

# CITOMETRIA A FLUSSO

## APPLICAZIONI NELLA DIAGNOSTICA ONCO-EMATOLOGICA

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# Flow cytometry

## ANALYSIS OF SINGLE CELL SUSPENSIONS

Peripheral blood  
Bone marrow aspirates  
All type of body fluids  
Fresh tissue biopsies  
Core biopsies  
Fine-needle aspirates



# Flow cytometry

## UNIQUE PROPERTIES

- ❖ Analysis of a broad array of antigens
- ❖ Quantification of population frequencies and antigen expression level in individual cells
- ❖ Definition of the antigen profile of specific cells by multicolor (8 and more) analysis
- ❖ Gating of discrete subpopulations based on specific parameters



# Flow cytometry DIAGNOSTIC TOOLS

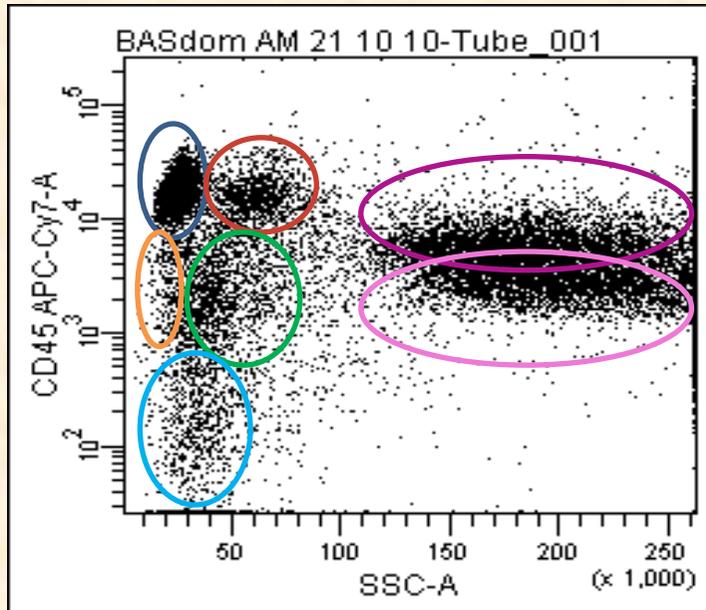
- Lineage assignment
- Maturational characterization of malignant cells
- Detection of clonality
- Heterogeneity and aberrant features of the malignant cell populations

⇒ Detection of minimal residual disease



# The immunological gate CD45/SSC

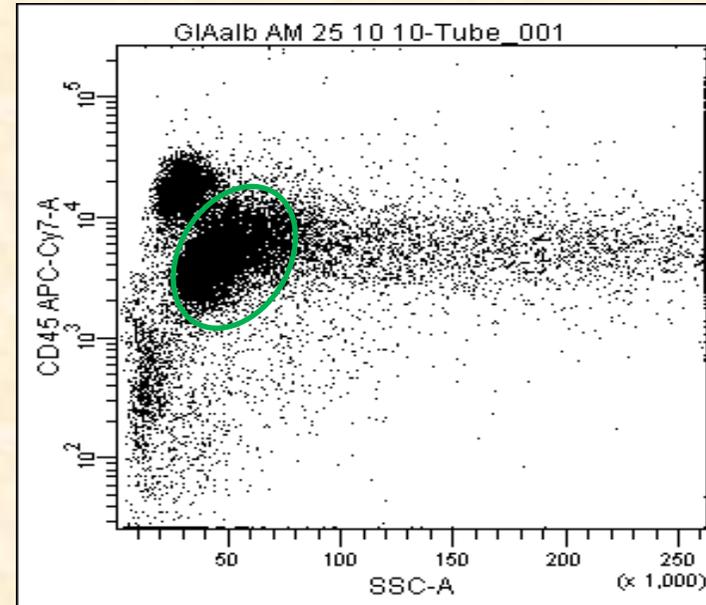
A



**Normal bone marrow**

- Lymphocytes
- Lymphoblasts
- Monocytes
- Myeloblasts
- Erythroblasts
- Intermediate myeloid
- Mature myeloid

B



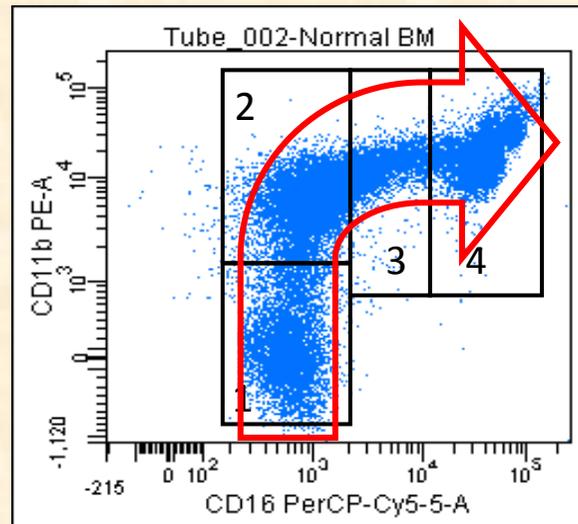
**Acute myeloid leukemia**

**Increase of myeloblasts**

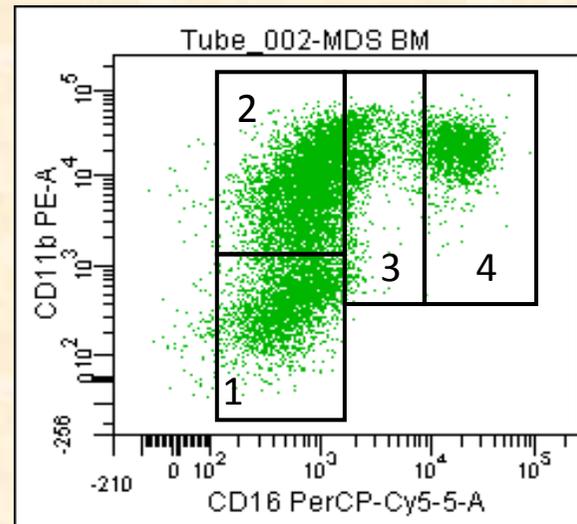
Decrease of granulocytes  
and monocytes



# Granulocyte maturation by CD11b/CD16 combination



**Normal BM**



**Myelodysplastic BM**

- 1 Promyelocytes
- 2 Myelocytes
- 3 Metamyelocytes and band forms
- 4 Mature granulocytes



