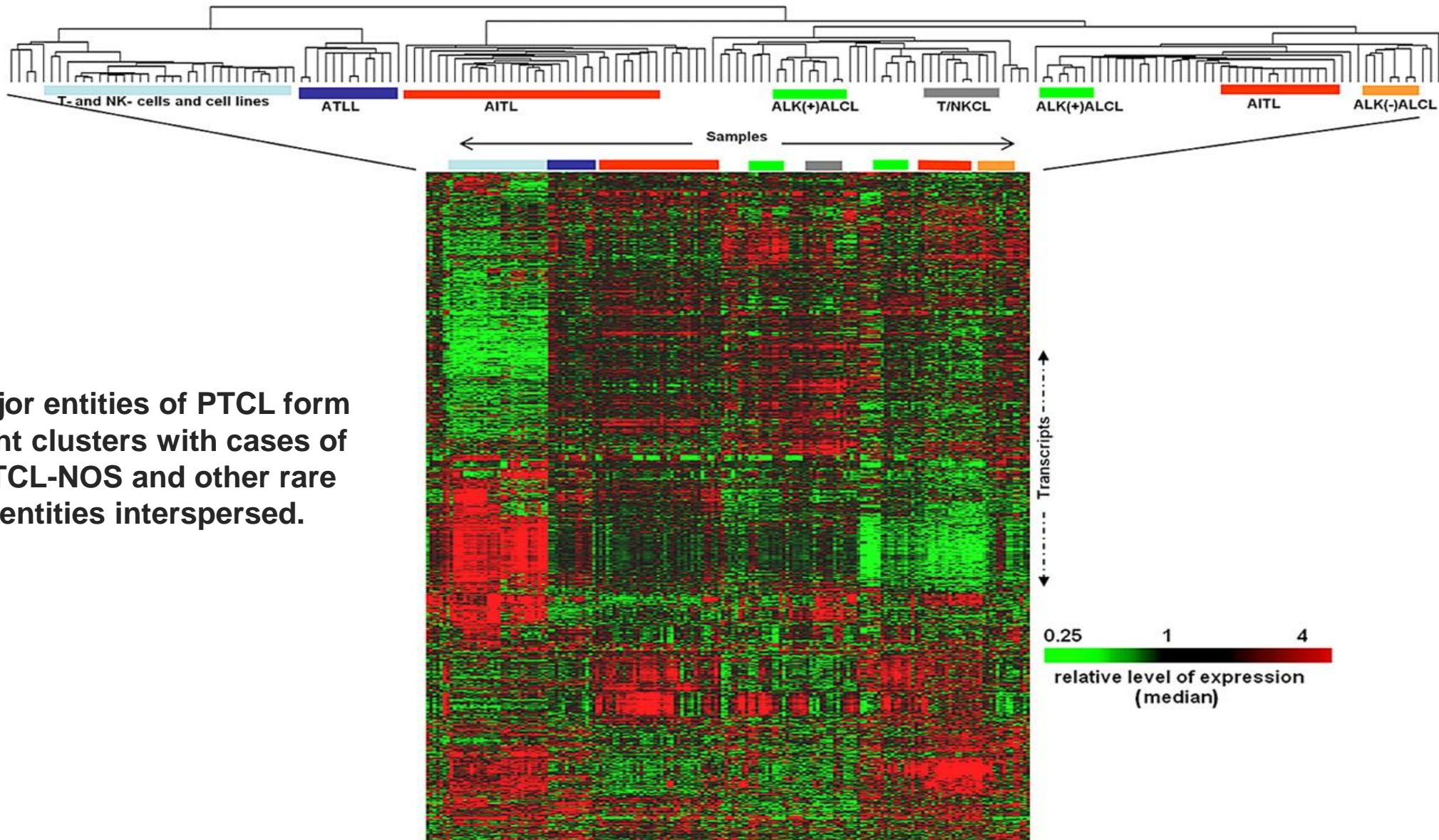
Patient-centered  
Research

Laboratory discoveries

Delivery to patient care  
/communities

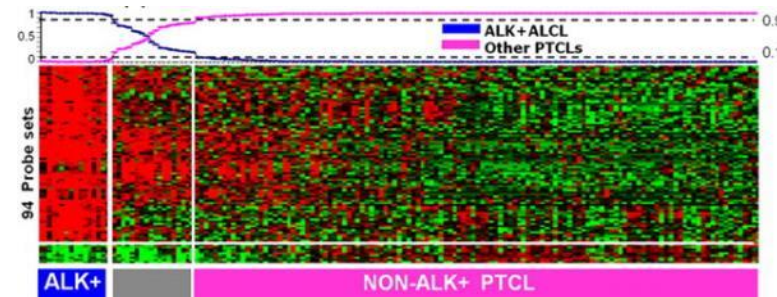
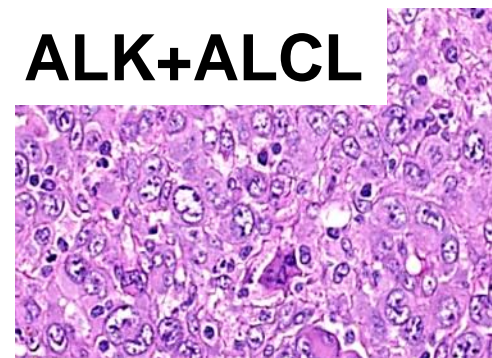
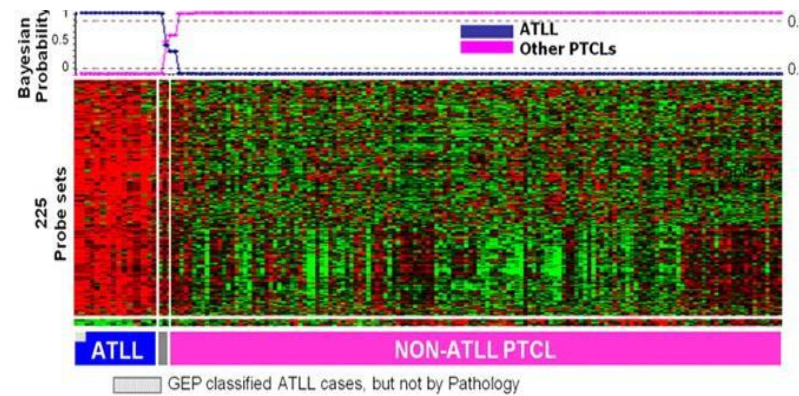
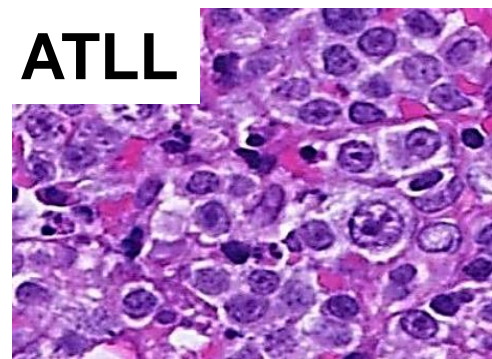
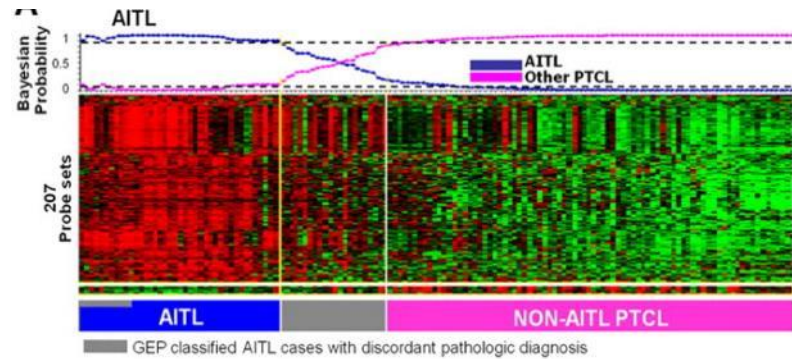
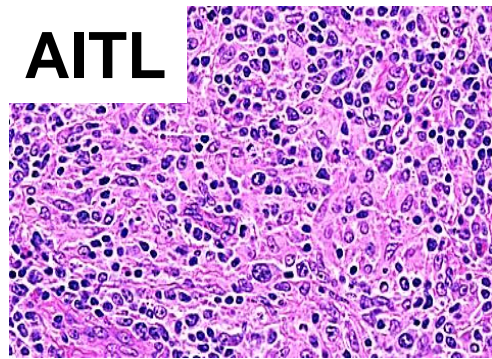


# Unsupervised hierarchical clustering of PTCL cases and normal T cells

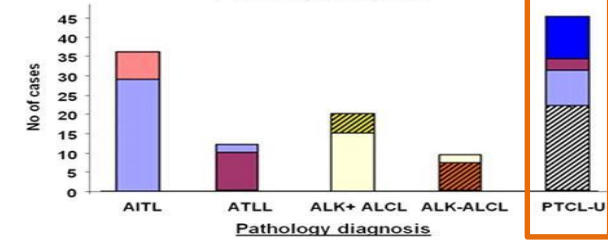




# Gene expression-based molecular predictors of the major subgroups of PTCL



**D** Comparison between the molecular diagnosis and Pathology diagnosis



Molecular diagnosis



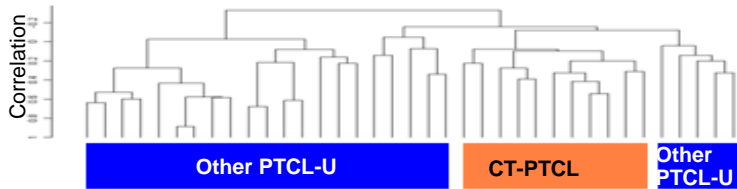
Not molecularly classified



- More than half of the PTCL-NOS cases were not molecularly classified

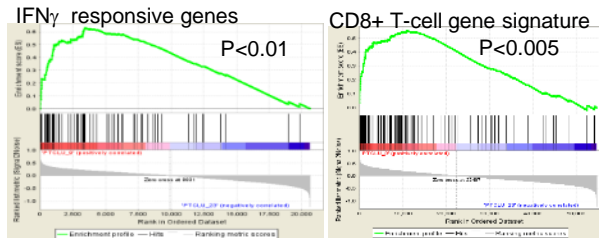
# Identification of cytotoxic ( $\alpha\beta$ ) PTCL group from PTCL-NOS

(A) Hierarchical clustering

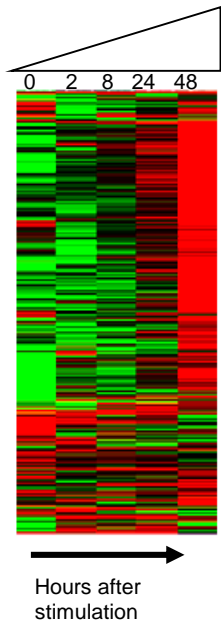


Dendrogram for clustering PTCL-NOS cases using centered correlation and complete linkage

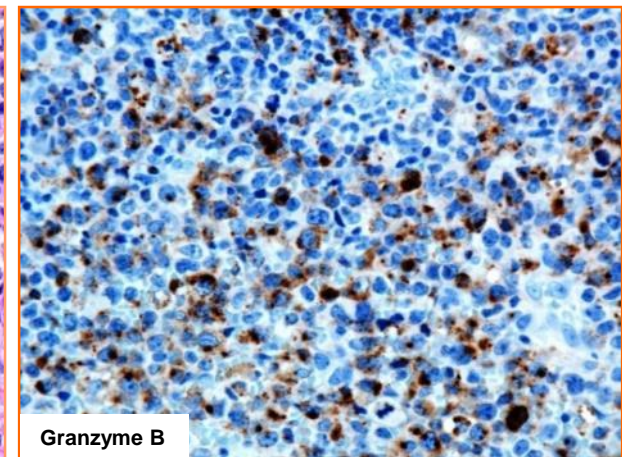
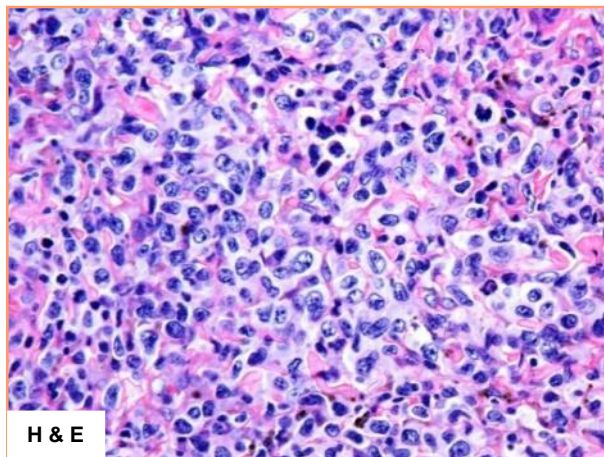
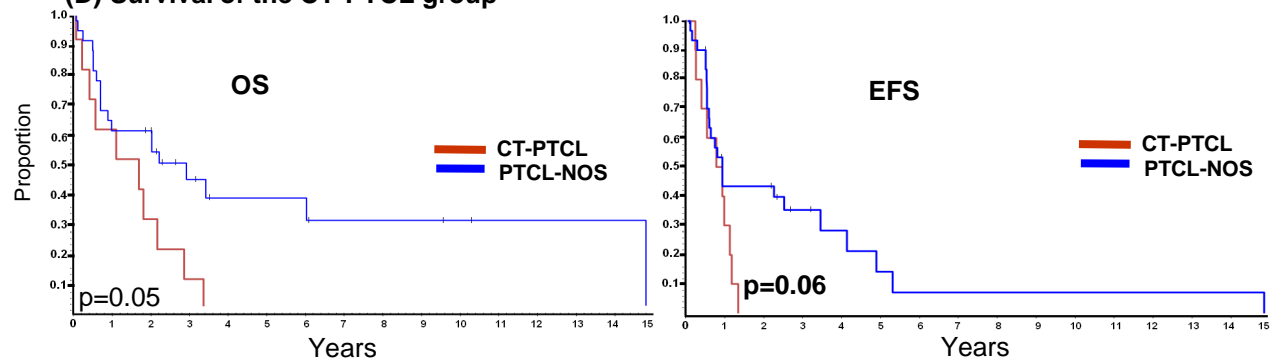
(C) GSEA analysis



(B) Expression of the CT-PTCL signature in normal CD8+ T-cells stimulated with anti-CD3, anti-CD28 and IL12 for various time intervals (hours)



