



Institute of Human Genetics  
Ruprecht-Karls University  
Heidelberg

Prof. Dr. Anna Jauch

---

UniversityHospital Heidelberg

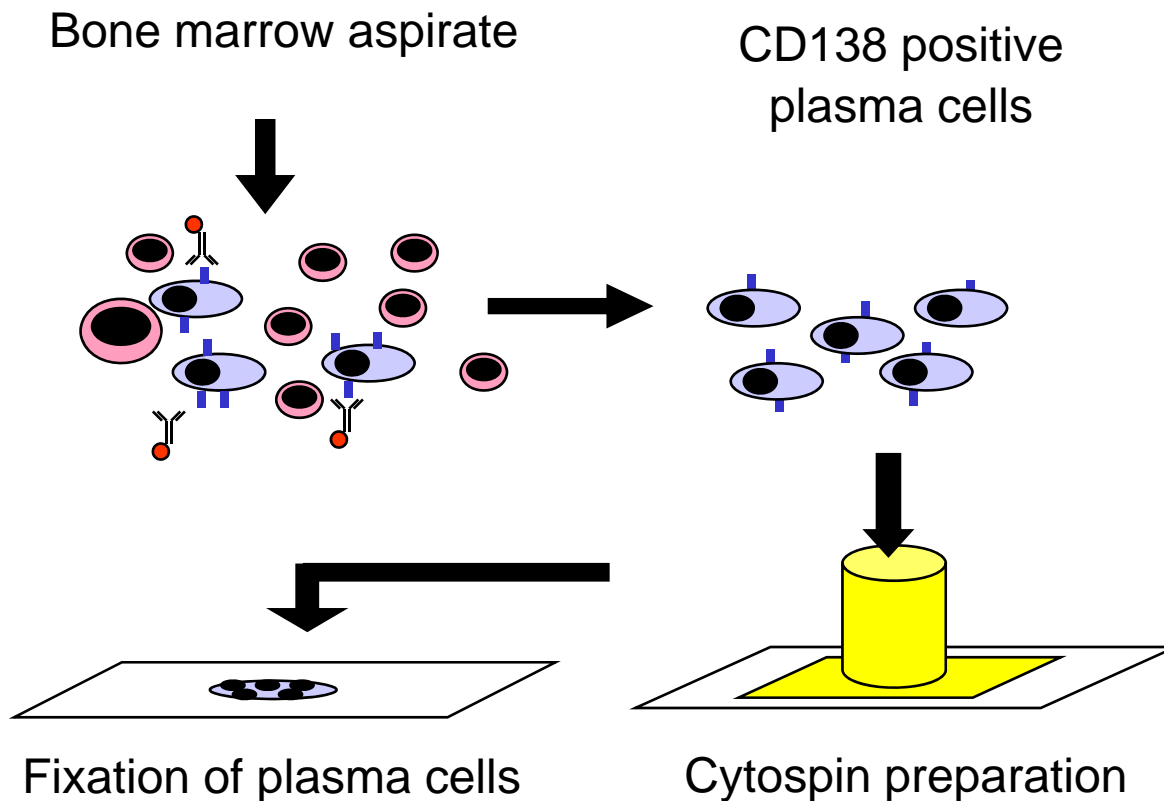
***Genetic diagnostics in plasma cell disorders***

## *Genetic Background*

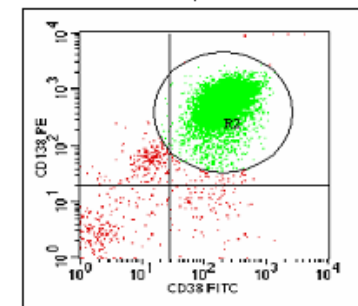
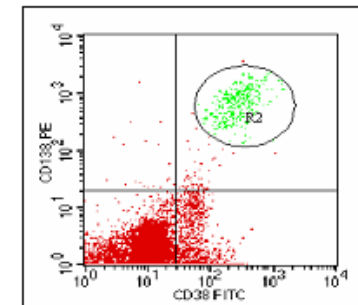
**From the literature it is known that systemic amyloid light chain amyloidosis (AL) shares chromosomal changes with other monoclonal plasma cell disorders such as multiple myeloma (MM) and monoclonal gammopathy of undetermined significance (MGUS)**