# Leukemia-associated Aberrant Immunophenotypes (LAIP)

## *LAIP class*

## *Examples*

- Cross-lineage expression of lymphoid antigens

CD33+ **CD2+** CD34+

CD34+ CD13+ **CD19+**

- Overexpression

HLA-DR++ CD33++ CD34++

CD64++ CD4++ CD45++

- Lack of expression of antigen

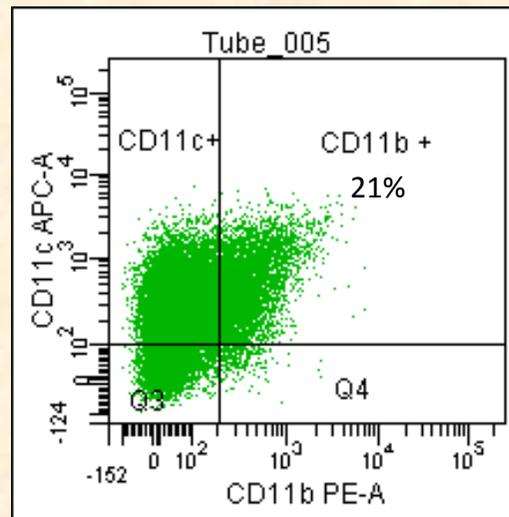
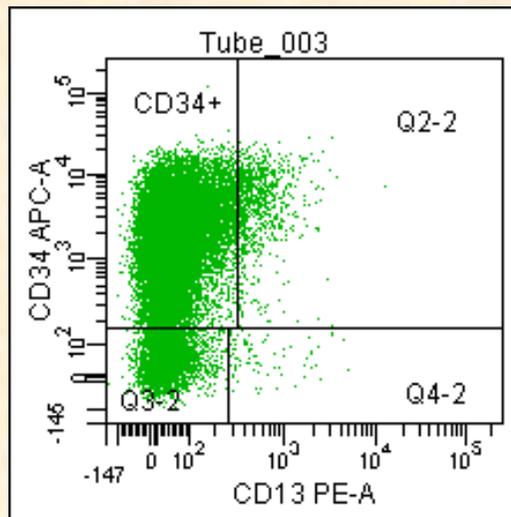
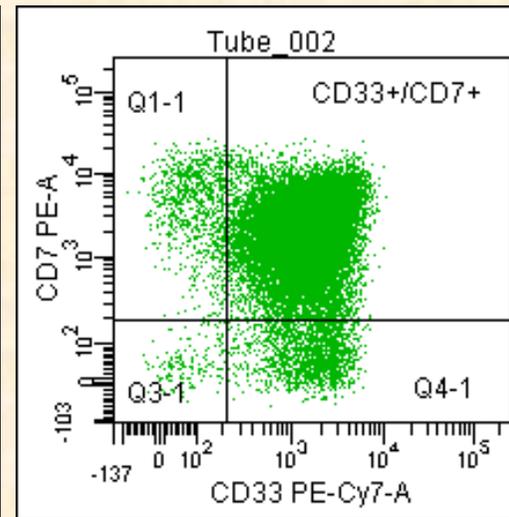
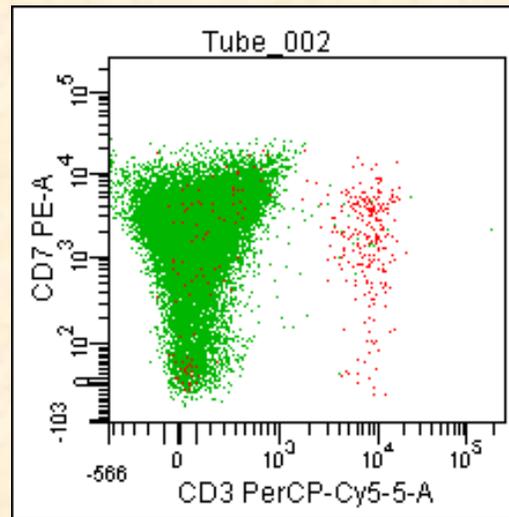
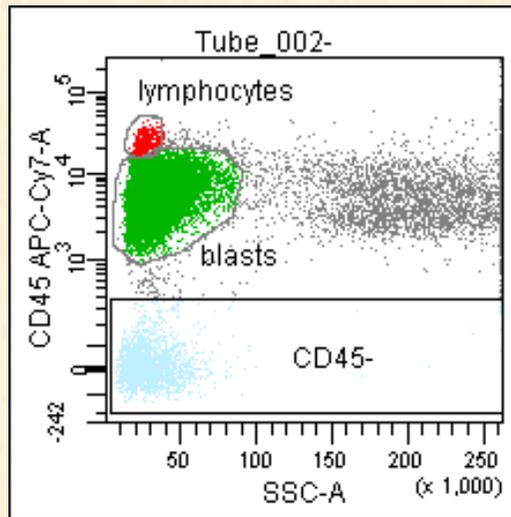
**HLA-DR-** CD33+ CD34+

- Asynchronous expression of antigens

**CD15+** CD33+ CD34+

**CD65+** CD33+ CD34+

# BM: lymphoproliferative disease?



**AML**

**LAIP**

*Cross-lineage*

CD33+/CD34+/CD7+

*Asynchronous*

CD34+/CD11b+



# WHO 2008 - The mature B-cell neoplasms

Chronic lymphocytic leukemia/small lymphocytic lymphoma

B-cell prolymphocytic leukemia

Splenic marginal zone lymphoma

Hairy cell leukemia

*Splenic lymphoma/leukemia, unclassifiable*

*Splenic diffuse red pulp small B-cell lymphoma*

*Hairy cell leukemia-variant*

Lymphoplasmacytic lymphoma

Waldenström macroglobulinemia

Heavy chain diseases

Alpha heavy chain disease

Gamma heavy chain disease

Mu heavy chain disease

Plasma cell myeloma

Solitary plasmacytoma of bone

Extraosseous plasmacytoma

Extranodal marginal zone

B-cell lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma)

Nodal marginal zone B-cell lymphoma (MZL)

*Pediatric type nodal MZL*

Follicular lymphoma

*Pediatric type follicular lymphoma*

Primary cutaneous follicle center lymphoma

Mantle cell lymphoma

Diffuse large B-cell lymphoma (DLBCL), not otherwise specified

T cell/histiocyte rich large B-cell lymphoma

*DLBCL associated with chronic inflammation*

*Epstein-Barr virus (EBV)+ DLBCL of the elderly*

Lymphomatoid granulomatosis

Primary mediastinal (thymic) large B-cell lymphoma

Intravascular large B-cell lymphoma

*Primary cutaneous DLBCL, leg type*

ALK+ large B-cell lymphoma

Plasmablastic lymphoma

Primary effusion lymphoma

*Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease*

Burkitt lymphoma

*B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma*

B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma

# Flow cytometric approach to the diagnosis and classification of B-cell lymphoid neoplasms

<i>Immunophenotype</i>	<i>Histotype</i>
CD5+ CD10-	<b>CLL, MCL...</b> PLL, MZL, DLBCL, LPL
CD5- CD10+	<b>FL, DLBCL, BL...</b> HCL
CD5+ CD10+	FL, DLBCL, BL, MCL
CD5- CD10-	<b>MZL, HCL...</b> FL, DLBCL, MCL



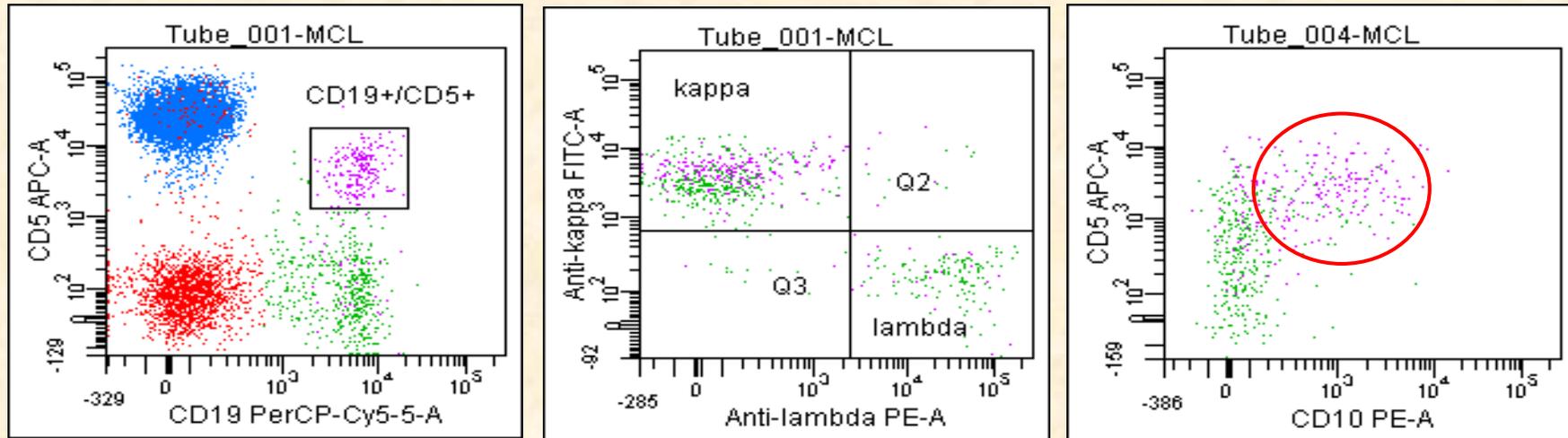
## Additional immunological markers to differentiate B-cell lymphoma subtypes by FC