(D) Survival of the CT-PTCL group

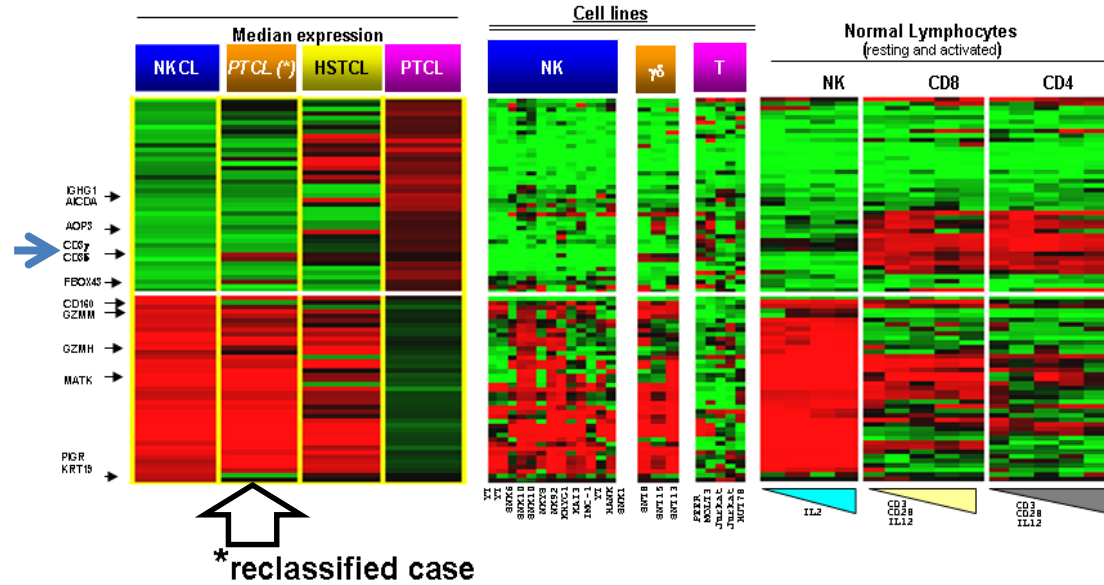
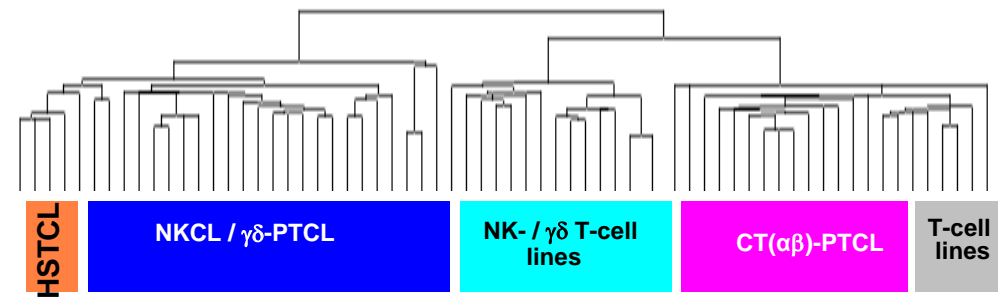




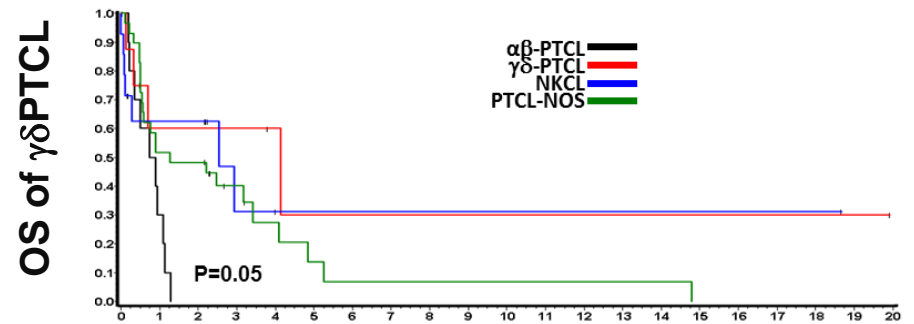
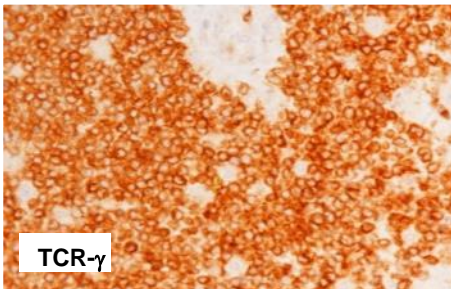
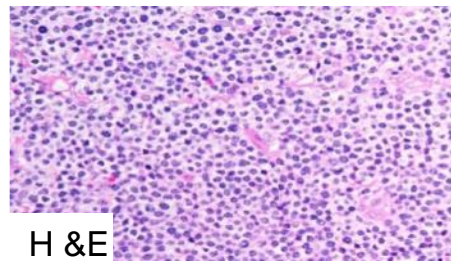


# Identification of $\gamma\delta$ -PTCL from PTCL-NOS

$\gamma\delta$ -PTCL have similar gene expression signature as NKCL but distinct from CT( $\alpha\beta$ )-PTCL and HSTCL

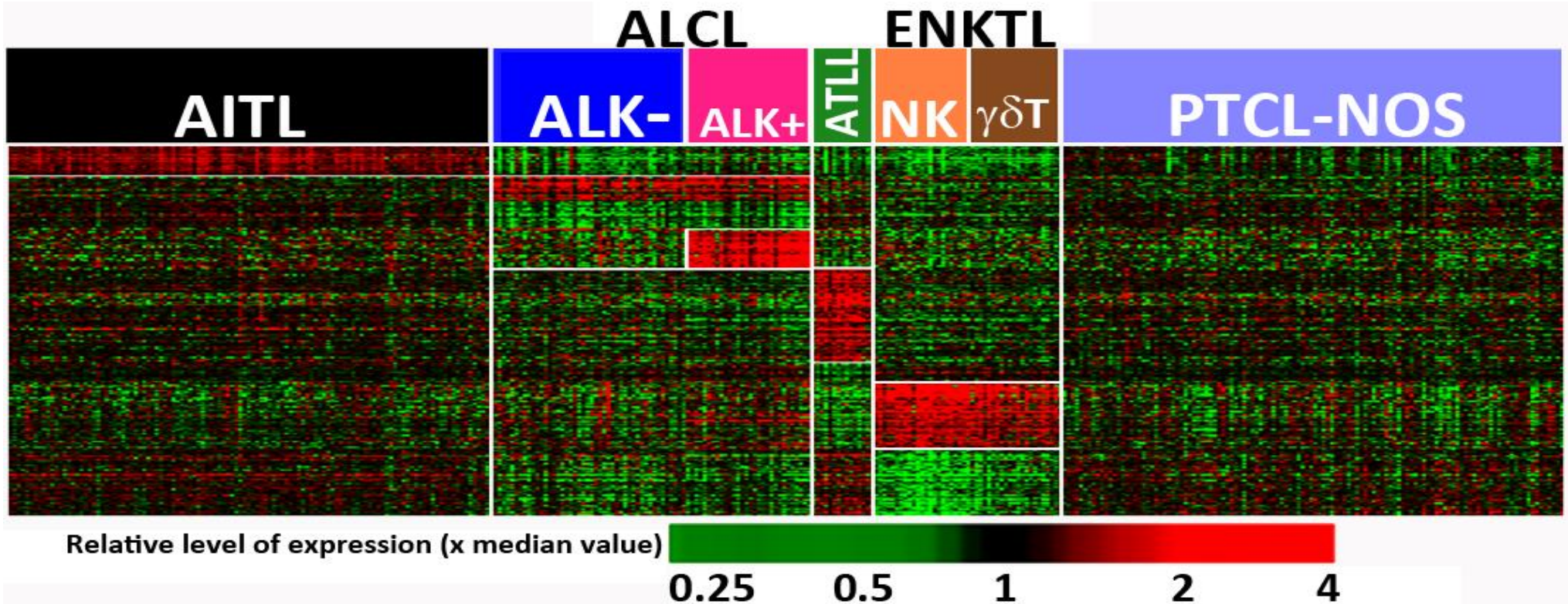


Markers	Status
CD3 $\epsilon$	7/7 (+)
CD2	2/4 (+)
CD5	1/7 (+)
CD7	1/1 (+)
CD8	3/5 (+)
CD4	1/6 (+)
<b>CD56</b>	<b>3/4 (+)</b>
<b>TIA1</b>	<b>4/4 (+)</b>
<b>Granzyme B</b>	<b>2/3 (+)</b>
<b>TCR-beta</b>	<b>5/5 (-)</b>
<b>EBER-1</b>	<b>3/5 (-)</b>





# Refinement of molecular diagnostic signatures

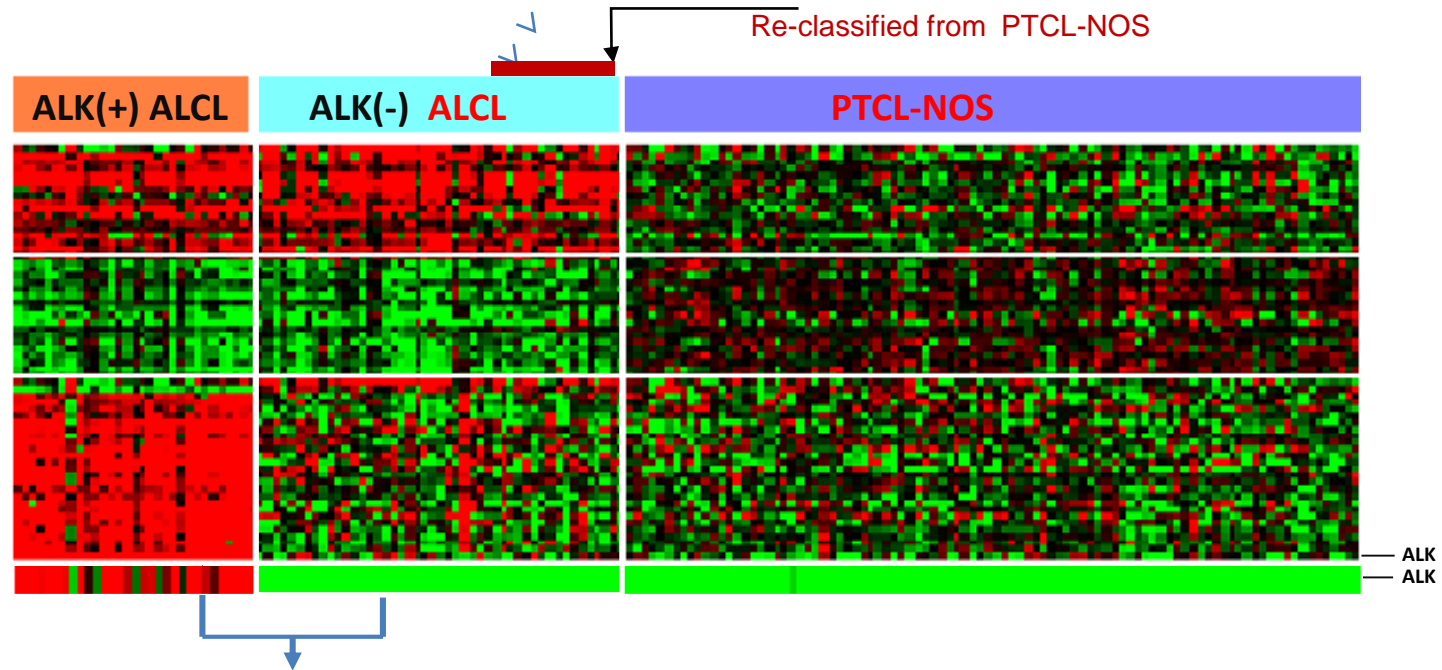


- Unique molecular signatures were identified for major PTCL entities



# Robust molecular signature for ALK(-)ALCL

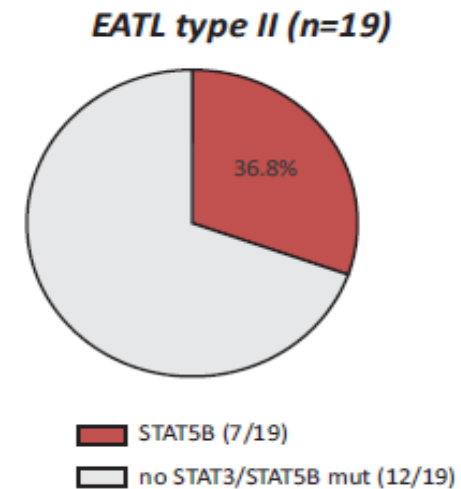
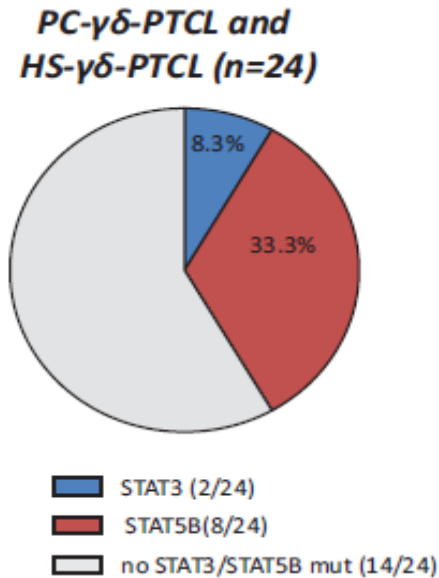
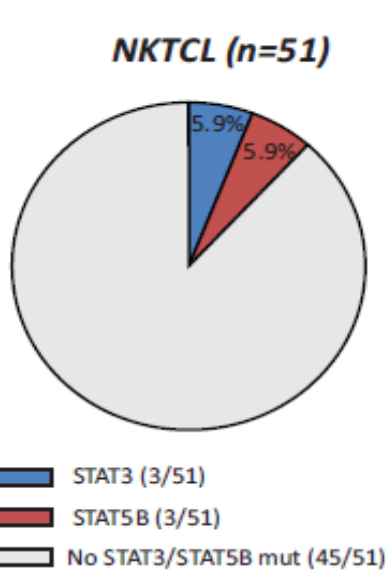
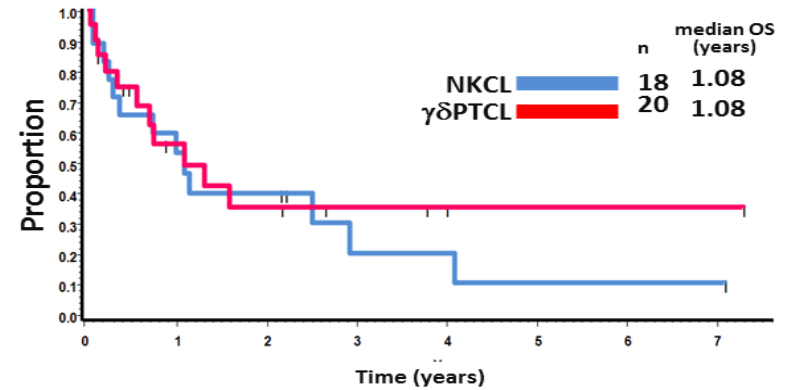
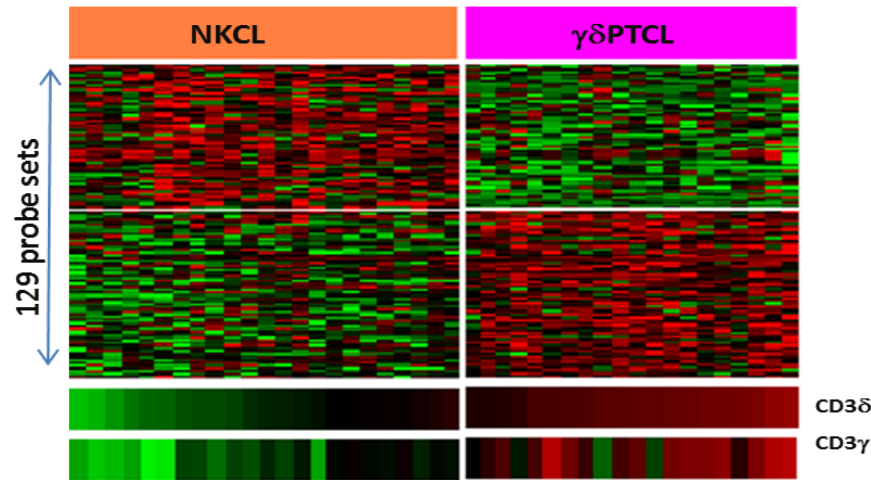
## Gene signature/pathway enrichment summary in ALK(-)ALCL