# Methods

## Enrichment of CD138 positive plasma cells by magnetic activated cell sorting (MACS)

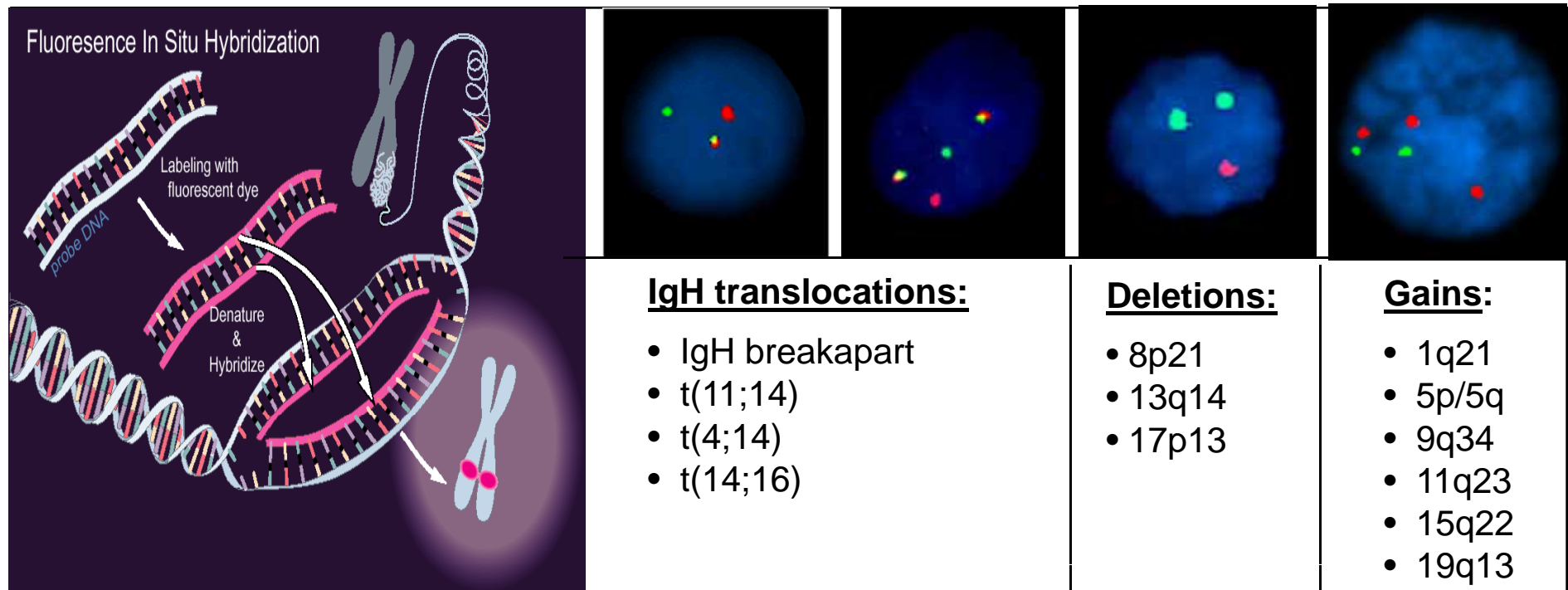


### Flow cytometry



# Methods

## Interphase fluorescence *in situ* hybridization (FISH)



The diagram on the left illustrates the FISH process. It shows a DNA double helix being labeled with a fluorescent dye. The process involves denaturing the DNA and hybridizing it with a probe DNA. The resulting hybridized DNA is then visualized under a microscope, showing the characteristic banding patterns of chromosomes.