<b>CD23</b>	CLL+ MCL-
<b>FMC7</b>	CLL- MCL+
<b>CD43</b>	FL- CLL+ MCL+/- BL+ DLBCL+/-
<b>BCL2</b>	FL++ DLBCL+/- BL-
<b>CD22</b>	CLL- HCL++
<b>CD11c, CD103</b>	HCL++ MZL+/-

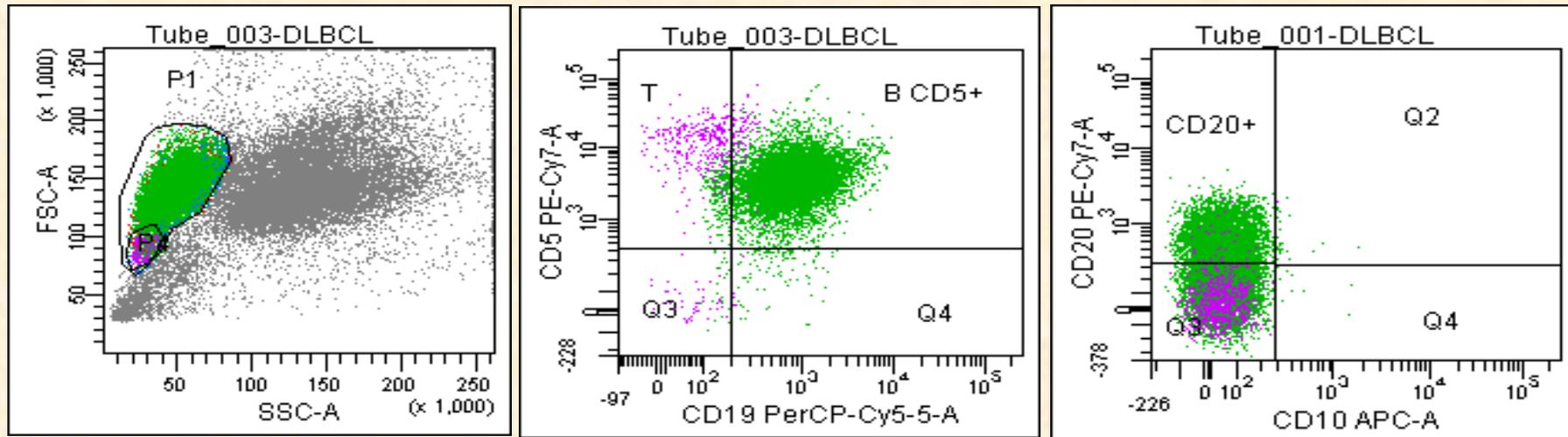
and more.....



## 1. A case of CD5+ CD10+ mantle cell lymphoma



## 2. A case of CD5+ CD10- diffuse large B-cell lymphoma



## Diffuse large B-cell lymphoma, Burkitt's lymphoma, and the provisional intermediate category DLBCL/BL

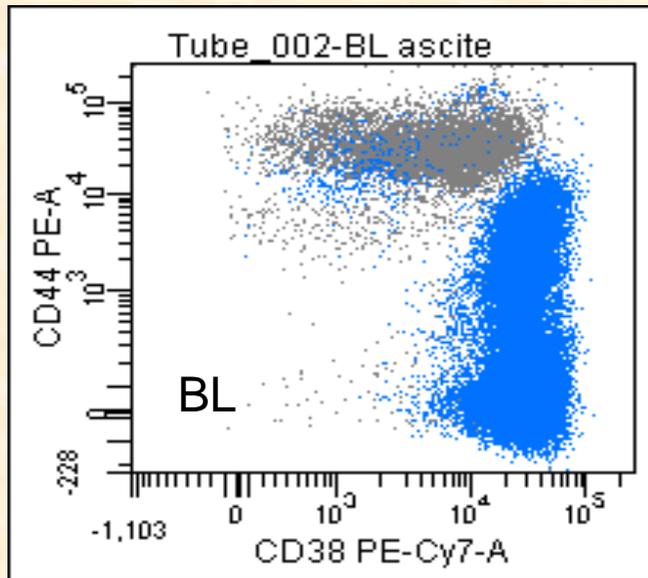
	DLBCL	BL	DLBCL/BL
Volume	large	medium	medium, BL-like
Nucleoli	prominent	multiple	prominent
Mitotic rate	low	high	high
Apoptosis and starry-sky pattern	uncommon	yes	yes
BCL2	+	-	+
Ki-67	<90%	>95%	<95%
MYC R	Ig or non-Ig	Ig	non-Ig
BCL2 R	yes	no	yes ( <i>BCL2</i> or <i>BCL6</i> double-hit)
Karyotype	complex	simple	complex



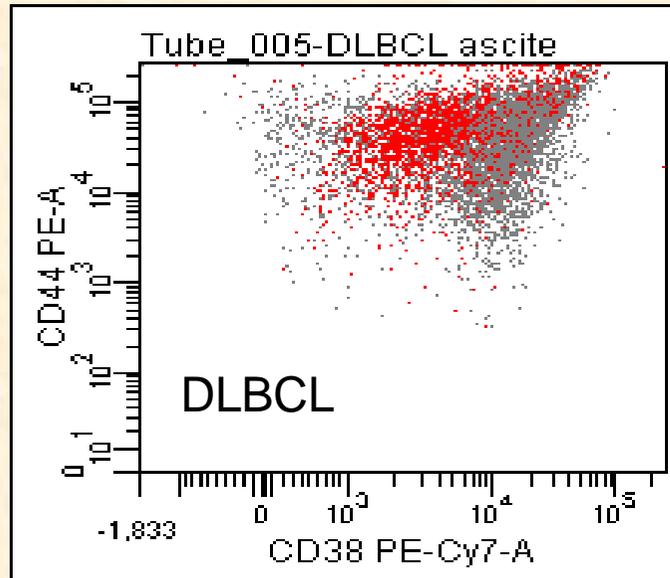
# Flow cytometric antibody panel for distinguishing Burkitt lymphoma from CD10+ diffuse large B-cell lymphoma

*Expression of CD44 and CD54 was detected at a significantly lower level in BL compared with CD10+ DLBCL (P = .001 and P = .01, respectively). There was not a significant difference in expression of CD18 and CD43.*