- ALK(-) ALCL is molecularly distinct from PTCL-NOS and ALK(+)ALCL



# STAT3 and STAT5B mutations identified in NK or $\gamma\delta$ -T cell derived lymphomas



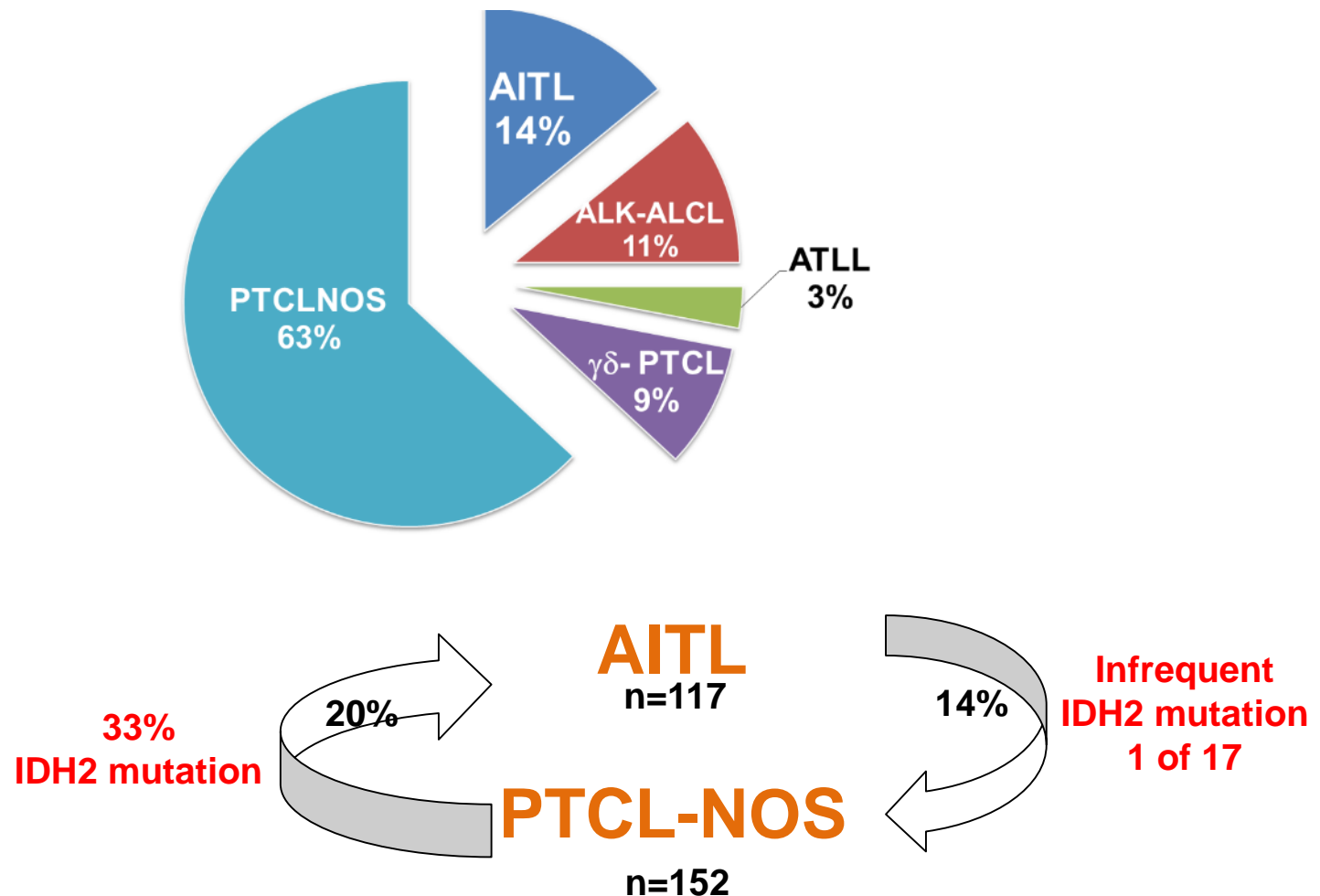
**-Stat3 and Stat5B are often mutated at the SH2 domain in NK and  $\gamma\delta$ -T cell lymphomas**  
**-*In vitro* data analysis showed sensitivity of this mutations to JAK1/2 inhibition**





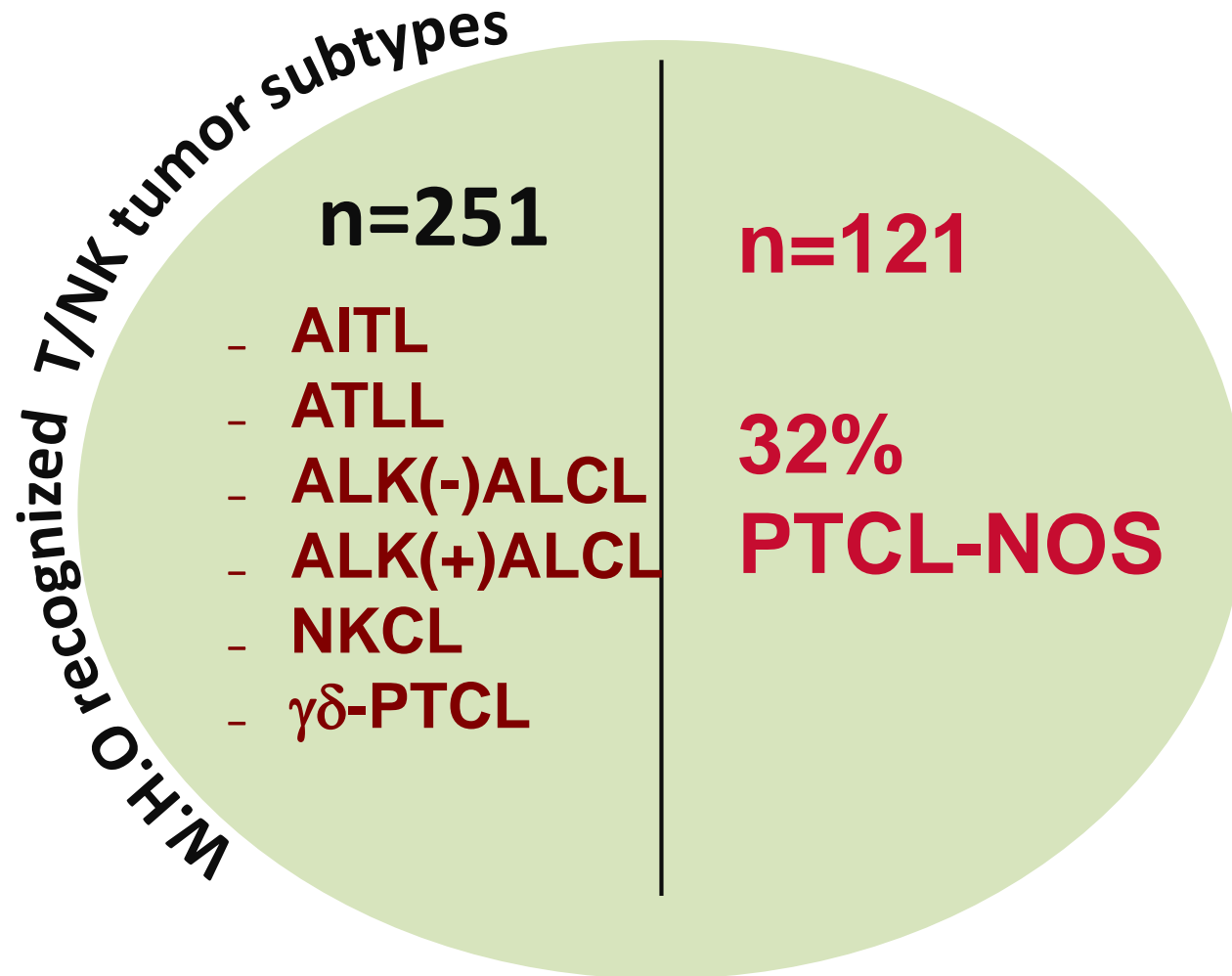
# Evaluation of pathological vs molecular diagnosis

of **152 PTCL-NOS** cases, a subset of cases were classified into unique PTCL entities



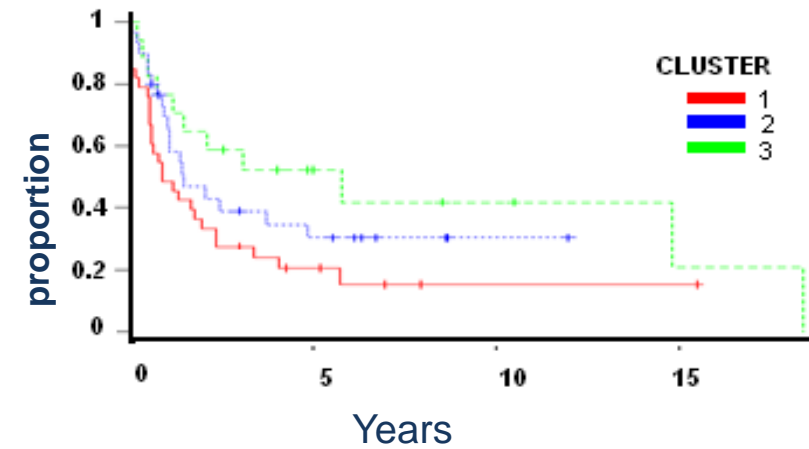
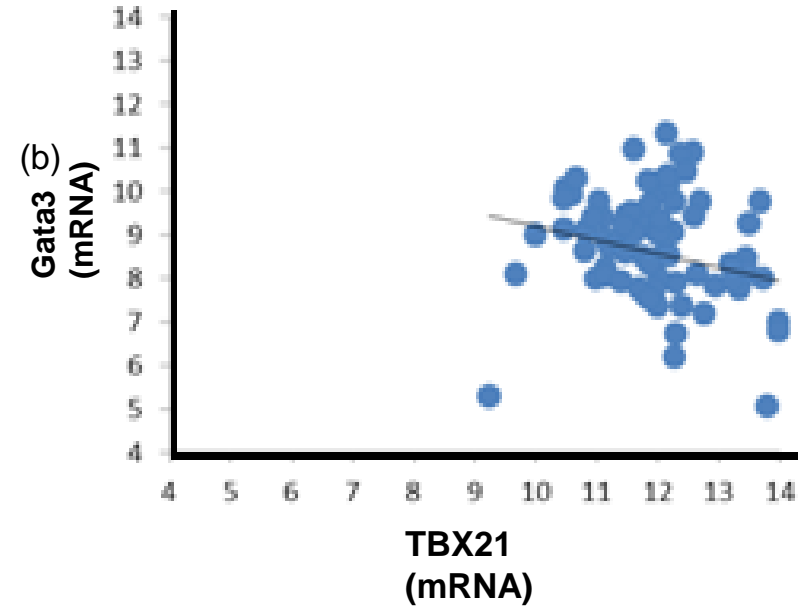
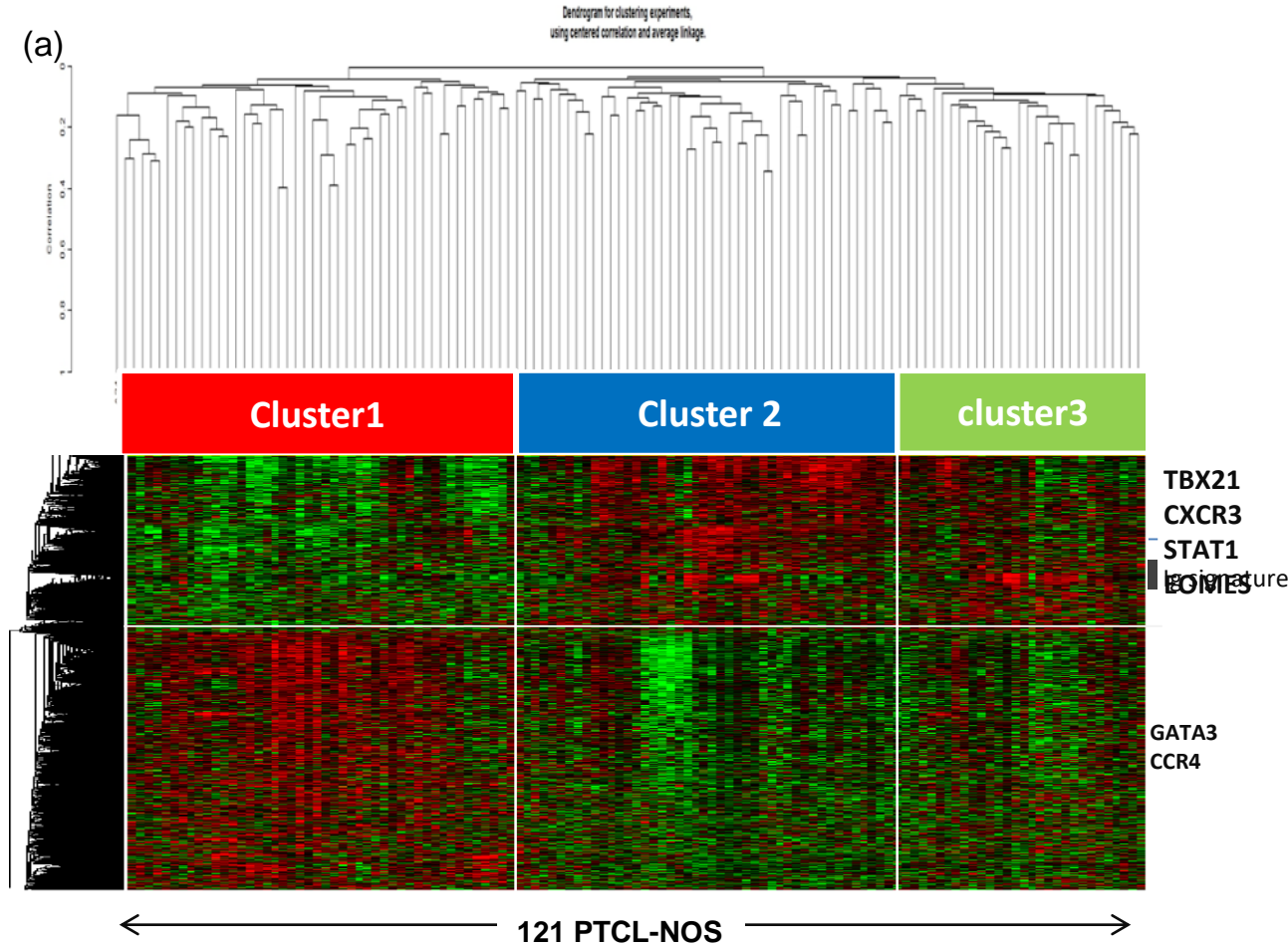