The four fluorescence microscopy images on the right show cells with various chromosomal abnormalities:

<u>IgH translocations:</u>	<u>Deletions:</u>	<u>Gains:</u>
<ul style="list-style-type: none"><li>• IgH breakapart</li><li>• t(11;14)</li><li>• t(4;14)</li><li>• t(14;16)</li></ul>	<ul style="list-style-type: none"><li>• 8p21</li><li>• 13q14</li><li>• 17p13</li></ul>	<ul style="list-style-type: none"><li>• 1q21</li><li>• 5p/5q</li><li>• 9q34</li><li>• 11q23</li><li>• 15q22</li><li>• 19q13</li></ul>



# *Interphase-FISH in multiple myeloma*

---

## **Standard method to identify MM subgroups**

### **(1) hyperdiploid**

*accumulation of extra copies of chromosomes 5,9,11,15, and 19*

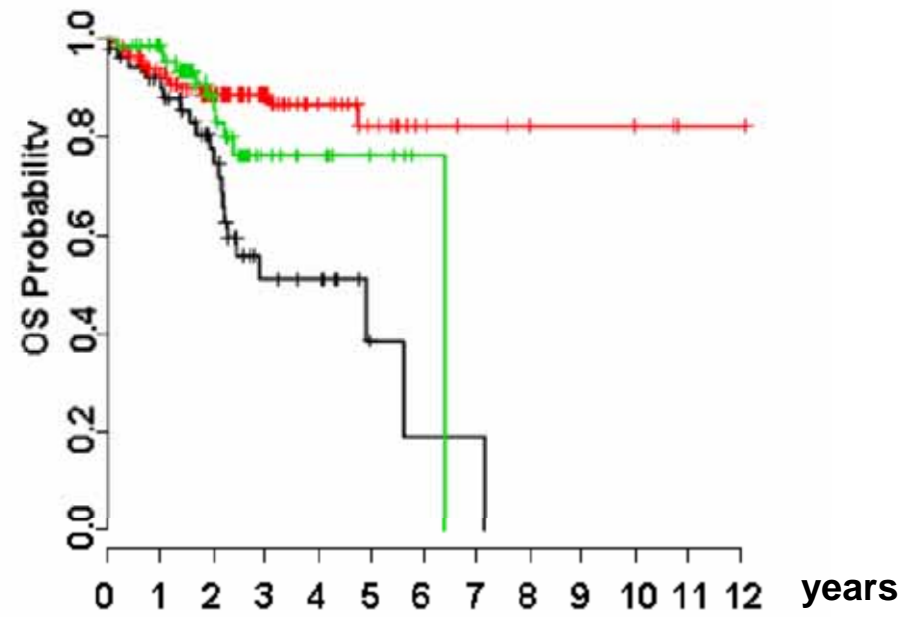
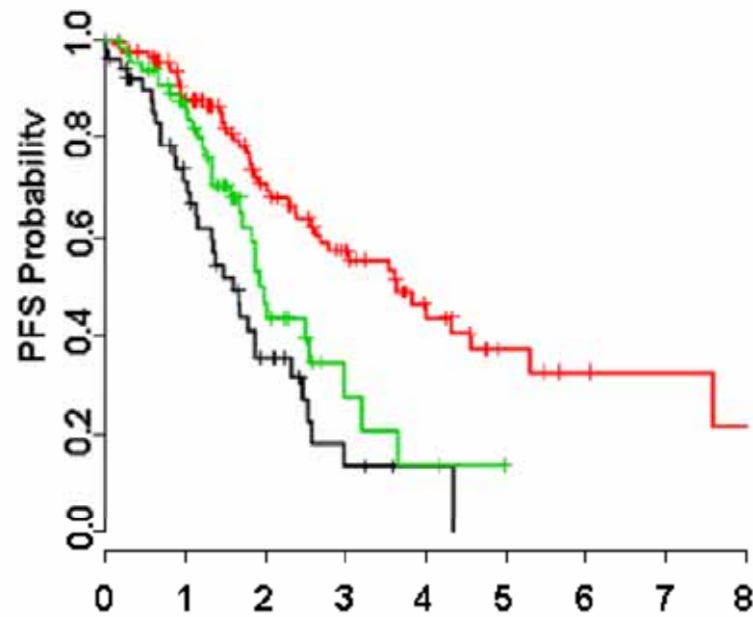
### **(2) non-hyperdiploid**