Schniederjan et al. Am J Clin Pathol 2010



BL I.N.T. BCL6+ BCL2- MUM1-  
MIB1 100%



DLBCL I.N.T. BCL6+ BCL2+  
MUM1+ MIB1 >80%

Tube Name: Tube\_002  
Record Date: Oct 14, 2010 4:51:25 PM

Population	CD44 PE-A Mean	CD38 PE-C... Mean
CD19+	1,711	30,208

Tube Name: Tube\_005  
Record Date: May 12, 2010 5:47:12 PM

Population	CD44 PE-A Mean	CD38 PE-C... Mean
CD19+	62,573	6,531



## **“Double-Hit” mature B-cell lymphomas show a common immunophenotype by flow cytometry**

**CD20** ↓ or - \*

**CD10** +

**CD45** ↓ variable

**Slg** ↓ or -

**CD38** ↑ variable

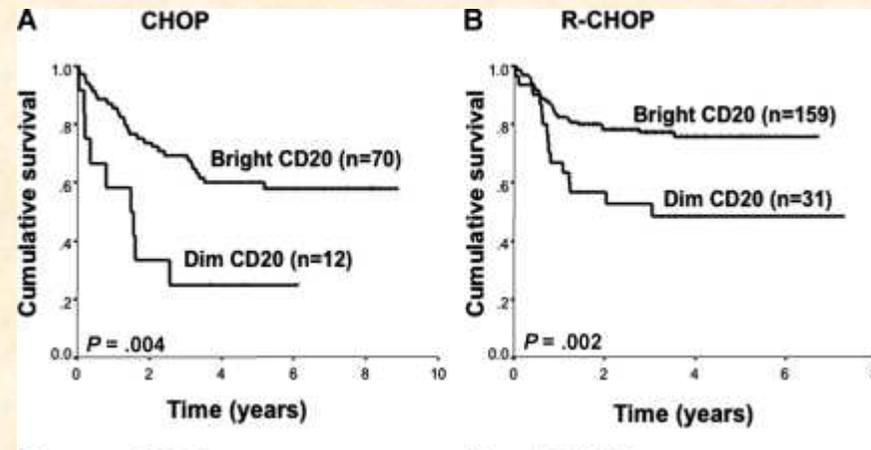
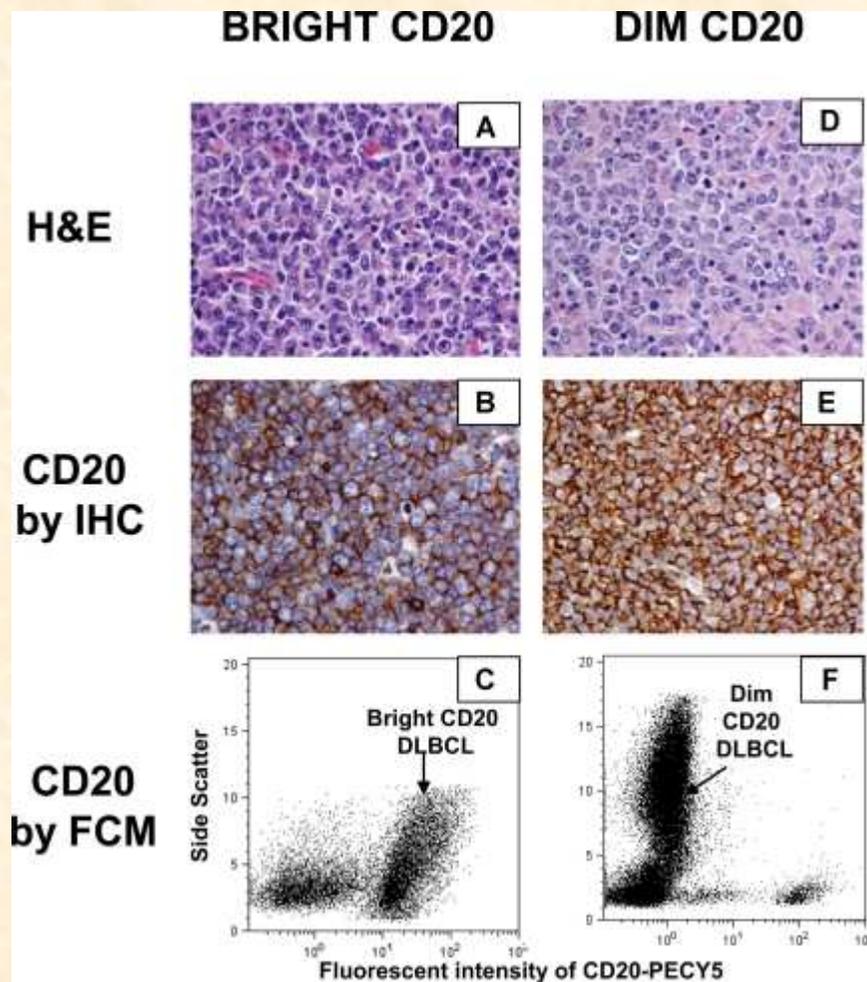
**FSC&SSC** ↑

\* in agreement with poor prognosis in CD20<sup>low</sup> DLBCL

Wu D. Am J Clin Pathol 2010



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CD20<sup>dim</sup> DLBCL are also highly associated with positivity for CD5 and BCL2

Johnson N, Blood 2009



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# CD5+ B-NHL

- **CLL** (CD23+ FMC7- CD20<sup>dim</sup>, sIg<sup>dim</sup>)
- **MCL** (CD23- FMC7+ CD20<sup>bright</sup> sIg<sup>bright</sup>)

But also....

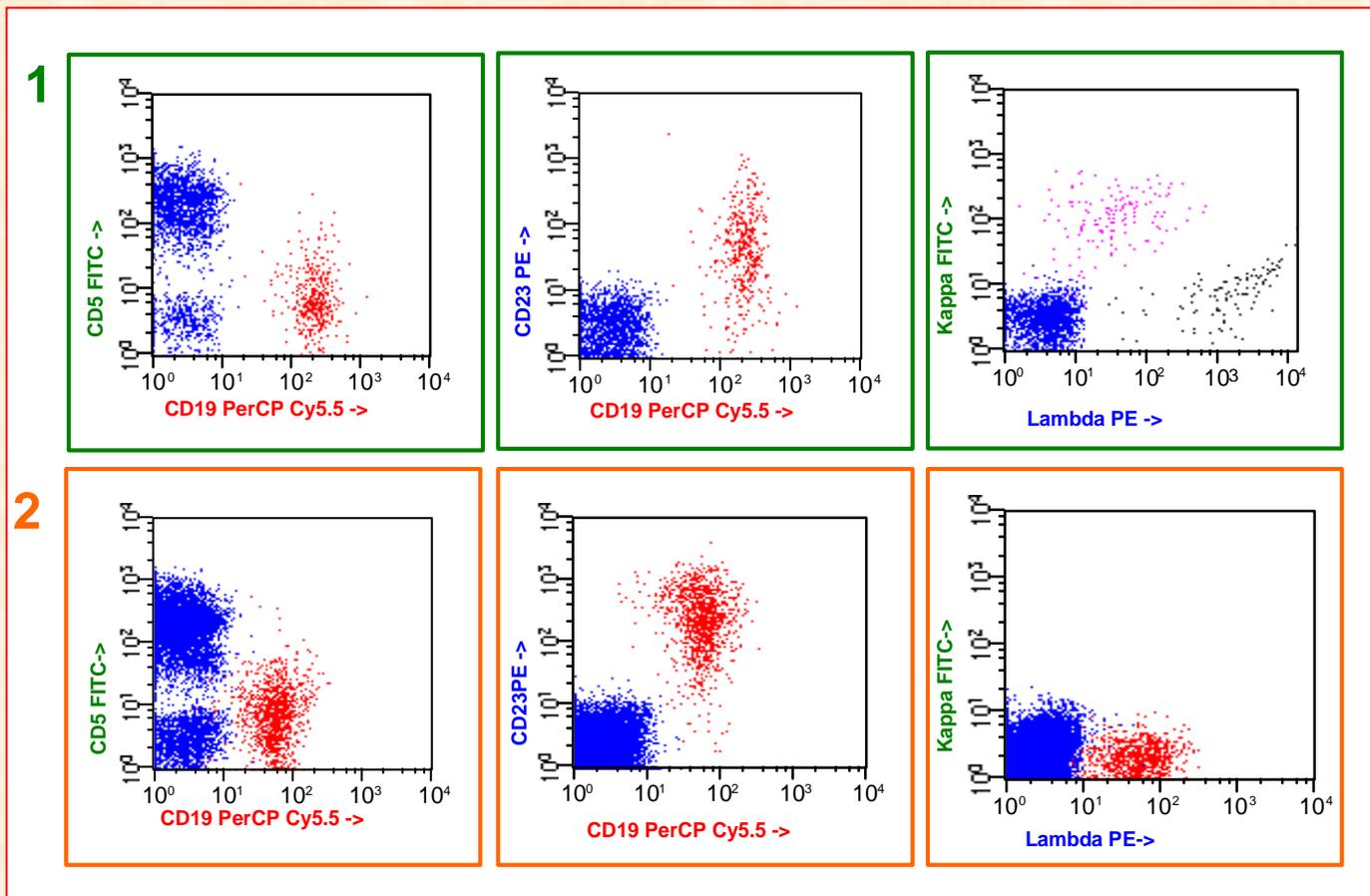
- MZL (splenic and nodular)
- LPL
- DLBCL
- MALT