# One-third of PTCL-NOS cases were not molecularly classified into WHO recognized PTCL entities

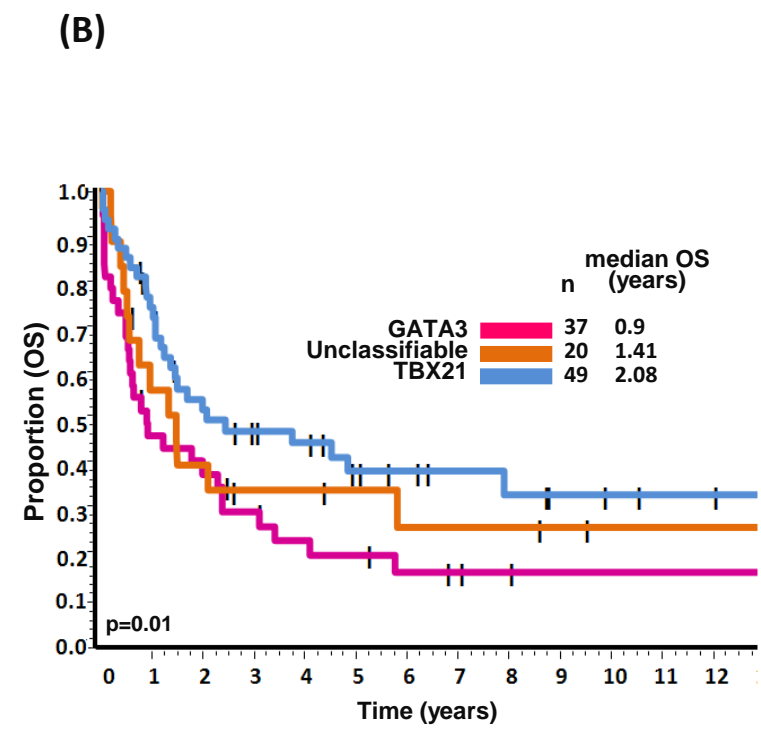
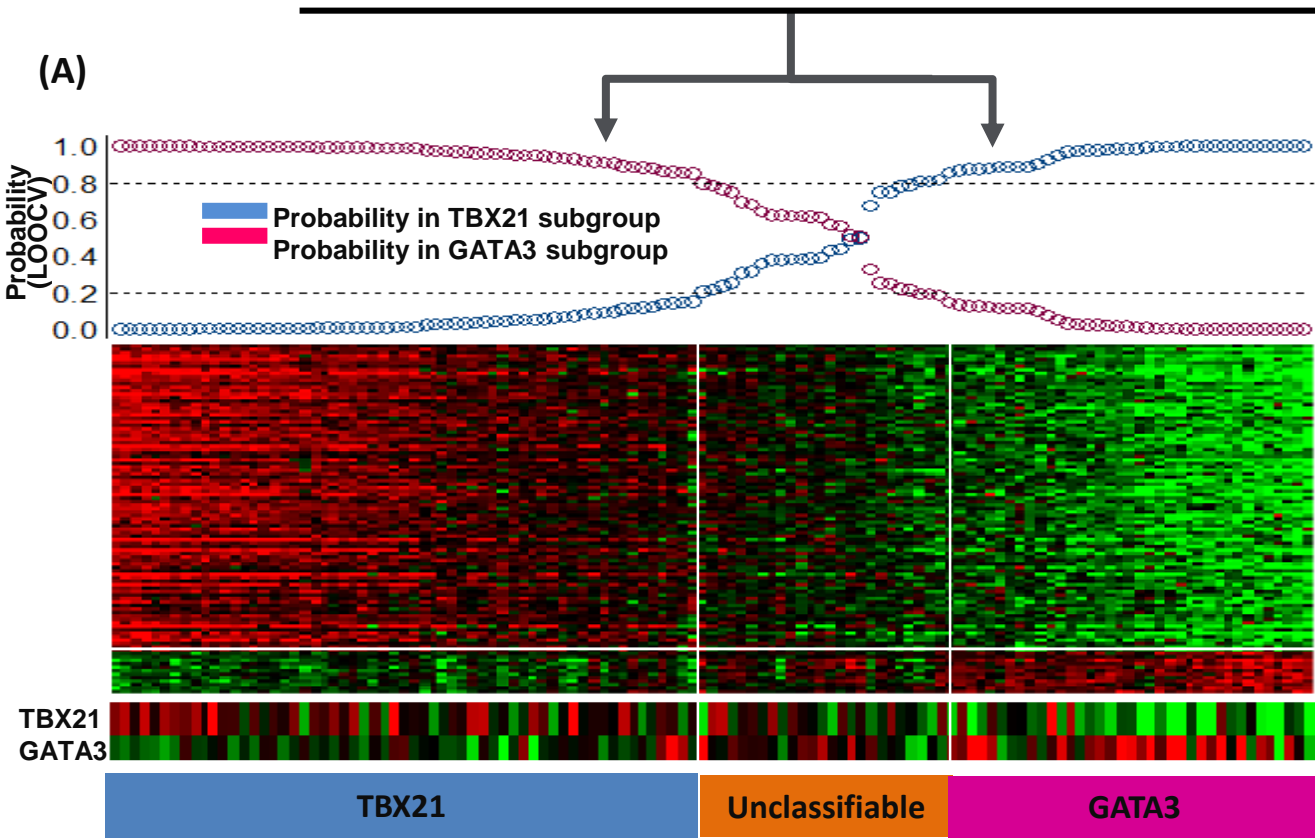
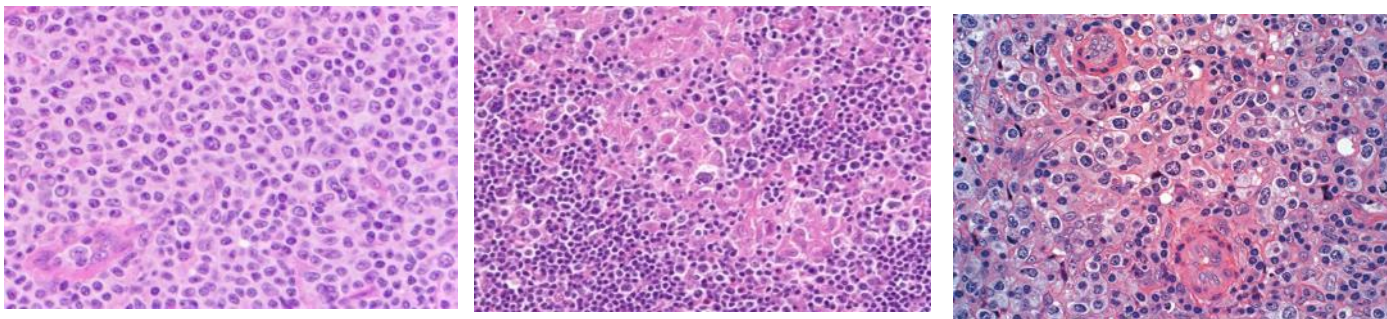




# Unsupervised clustering of PTCL-NOS showed at least 3 major clusters



# PTCL-NOS can be further divided into two major subgroups

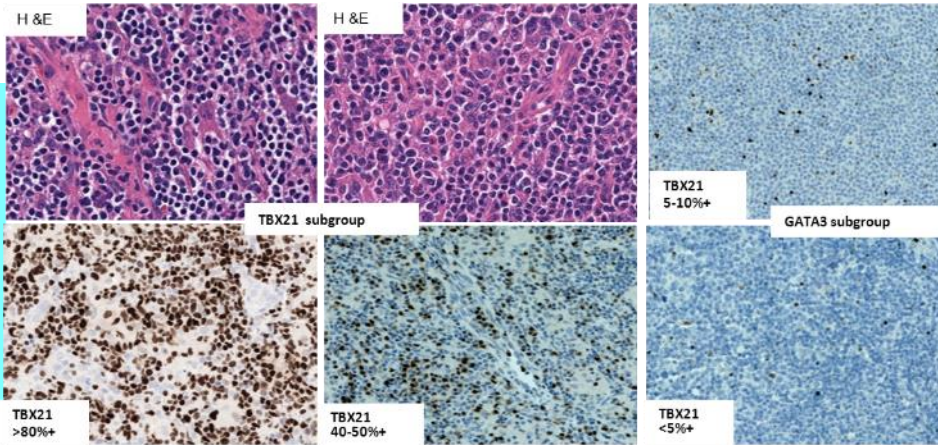






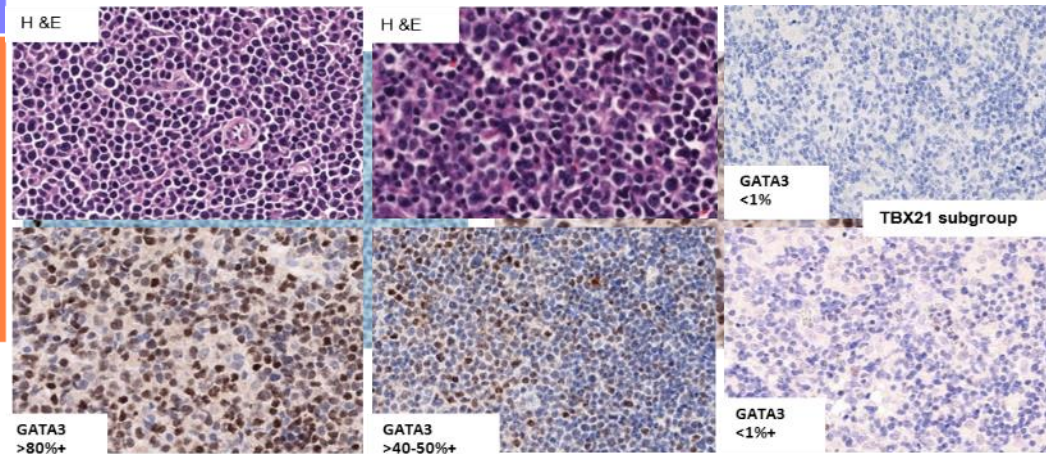
# GEP identified distinct oncogenic pathways

**TBX21**

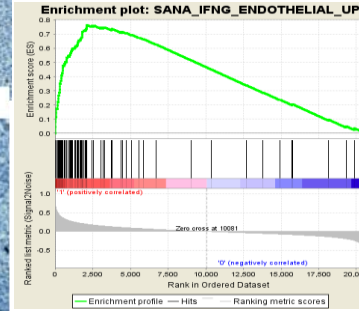


**IHC validation**

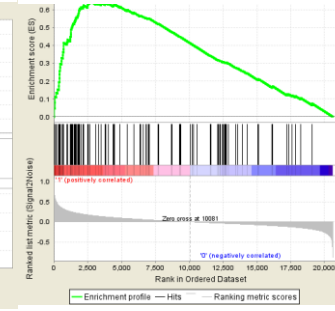
**GATA3**



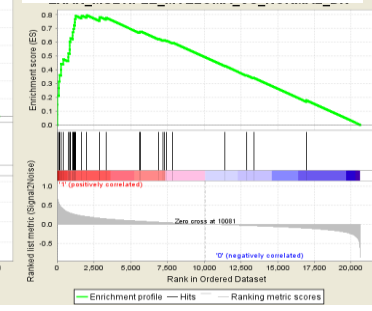
**INF- $\gamma$  gene signature**



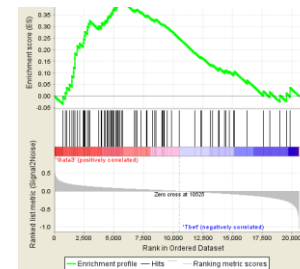
**NF- $\kappa$ B target gene signature**