*translocation  $t(4;14)$  or  $t(14;16)$  frequently associated with deletions  $8p21$ ,  $13q14$ , and  $17p13$*

### **(3) translocation $t(11;14)$**

### **(4) gain 1q21**

# *FISH based risk score in multiple myeloma*



Favorable:	hyperdiploid subgroup, t(11;14)
Intermediate:	del 13q14 and/or +1q21
Poor :	del 17p13 and /or t(4;14) or t(14;16)



## *Intention*

---

- To evaluate the cytogenetic aberration pattern in a larger cohort of AL amyloidosis patients
- To compare the aberration pattern with data from patients with MGUS and MM
- To correlate specific chromosomal aberrations in AL amyloidosis patients with hematological and clinical parameters

***Bochtler et al., 2008, Blood 111:4700-4705***

# *Patients characteristics*



**Overall study group: 231 patients**

<b><u>4 Groups:</u></b>	AL	(n= 75)
	AL + MM stage I	(n= 10)
	MGUS	(n= 127)
	MM stage I	(n= 19)

**Mean age:** about 60 years

**Median plasma cell content:** ~ 10% in AL & MGUS  
~ 20% in MM stage I

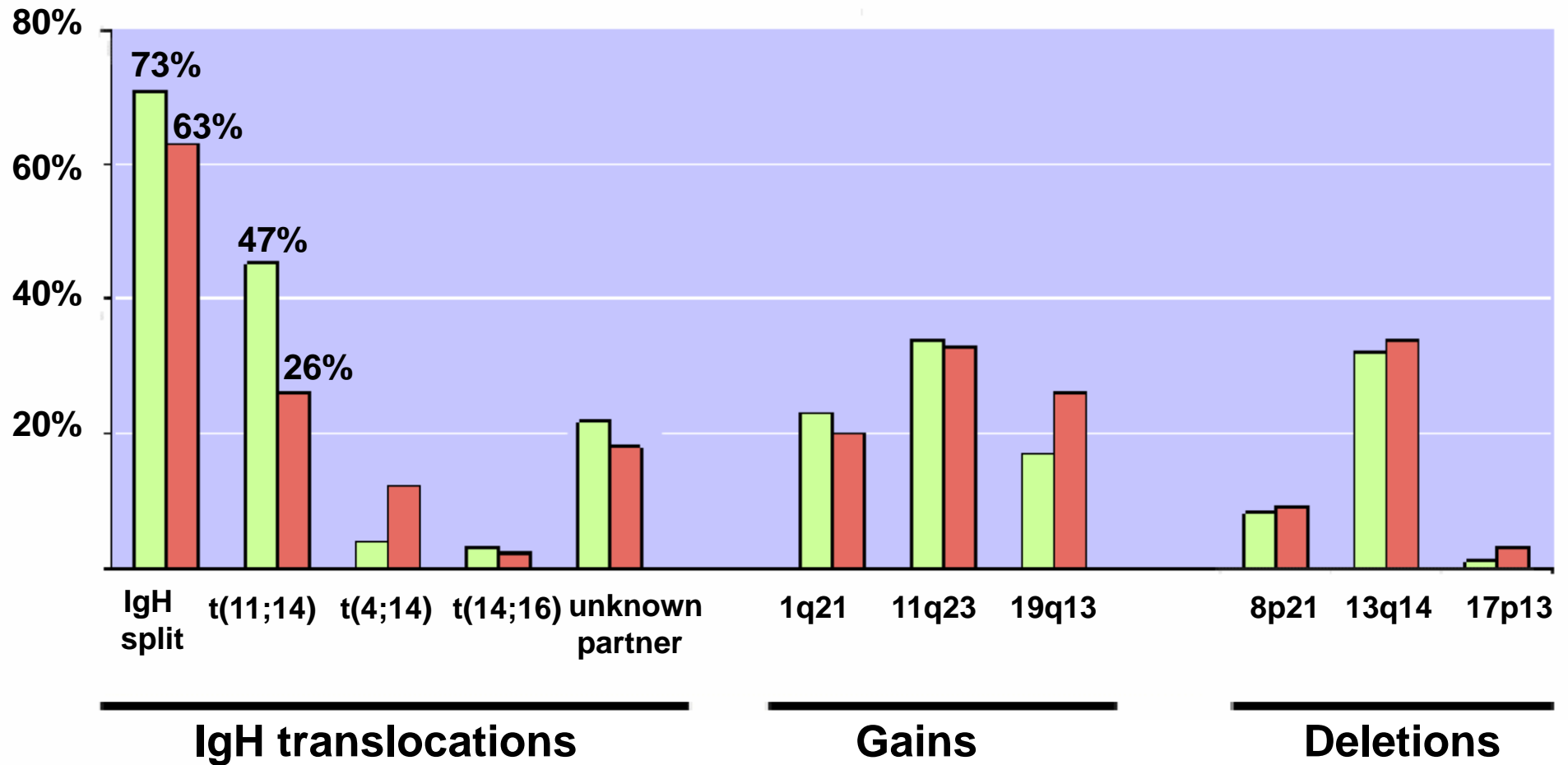
**Lambda light chain:** predominance in AL