Jevremovic D et al. Leukemia Res 2010

Dronca RS et al. Cytometry 2010

Baseggio L et al. Haematologica 2010

# Pitfalls in using the traditional CD5/CD23/CD19 antibody combination to detect B-CLL cells

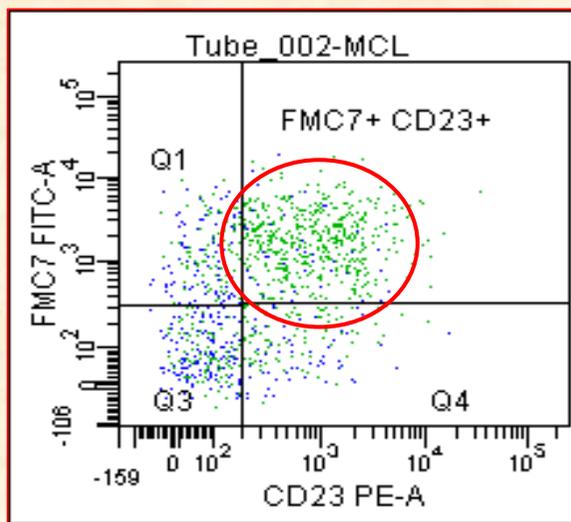
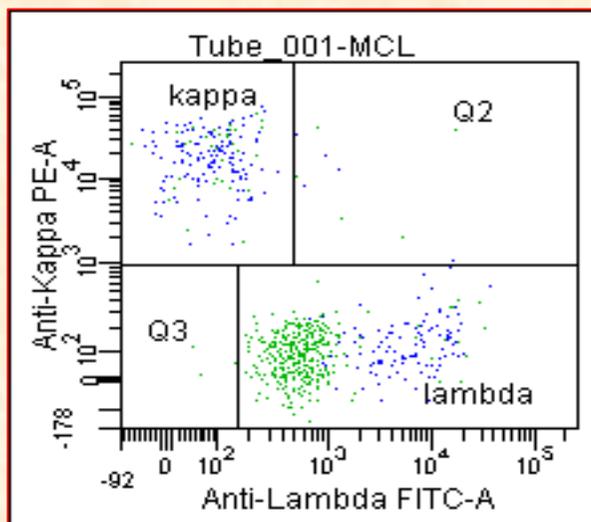
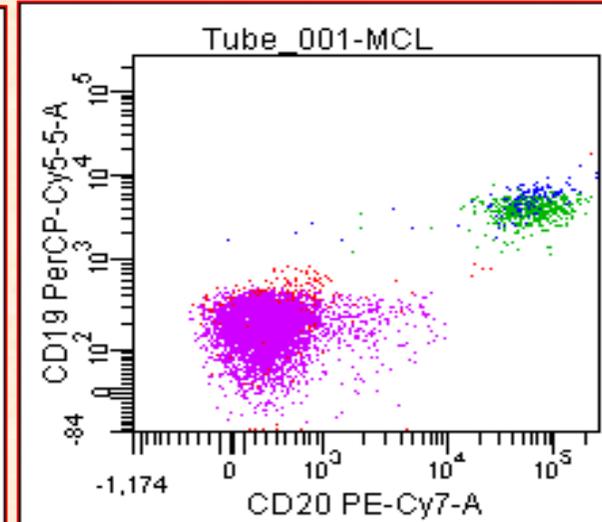
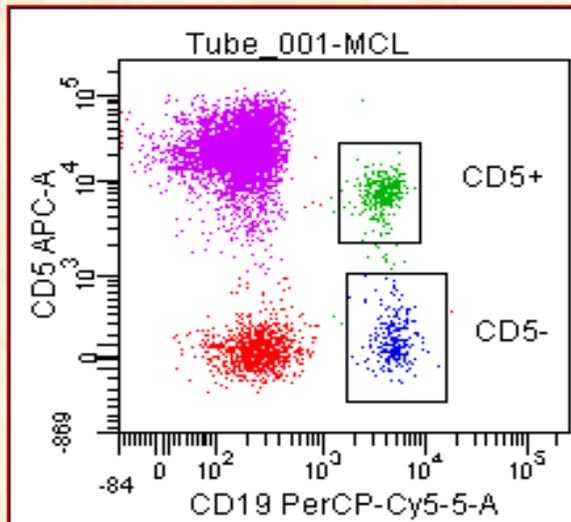
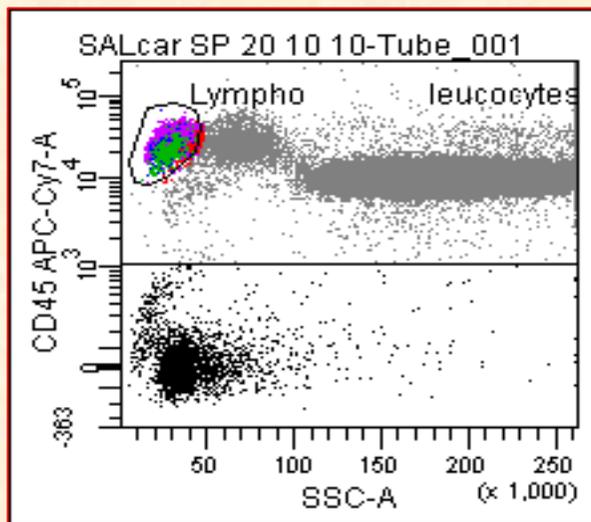


PBL from a B-CLL patient (follow-up, negative)

PBL from a B-CLL positive patient



# CD23+ Ig<sup>low</sup> MCL or FMC7+ CD20++ CLL?



Tube Name: Tube\_001  
Record Date: Oct 20, 2010 5:04:55 PM

Population	Parent Name	%Parent	CD20 PE-... Mean
CD5-	CD19+	39.9	65,876
CD5+	CD19+	57.3	71,915



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Tube1 staining: L FITC / K PE / CD19 PerCPCy5.5 / CD20 PE-Cy7 / CD5 APC / CD45 APC-H7

# CD79b, CD22, CD81 and CD200 in B-CLL and B-NHL

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## CD79b

✓ A.C. Rawstron et al. *Leukemia* (2006); **20**:2102

✓ A.C. Rawstron et al. *Leukemia*. (2007), **21**:956

## CD22

✓ H. Sayala et al. *Best Pract & Res Clin Haematol.* (2007); **20**:499

## CD81

✓ G A Jasper et al. *Cytometry Part B* (2010); Sep 24

✓ R F Luo et al. *Hum Pathol* (2010); **41**:271 (IHC)