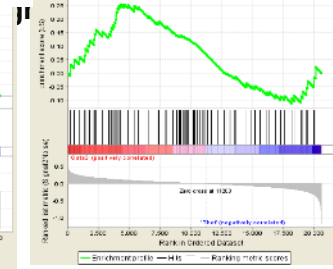
**Plasma cell gene signature**



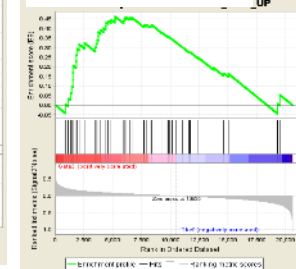
**Proliferation**



**Itenin oncogenic**



**MYC targets**



**PI3Kinase regulated**

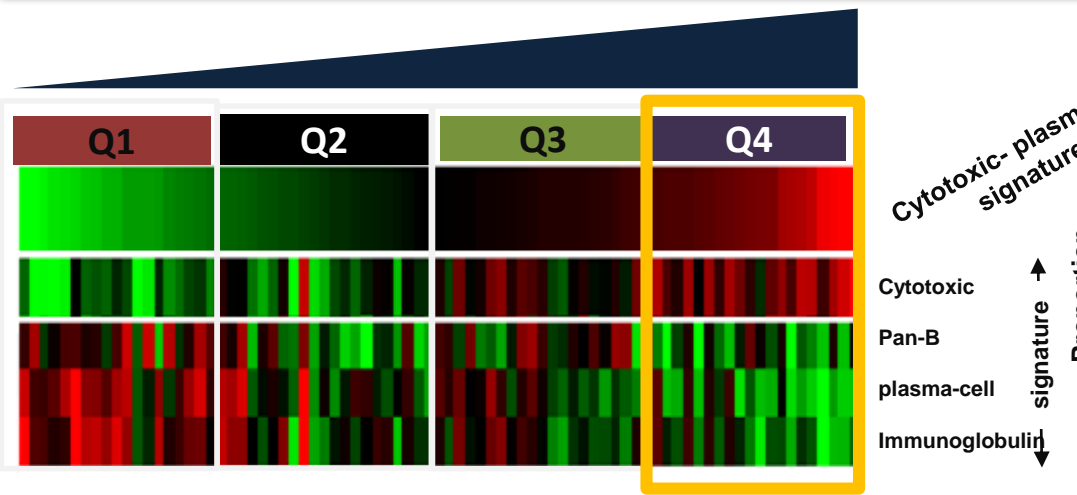
**Myc induced gene targets (up)**

**Ribosomal transcripts (mTOR)**

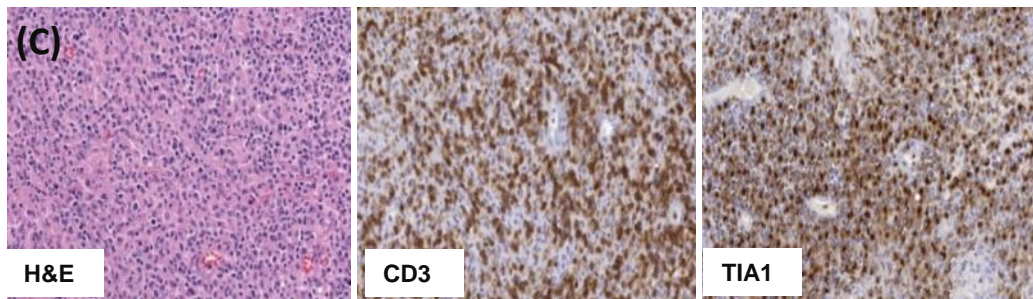
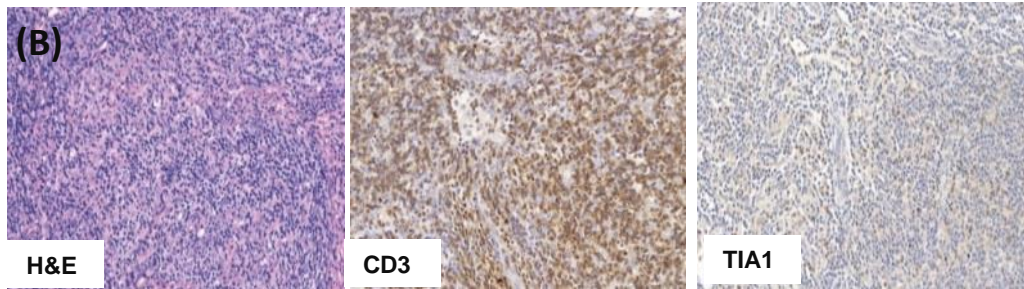
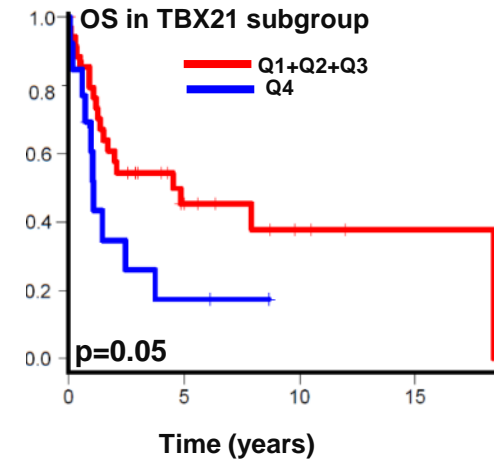
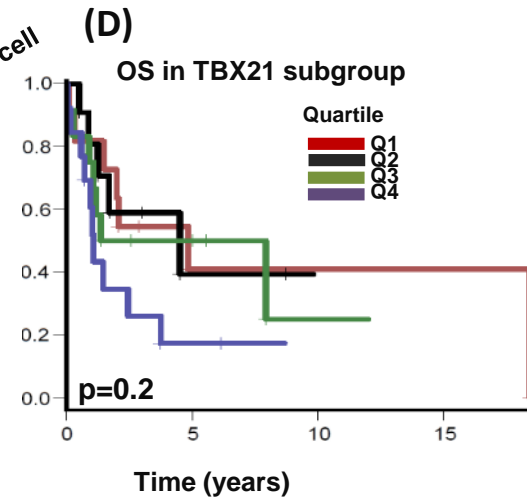
**Proliferation related**



# Tumor microenvironment significantly influences the prognosis in PTCL-TBX21 subgroup

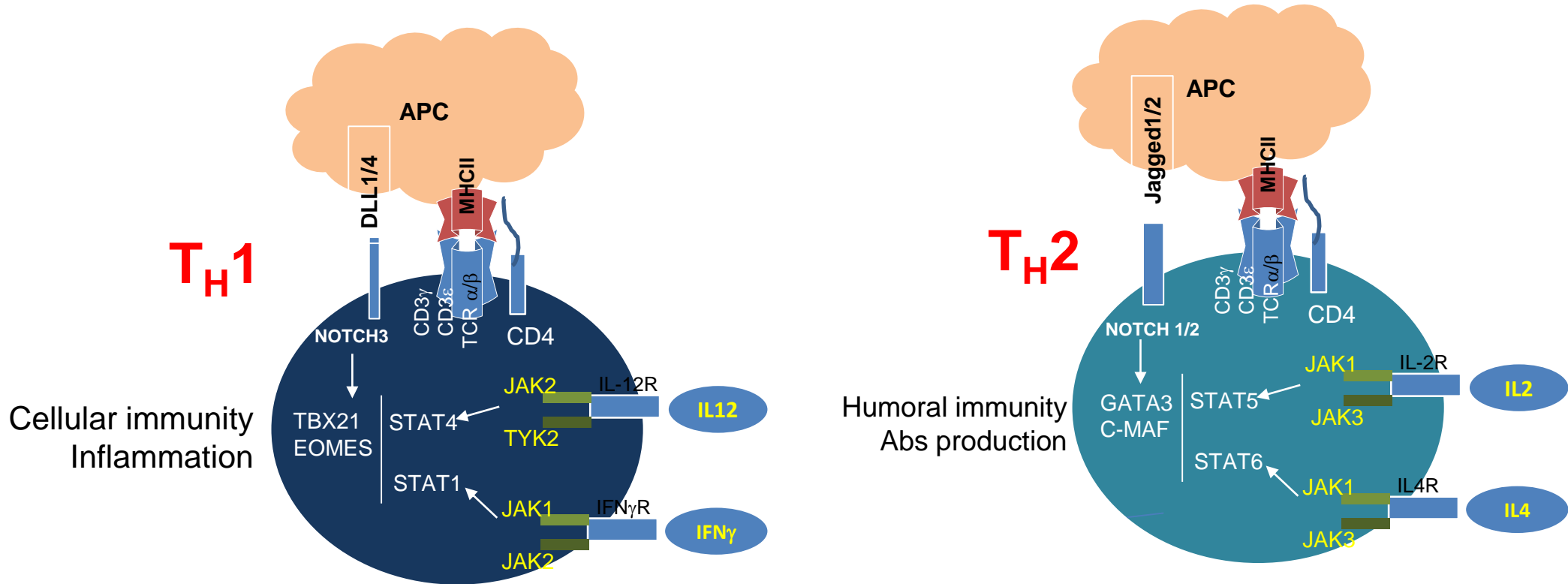


Cytotoxic-plasma cell signature  
Cytotoxic signature  
Pan-B signature  
plasma-cell signature  
Immunoglobulin signature





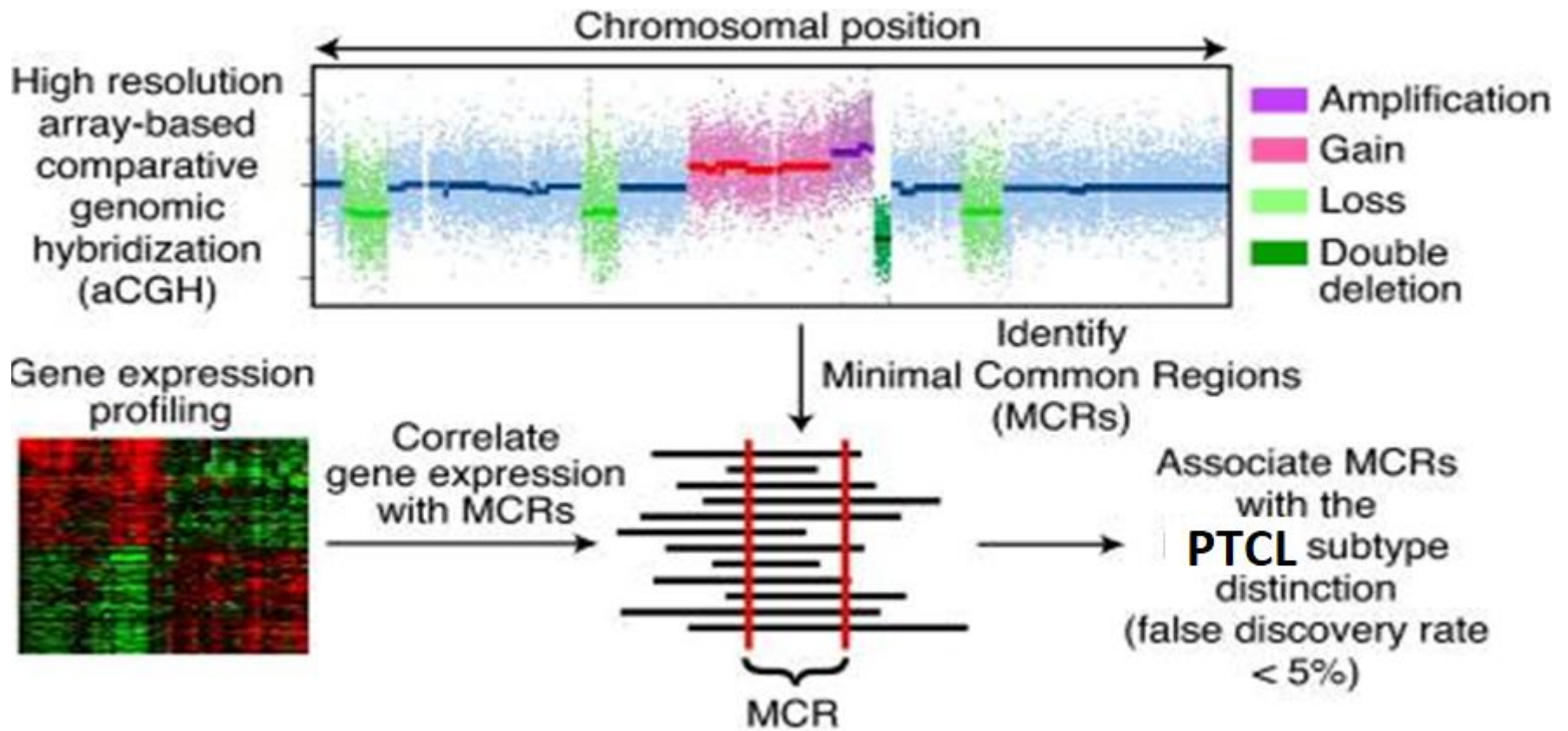
# T<sub>H</sub>1/2 differentiation Program Schematic







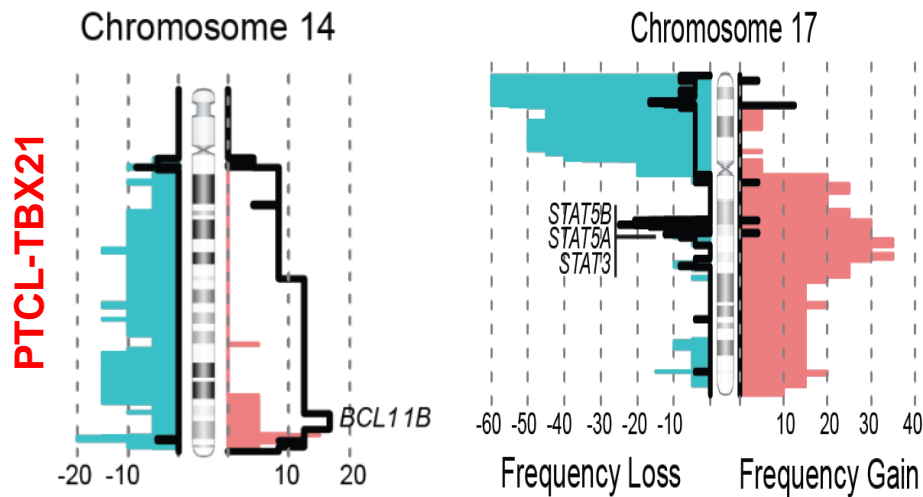
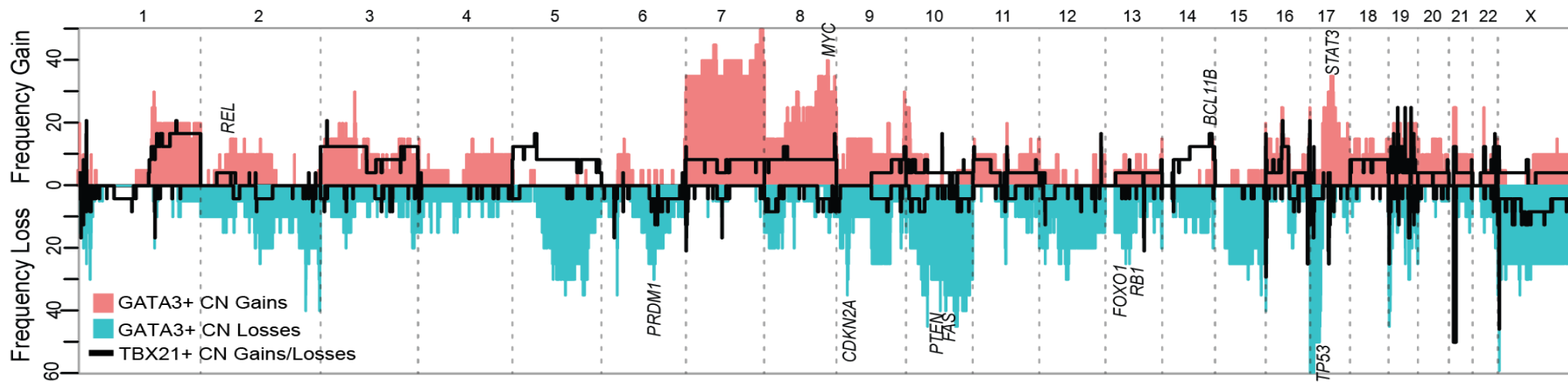
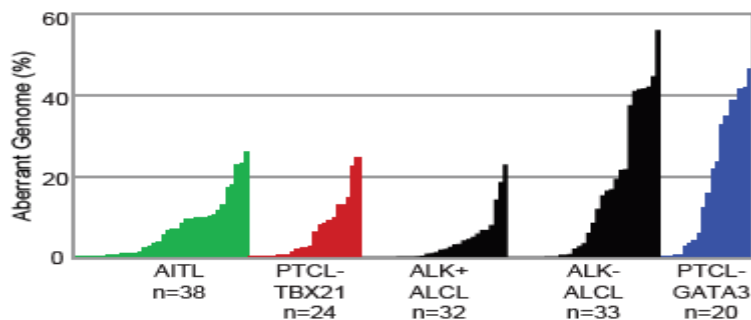
# Schematic of the Gene Expression and Dosage Integration algorithm







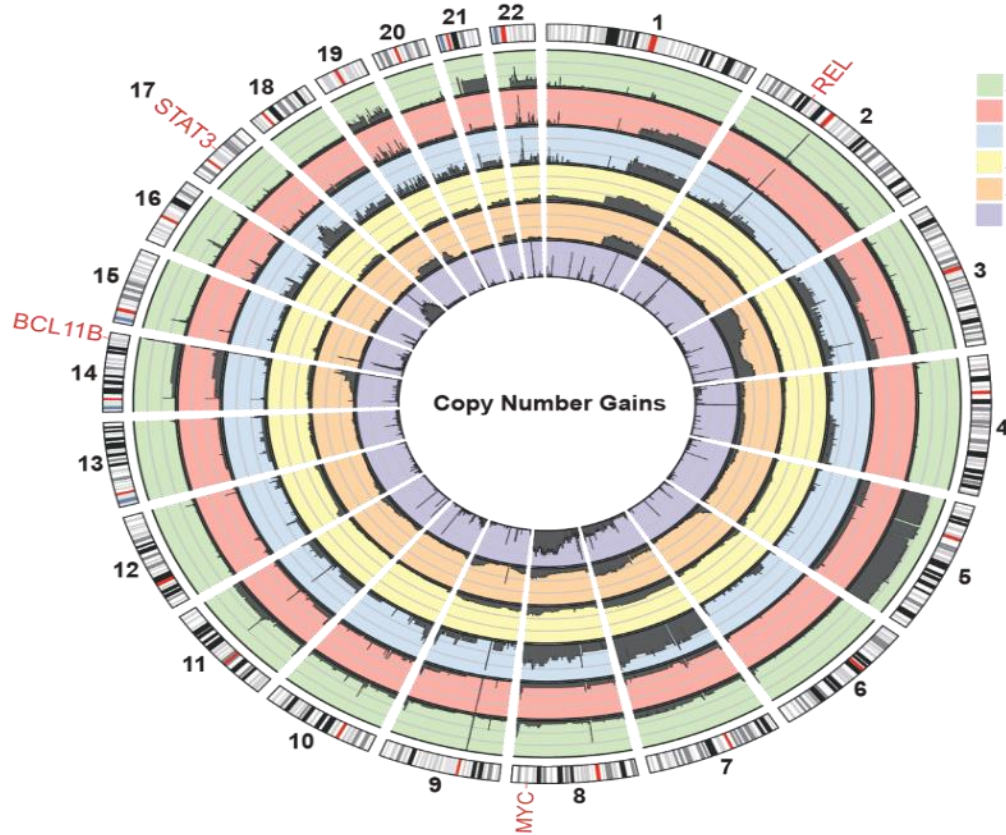
# Major Subgroups within PTCL-NOS characterized by distinct genomic abnormalities