# Frequency of chromosome aberrations detected by interphase FISH

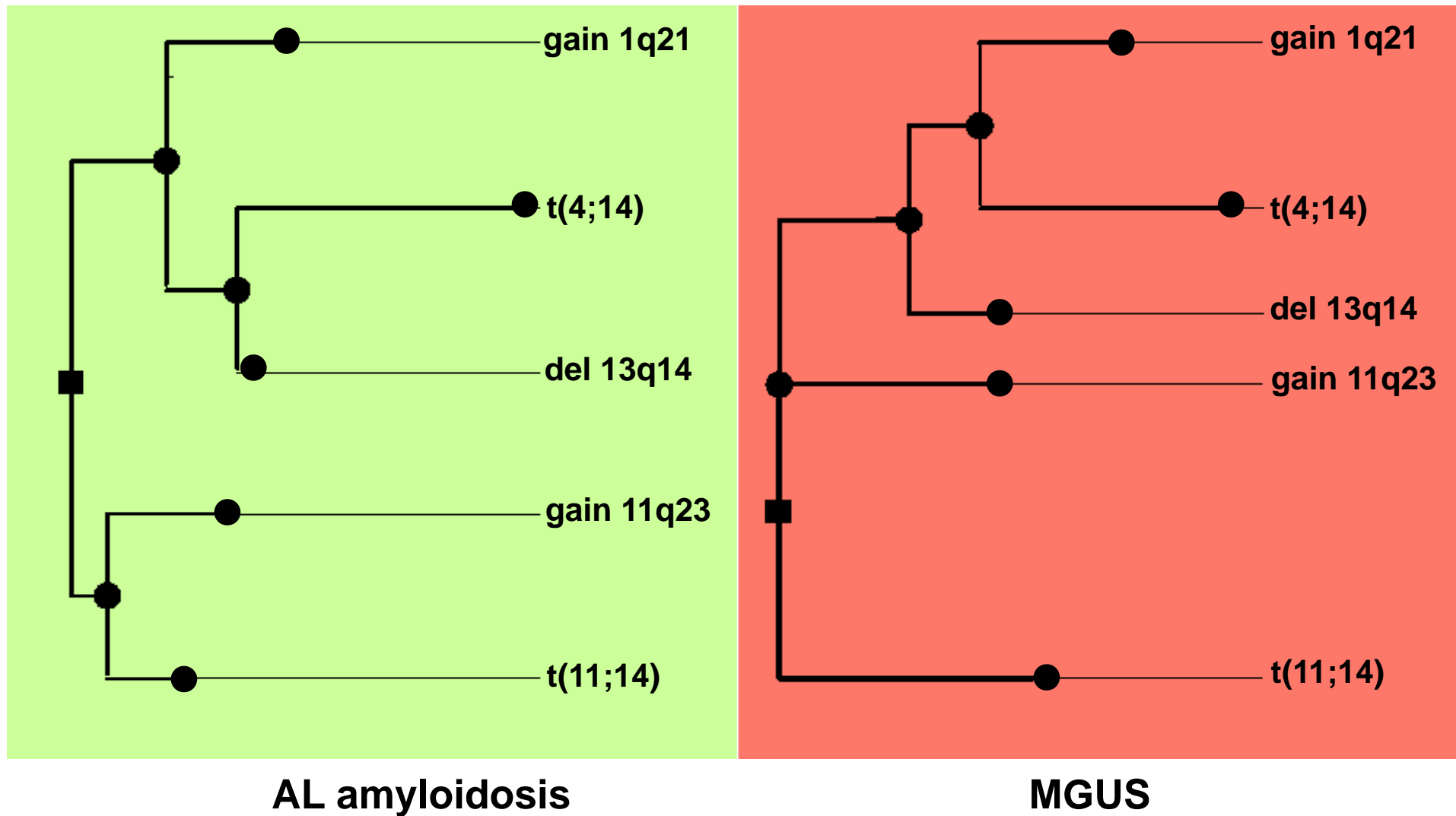


AL amyloidosis vs. MGUS



# Clustering of chromosome aberrations

## Oncogenetic tree model



# ***Correlation with hematological parameters***

*(intact immunoglobulin, kappa vs. lambda light chain restriction, bone marrow plasma cell content)*



## **AL amyloidosis patients**

- Translocation t(11;14) is significantly associated with lack of intact immunoglobulin
- Gain of 1q21 is more frequently found in patients with intact immunoglobulin, increased plasma cell content, and significantly more detected in patients with MM stage I

# ***Correlation with clinical parameters***

*(gender, age, organ involvement, suitability to high dose chemotherapy)*



- No significant association of specific chromosome aberrations with clinical parameters
- None of the chromosome aberrations had an influence on the tissue affinity of amyloid fibrils or the severity of the organ involvement

# Summary



- AL show basically the same pattern of karyotypic instability as MGUS and MM
- High frequency for translocation t(11;14)
- Significant association of t(11;14) with lack of intact immunoglobulin
- Cyclin D1 upregulation and disruption of the IgH locus might be an important pathogenetic mechanism in AL
- Significant association of gain 1q21 with intact immunoglobulin und progression to MM stage I



# Acknowledgement

**UniversityHospital Heidelberg**

**Institute of Human Genetics**  
*(Prof. Dr. C.R. Bartram)*

Jelena Bila  
Michaela Brough  
Heidi Holtgreve-Grez  
Desiree Kirn  
Tina Mors  
Nadine Müller  
Stephanie Pschowski-Zuck  
Brigitte Schoell  
Friedrich Cremer



**Internal Medicine V**  
*(Prof. Dr. A. Ho)*

Tilmann Bochtler  
Ute Hegenbart  
Dirk Hose  
Hartmut Goldschmidt  
Marion Moos  
Stefan Schönland



**Biostatistics**

Axel Benner  
Christiane Heiss

**dkfz.**

GERMAN  
CANCER RESEARCH CENTER