## CD200

✓ Palumbo GA et al. *Leukemia Res.* (2009); **33**: 1212

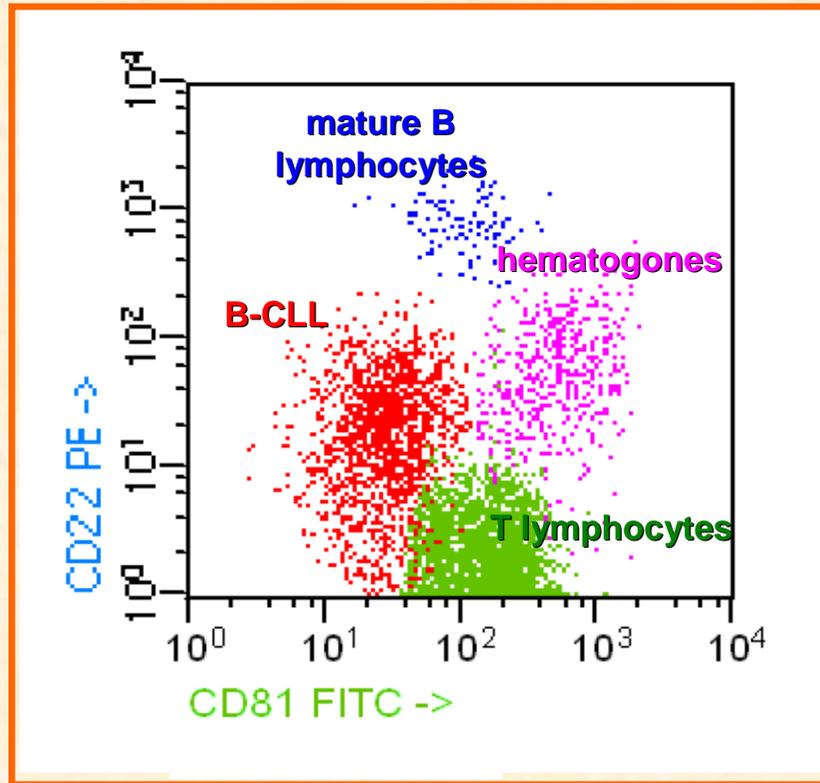
✓ D M Dorfman et al. *Am J Clin Pathol* (2010); **135**:726 (IHC)

✓ Brunetti L et al. *Br J Haematol.* (2009); **145**:665

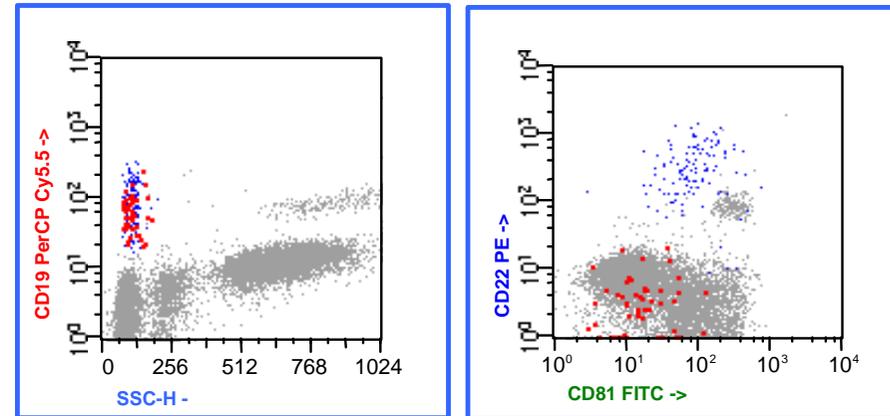
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# CD81/CD22 expression in B-CLL and MRD detection



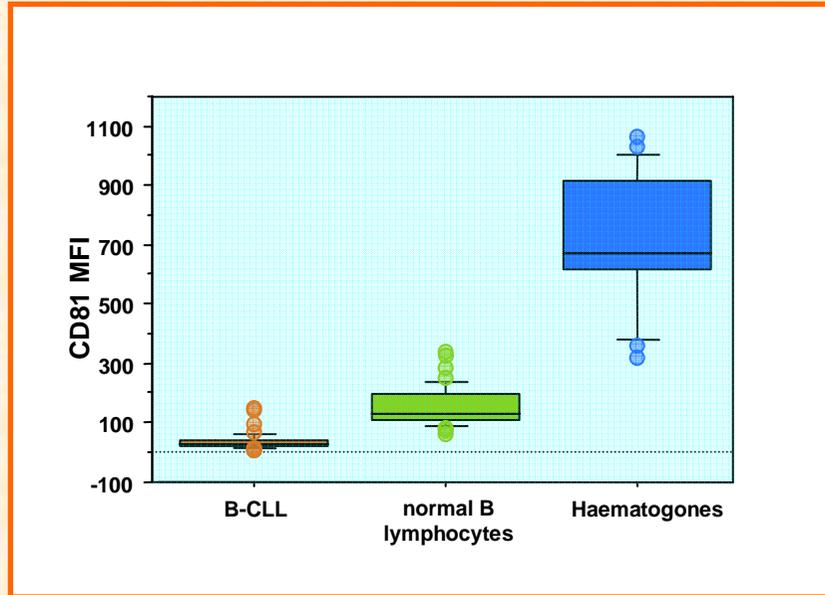
## MRD detection



Residual B-CLL population:  $4.5 \times 10^{-3}$   
(red dots)



# CD81 in B-CLL

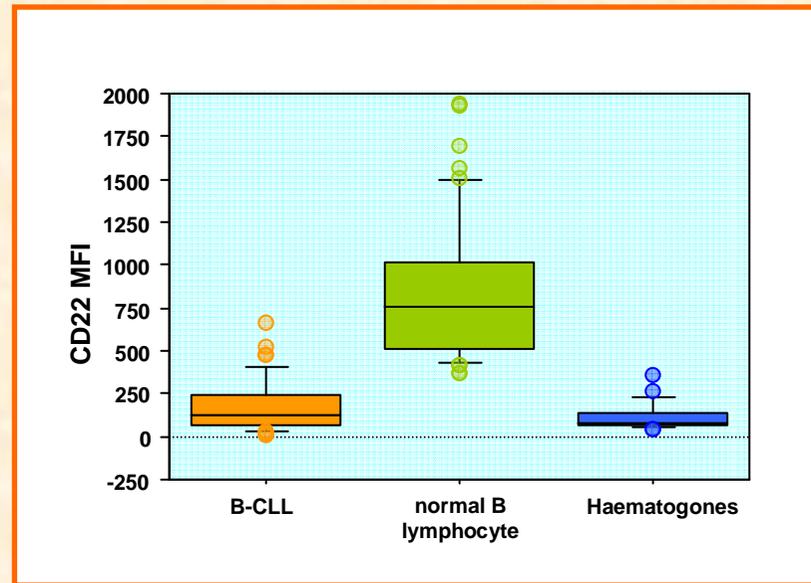


<b>CD81</b>	n° samples	Mean	Std. Dev.	Median	Minimum	Maximun
<b>B-CLL</b>	47 *	<b>37,8</b>	29,6	<b>29,0</b>	11	150
<b>normal B lymphocytes</b>	42	<b>150,3</b>	65,9	<b>127,5</b>	60	343
<b>hematogones</b>	19	<b>710,2</b>	226,2	<b>673,0</b>	320	1064

\* MFI calculated on 45 B-CLL positive samples, 1 sample was CD81- and 1 not evaluable



# CD22 in B-CLL



CD22	n° samples	Mean	Std. Dev.	Median	Minimum	Maximun
B-CLL	47 *	177,0	153,2	122,0	13	660
normal B lymphocytes	48	832,7	413,7	752,5	370	1938
hematogones	19	110.5	83,3	75,0	38	362