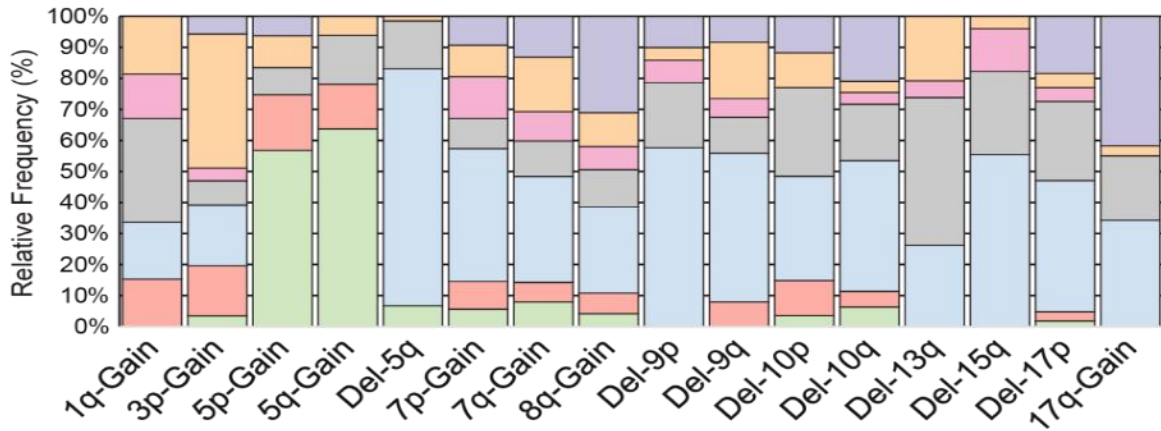
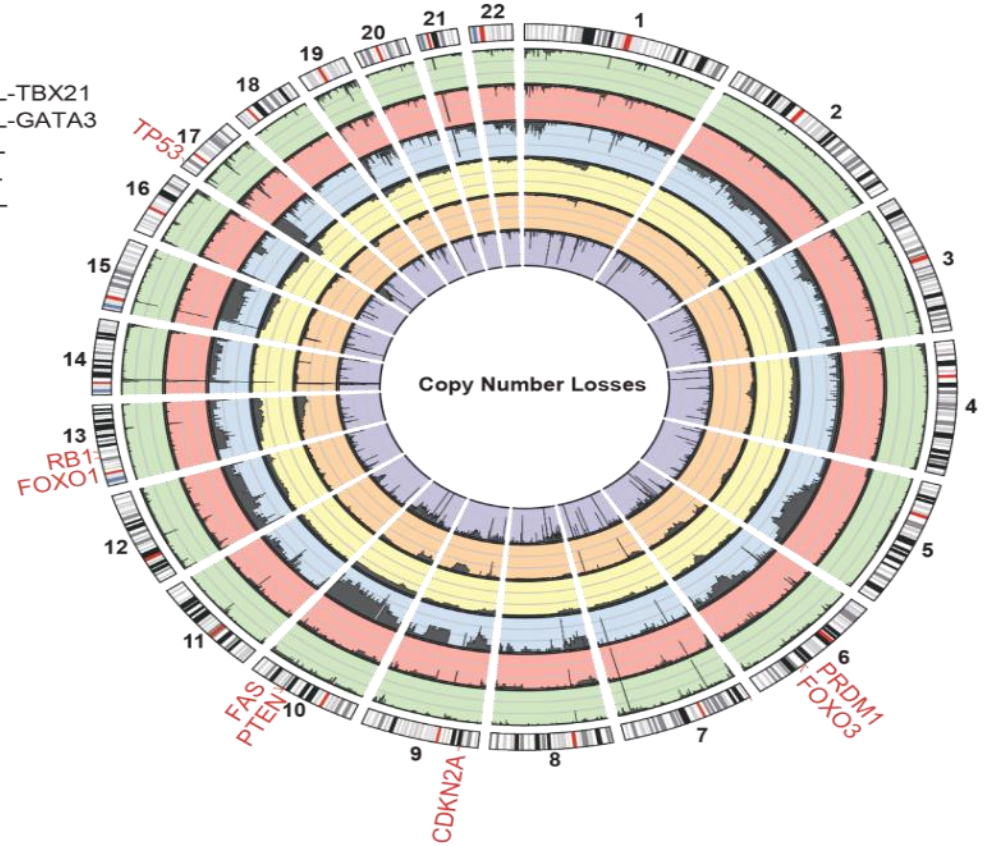




# Novel PTCL subgroups have distinct Chromosomal Abnormalities



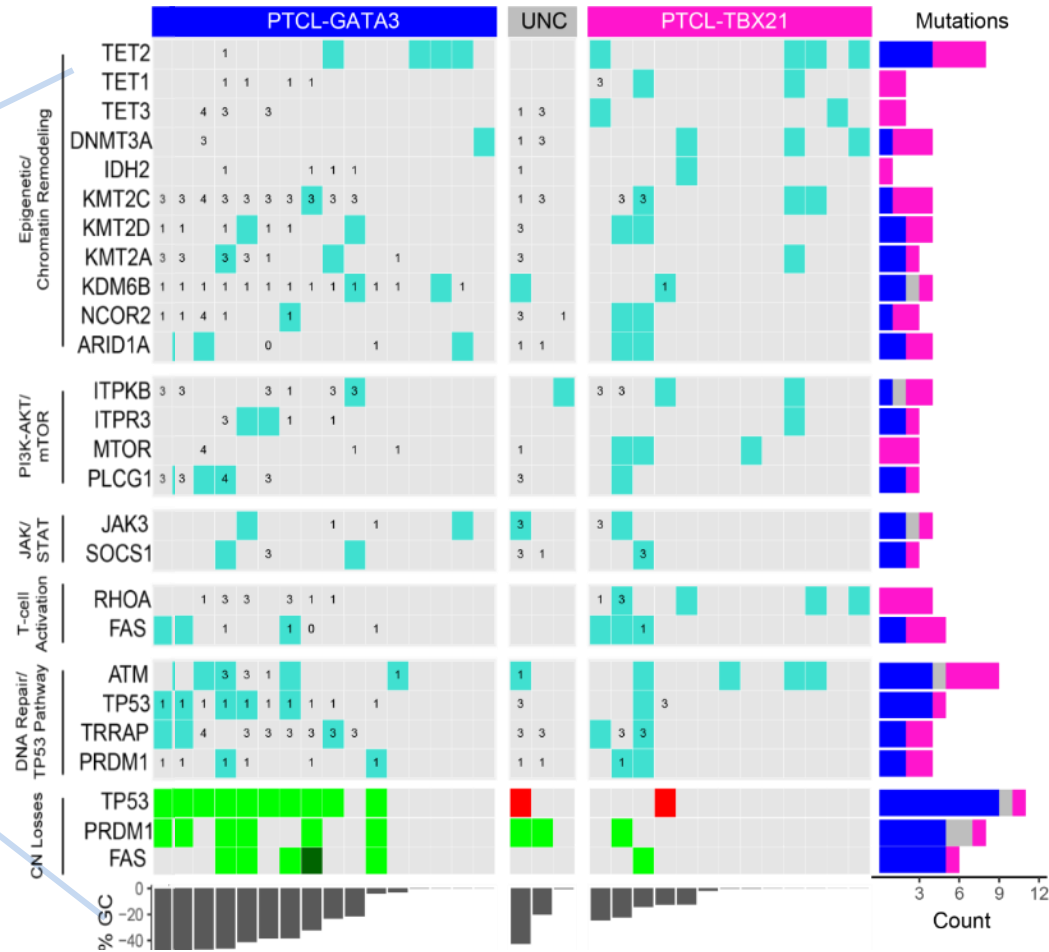
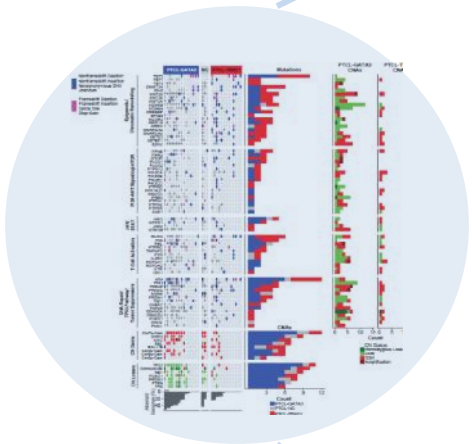
- AITL
- PTCL-TBX21
- PTCL-GATA3
- ALCL
- ATLL
- CTCL



- AITL, n=38
- PTCL-TBX21, n=24
- PTCL-GATA3, n=20
- ALK- ALCL, n=33
- ALK+ ALCL, n=32
- ATLL, n=168
- CTCL, n=23



# Unique Mutation Profiles in molecular subgroups



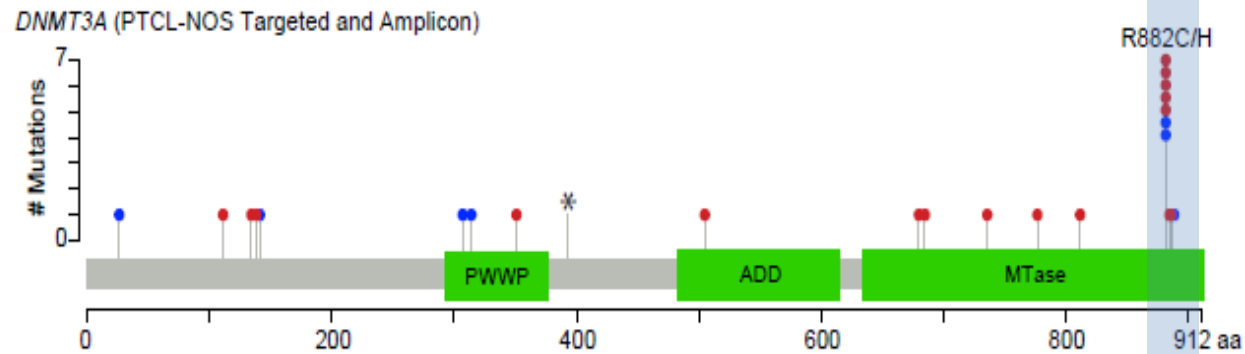
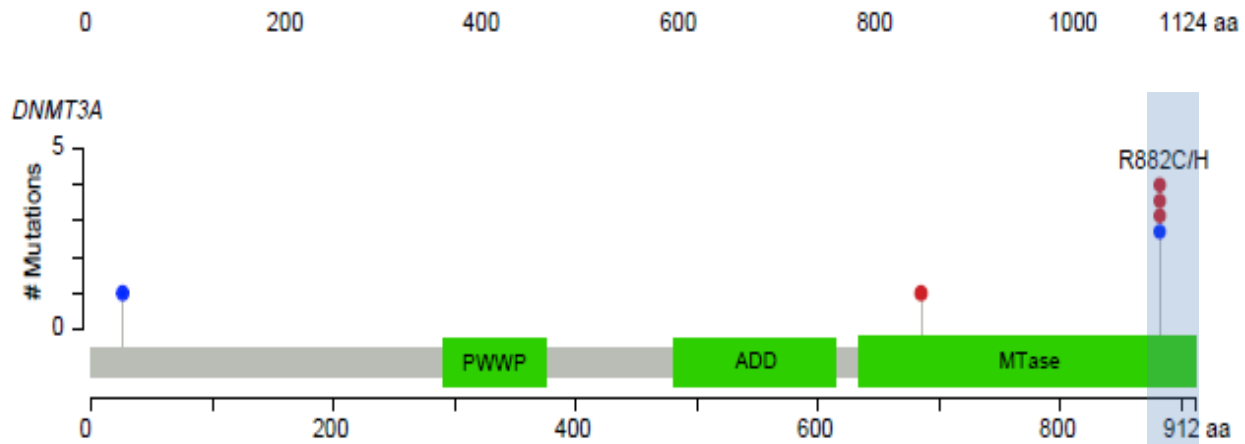
CN Status