\* MFI calculated on 46 B-CLL positive samples, 1 was not evaluable

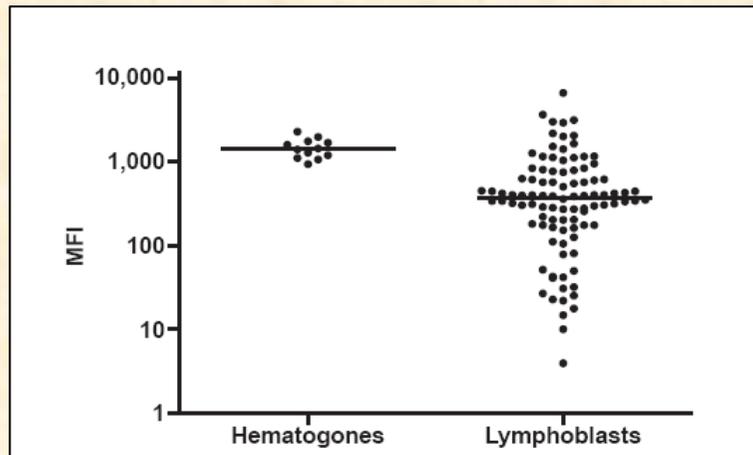


## CD81 in B-CLL and B-NHL

	Disease	CD81 down-regulation	CD81 up-regulation	
Low grade	<b>CLL</b>	53/53 ( <b>100%</b> )		
	<b>MZL</b>	3/7 ( <b>43%</b> )		
	<b>LPL</b>	1/5 (20%)		
	<b>HCL</b>	3/3 ( <b>100%</b> )		
	<b>MCL</b>	2/12 (17%)		
	<b>FL</b>	2/5 (40%)	2*/5 (40%)	*1 HG transformed
High grade	<b>BL</b>	0/8 (0%)	7/8 ( <b>88%</b> )	
	<b>DLBCL</b>	1/5 (20%)	2/5 (40%)	

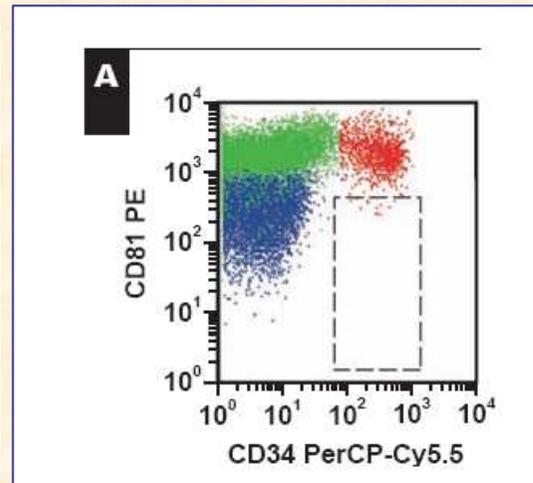


# Aberrant underexpression of CD81 in precursors B-cell acute lymphoblastic leukemia

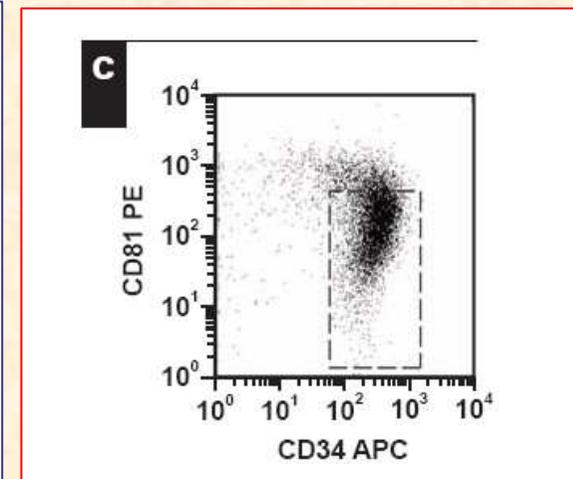


Normal  
MFI 1460

B-ALL  
MFI 647



Normal BM



B-ALL

Muzzafar T. Am J Clin Pathol 2009



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## CD200 in B-CLL and B-NHL

Disease	N° positive cases	
<b>B-CLL</b>	53/53* (100%)	bright
<b>MZL</b>	2/7 (28%)	
<b>LPL</b>	4/5 (80%)	
<b>HCL</b>	3/3 (100%)	
<b>MCL</b>	0/11° (0%)	
<b>FL</b>	3/5 ^ (60%)	dim
<b>BL</b>	0/8 (0%)	
<b>DLBCL</b>	2/6 (33%)	

\* 2 CD200-negative B-CLL cases were subsequently re-evaluated as FL and MZL

° 2 CD200-positive MCL cases were subsequently re-evaluated as B-CLL

^ The two CD200-negative FL expressed high levels of CD81 antigen; the clinical and histological features of one of them were suggestive of high grade transformation



# 6-color staining for B-CLL and CD5+ B-NHL

<b>FITC</b>	<b>PE</b>	<b>PerCP-Cy5</b>	<b>PE-Cy7</b>	<b>APC</b>	<b>APC-H7</b>
<b>CD81</b>	<b>CD200</b>	<b>CD19</b>	<b>CD5</b>	<b>CD22</b>	<b>CD45</b>
<b>CD43</b>	<b>CD23</b>	<b>CD19</b>	<b>CD5</b>	<b>CD79b</b>	<b>CD45</b>
<b>Kappa</b>	<b>Lambda</b>	<b>CD19</b>	<b>CD20</b>	<b>CD5</b>	<b>CD45</b>



# 6-color staining for B-CLL and CD5+ B-NHL

	FITC	PE	PerCP-Cy5	PE-Cy7	APC	APC-H7
	CD81	CD200	CD19	CD5	CD22	CD45
<i>CLL</i>	dim	++	+	+	dim	+
<i>MCL</i>	+	-	+	+	+	+



# B-NHL re-classification

## (1) MCL → B-CLL

- Male age 38 Diagnosis: **MCL stage IV**
- **IHC**: CD20+, CD5+, CD43+, Bcl2+, CD23-, CD10-, Cyclin D1-
- **PCR** and **FISH**: BCL1 not rearranged
- CR by high dose chemotherapy and radiotherapy
- 4 years later: rare CD19+ CD5+ CD23<sup>dim</sup> B cells in BMA by flow cytometry
- 2 years later: relapse and complete re-stadiation