- Homozygous Loss
- Loss
- Gain

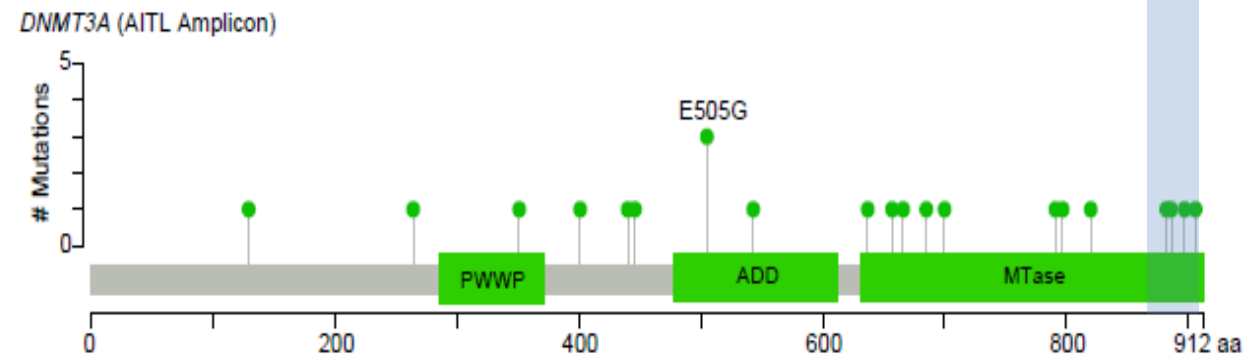


# Distinct spectrum of DNMT3A mutations

PTCL-TBX21



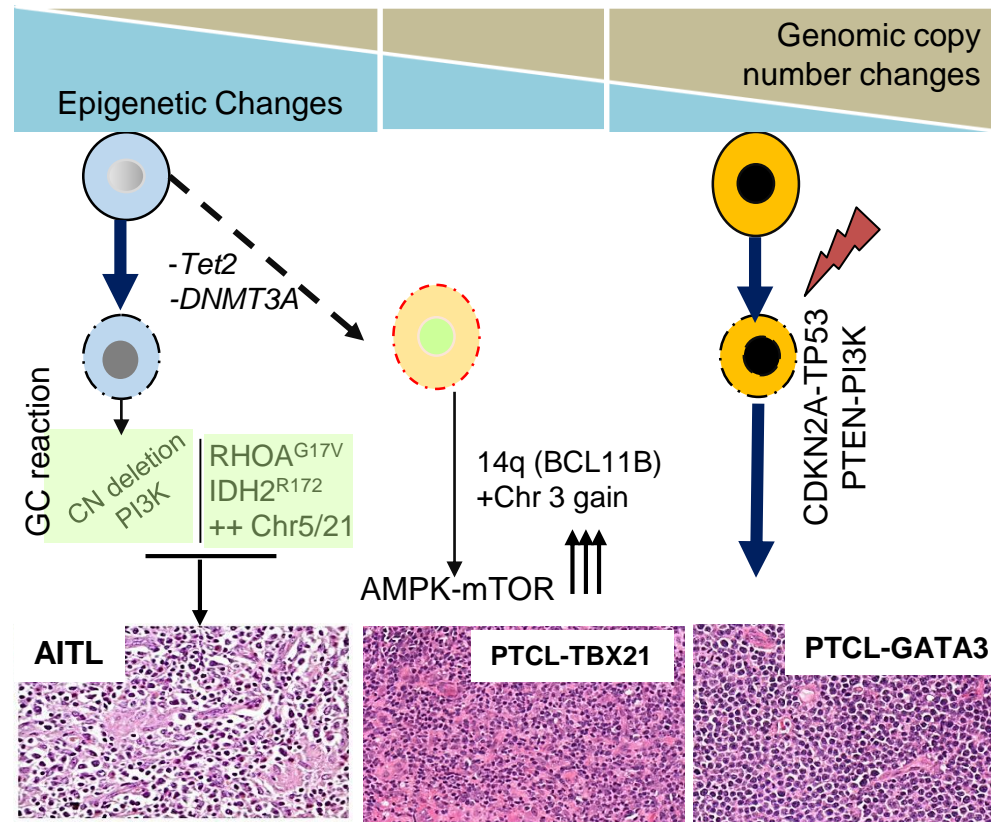
AITL







# Summary



**The complexity of PTCL can finally be addressed with the integration of global genomic analyses, which demonstrated that molecularly defined subgroups of PTCL have diverse genetic features and arise by distinct genetic pathways.**



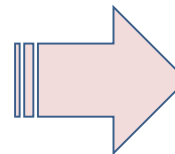
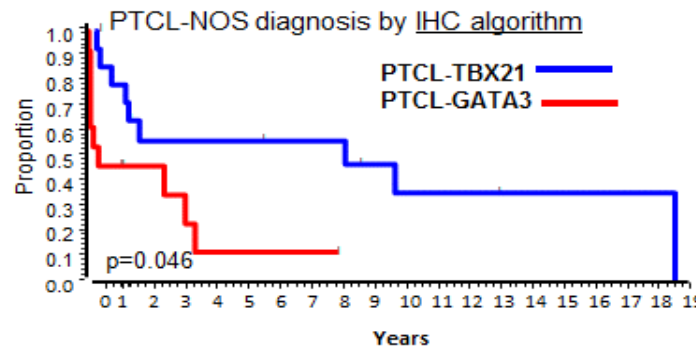
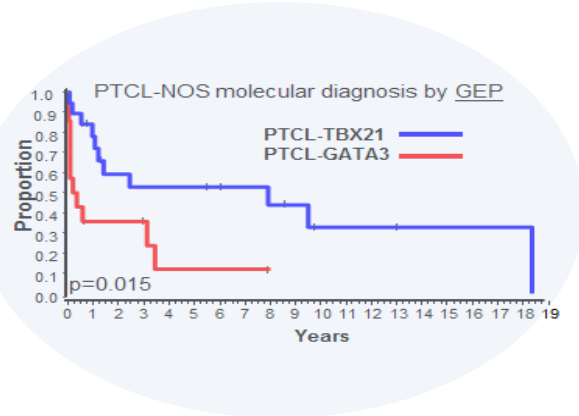
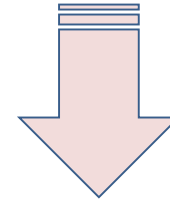
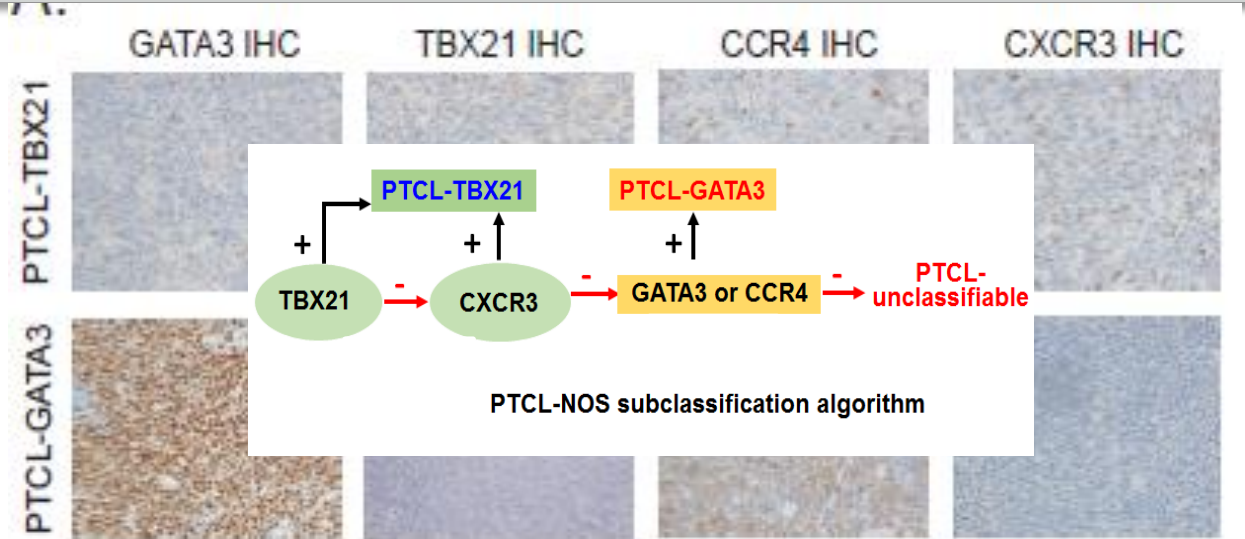
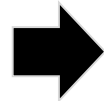
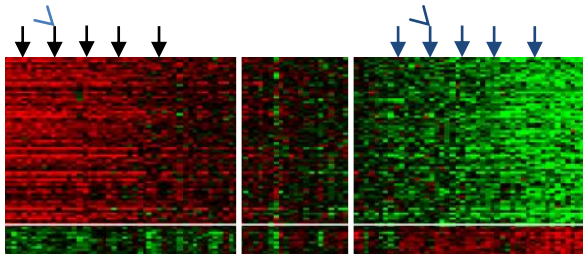
# **Translate Gene Signatures into clinical settings applicable to FFPE**

- **Immunohistochemistry based algorithm**
- **Quantitative mRNA based assay**



# Translation using Immunohistochemistry

## PTCL-NOS subgroups

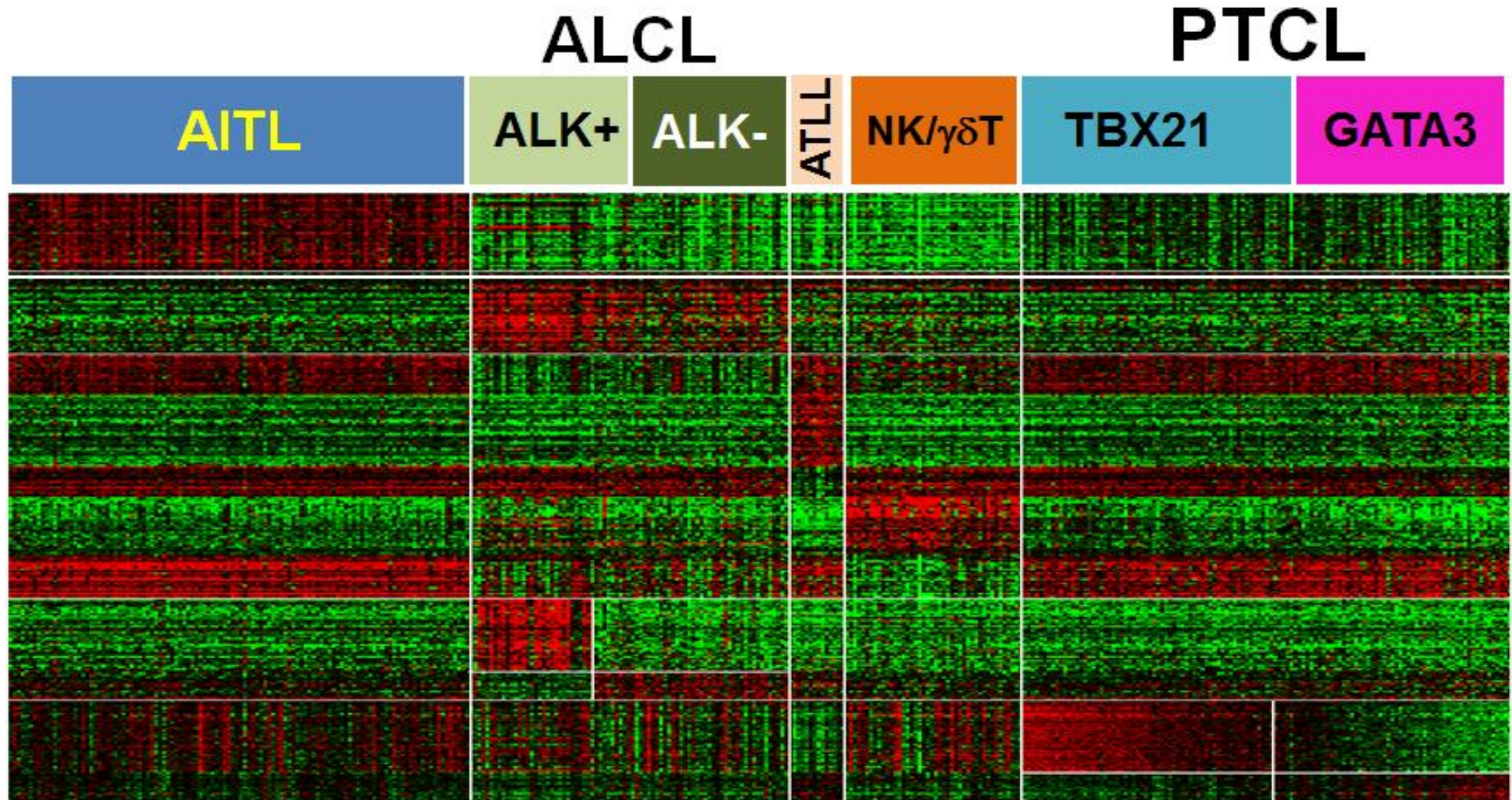


**Validation Cohort**  
**n=150 PTCL-NOS**



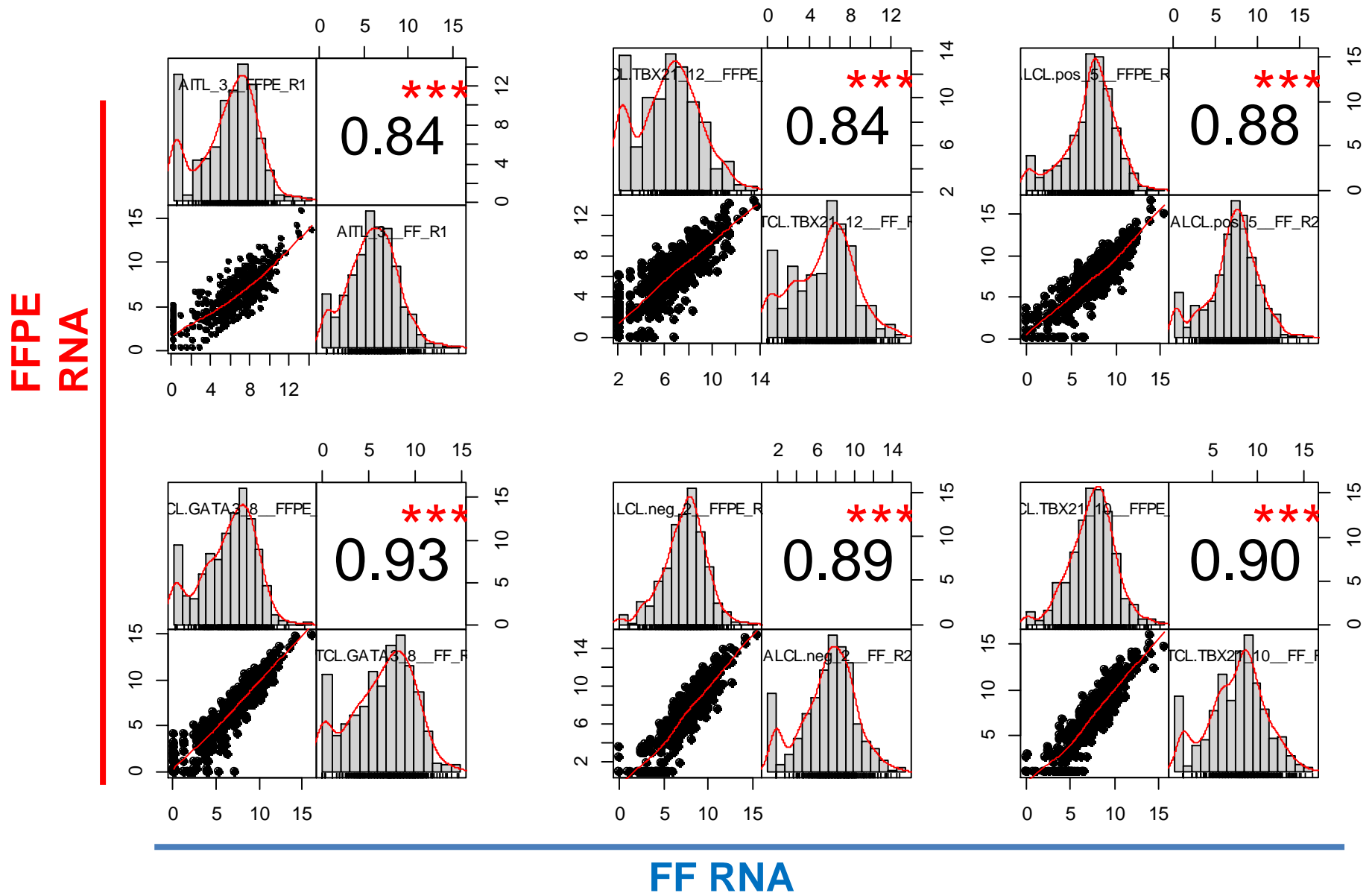
# Translating gene signatures for NanoString platform

Refinement of gene signature algorithm





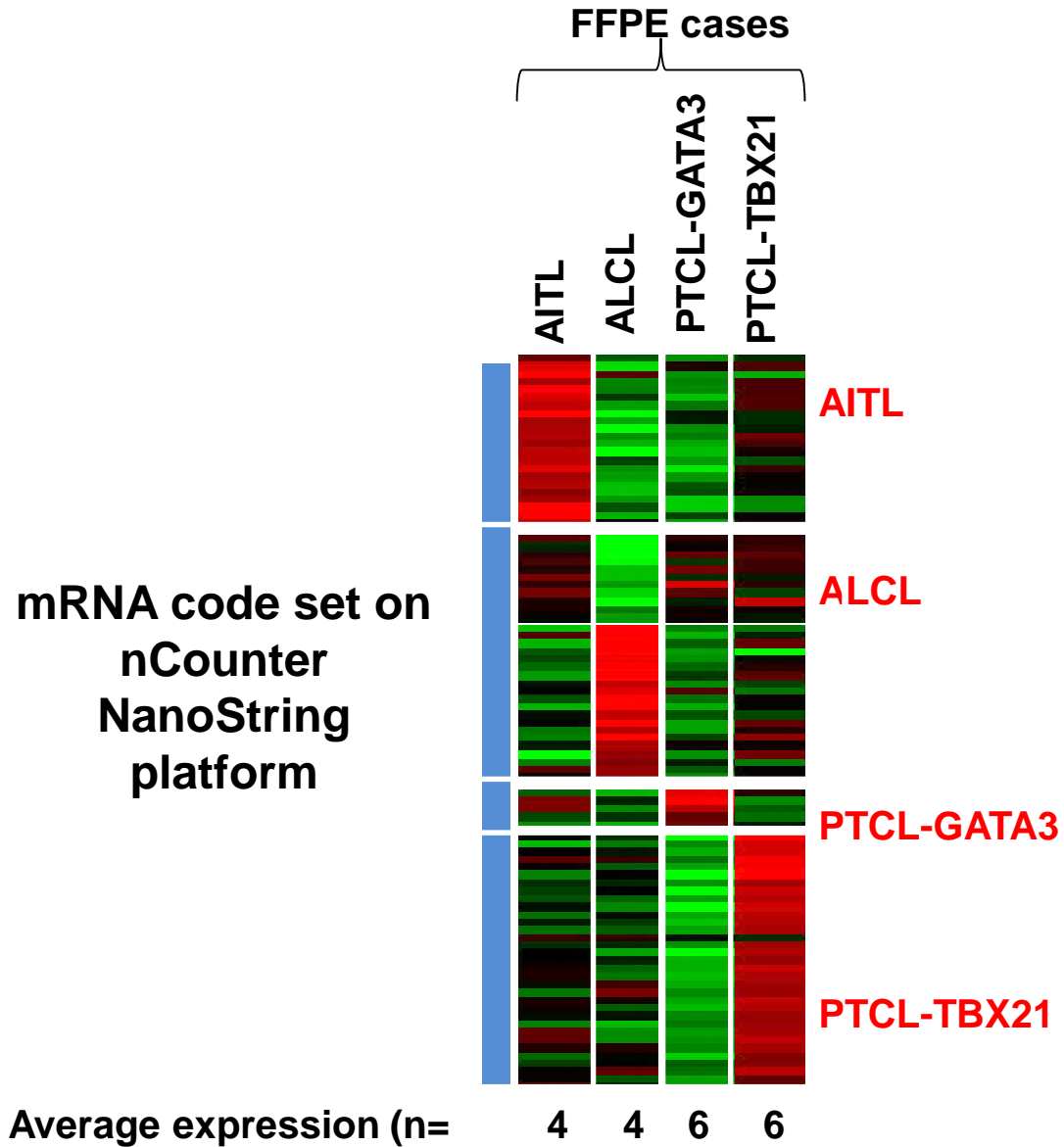
# Correlation of gene signatures between Fresh frozen RNA and corresponding FFPE RNA on nCounter platform



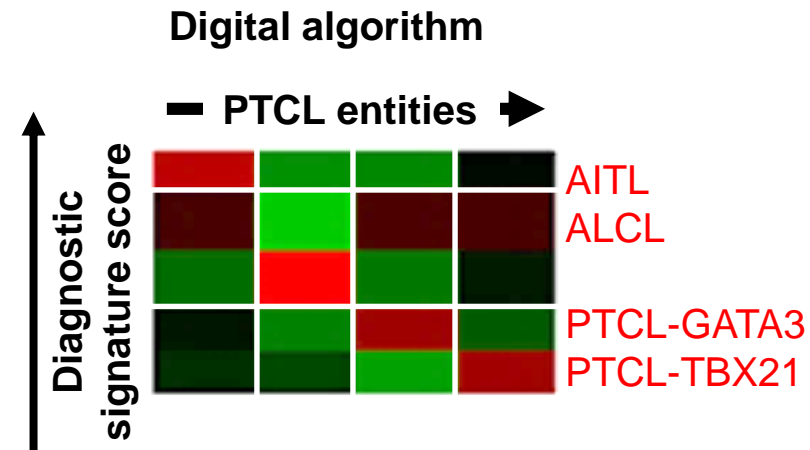
100ng of RNA was run for all FF samples



# Molecular diagnostic algorithm for FFPE PTCL entities



mRNA diagnostic signature

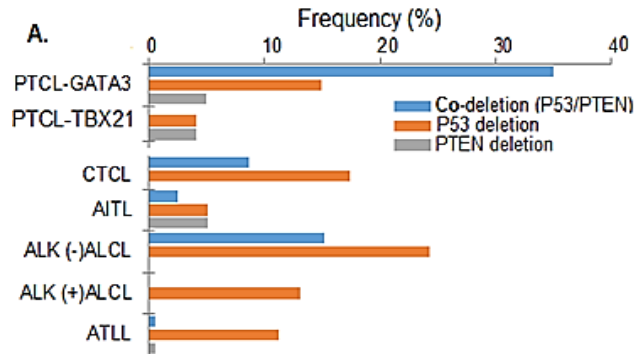




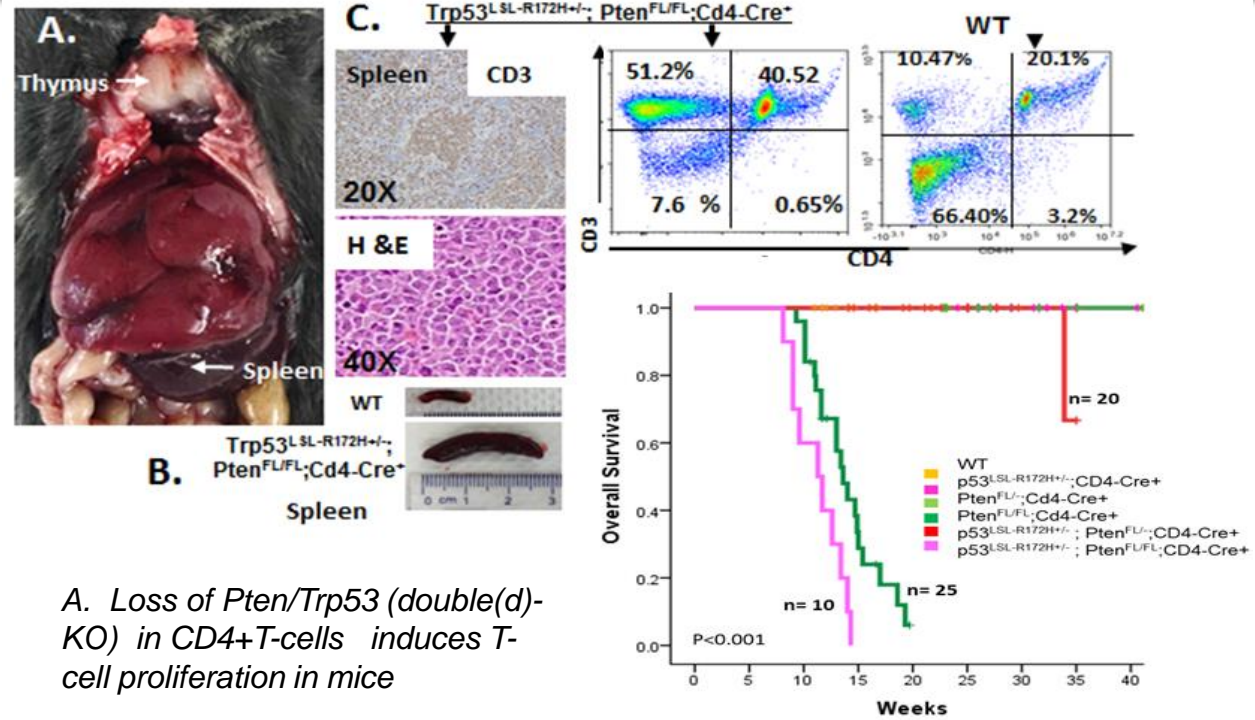


# Genetically faithful model of PTCL-GATA3

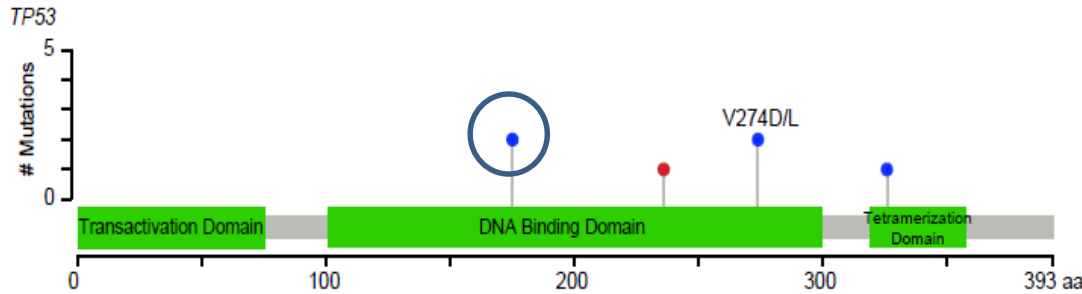
## CNA analysis in PTCL entities



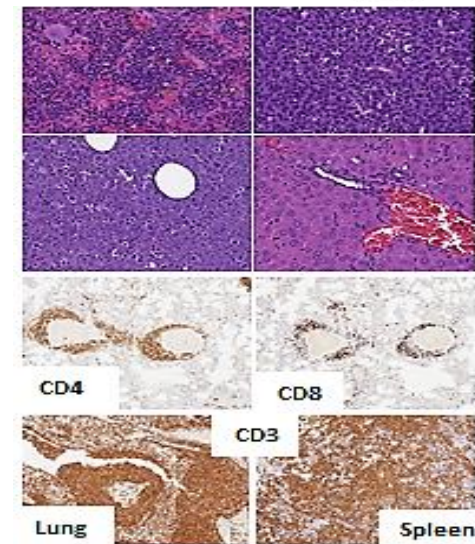
## Generating Murine models



A. Loss of *Pten/Trp53* (double(d)-KO) in CD4<sup>+</sup>T-cells induces T-cell proliferation in mice



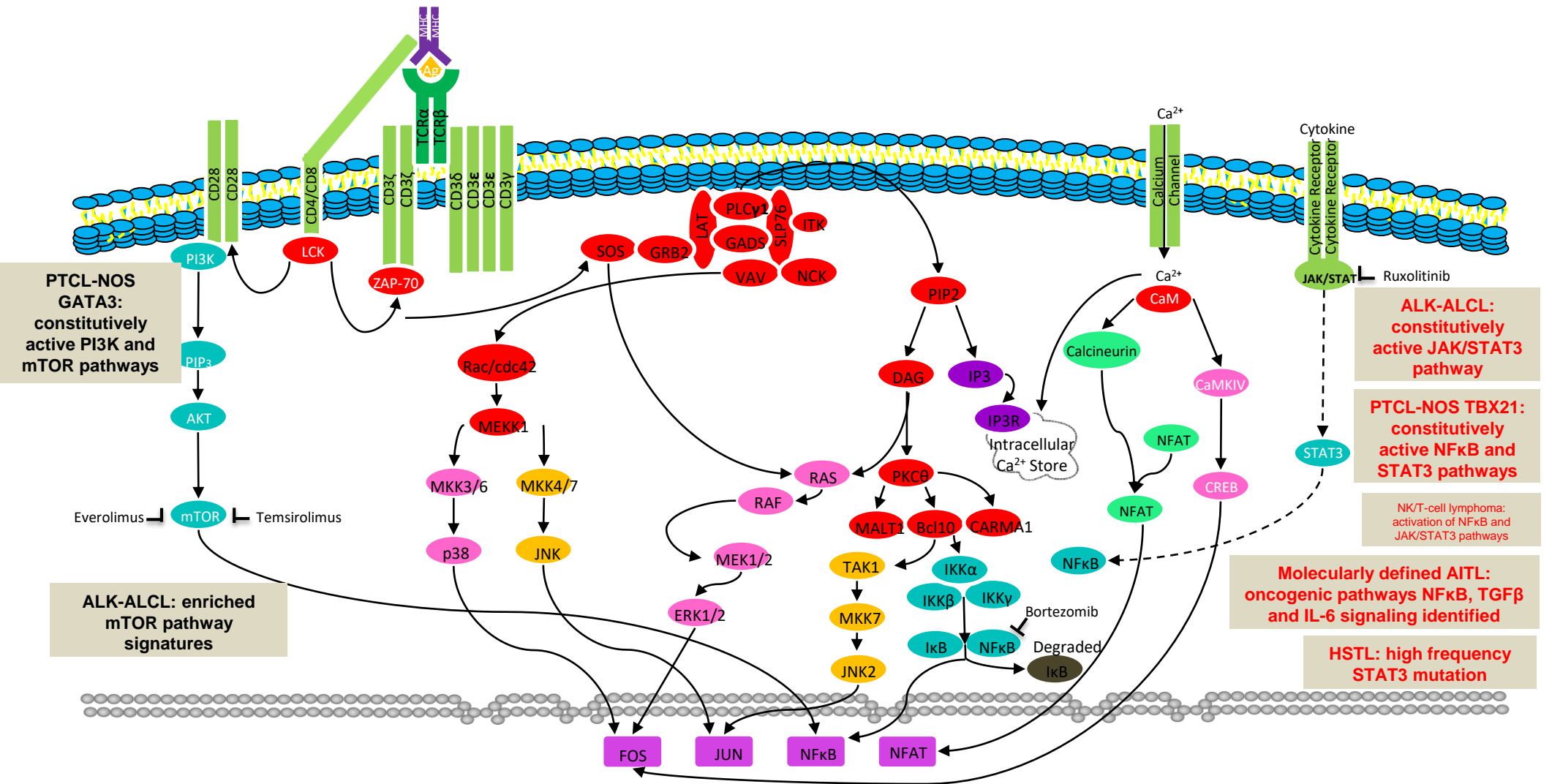
## Developing PDX models of PTCL-NOS



H&E of different organs of a mouse implanted with a primary PTCL-NOS



# Integrating new genomic information for targeted therapy in PCTL





# Acknowledgements

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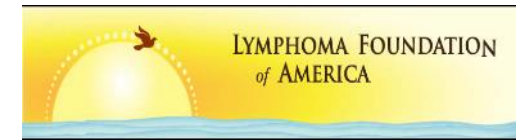
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- UH2/UH3
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