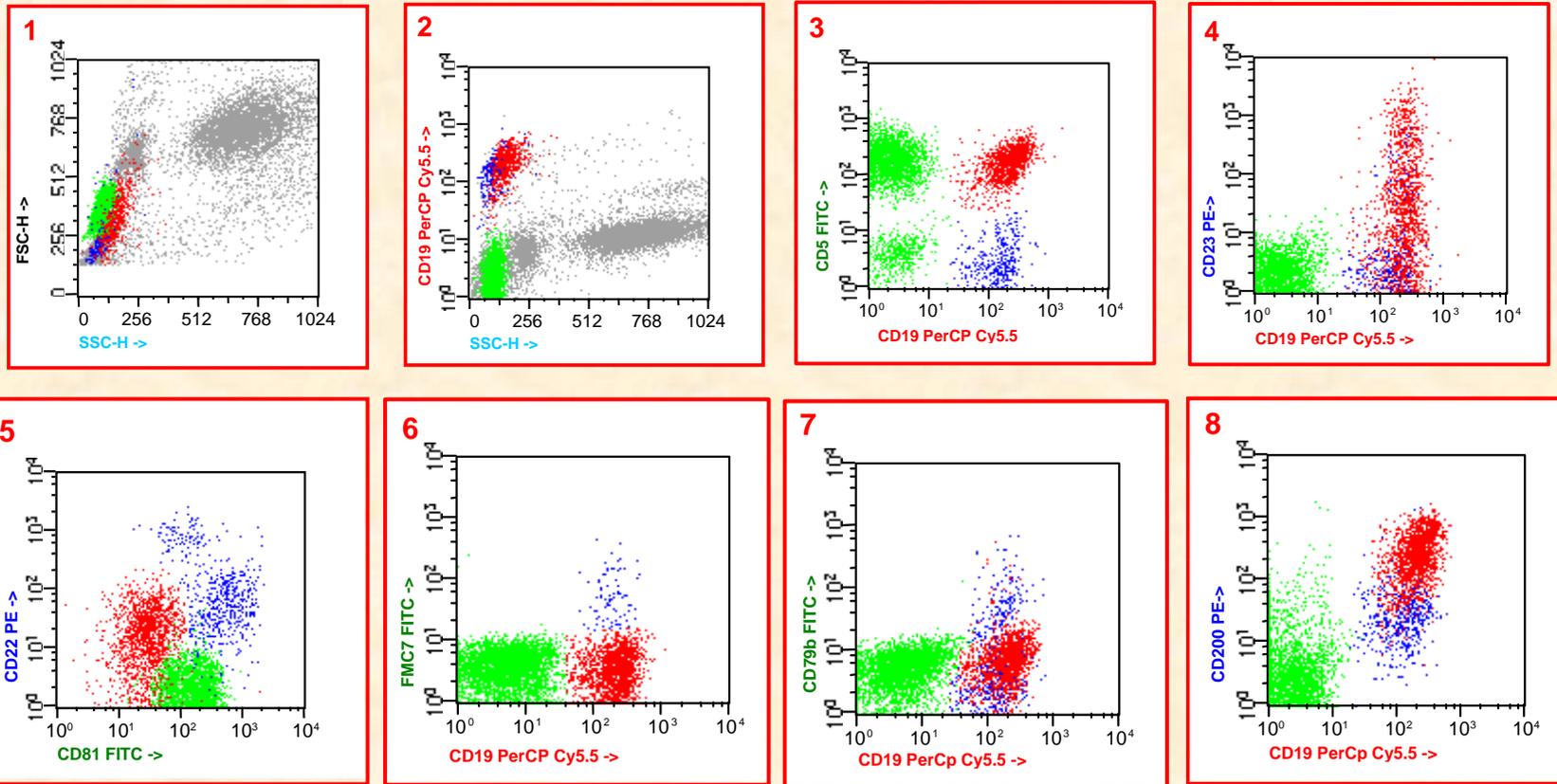


# B-NHL re-classification

## (1) MCL → B-CLL

BMA

6% pos cells



# **B-NHL re-classification**

## **(2) B-CLL → FL**

- **Male Age 32**
- **Clinics: abdominal lymph adenopathies, spleen enlargement, focal liver lesions**
- **Diagnosis: MCL**
- **Second opinion (I.N.T.): histologic diagnosis of SLL/B-CLL**
- **CR after CHOP therapy for several years**
- **Six years after diagnosis, relapse and progression with deep and superficial lymph node enlargement and BM involvement. IHC on BM: CD20+ CD5- CD23- Cyclin D1-**

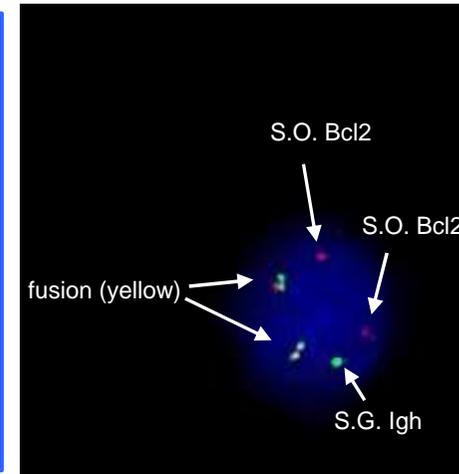
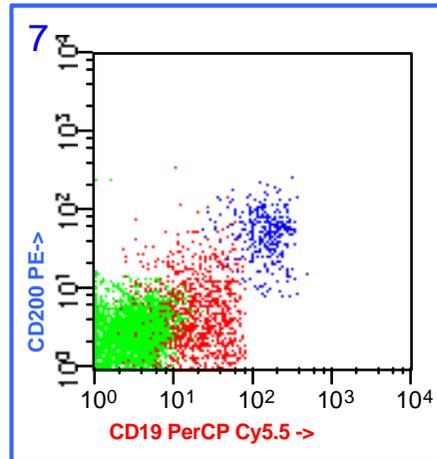
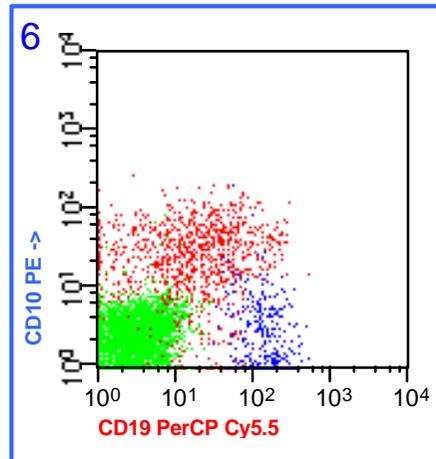
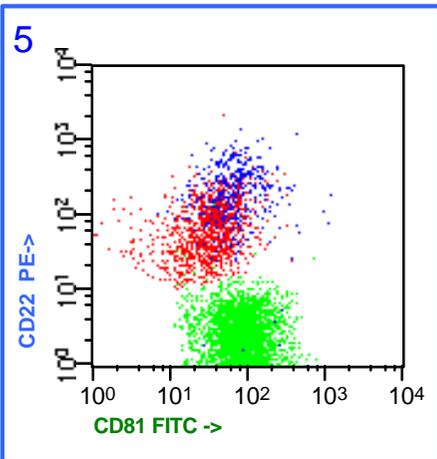
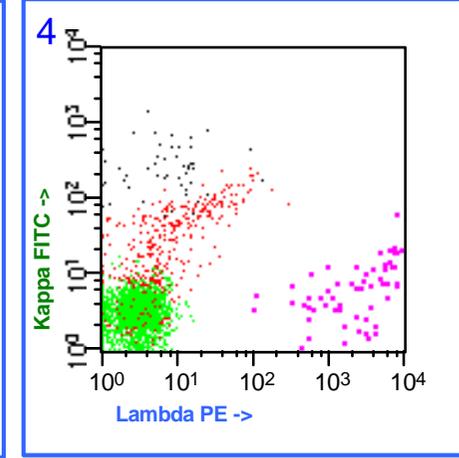
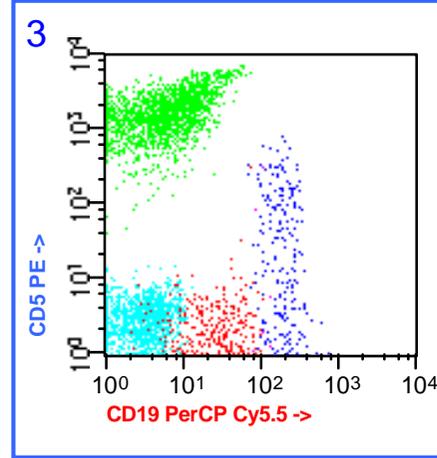
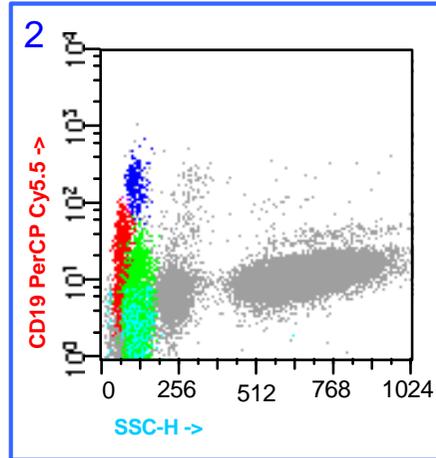
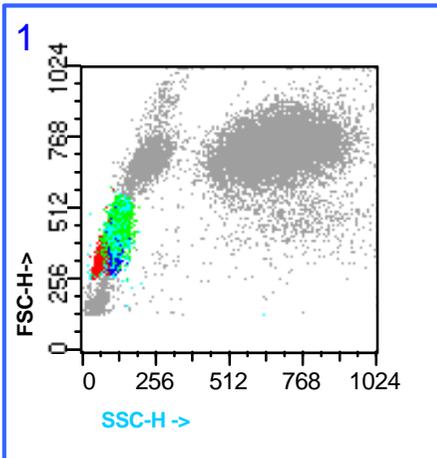


# B-NHL re-classification

## (2) B-CLL → FL

SLL/CLL: BMA

3.5% pos cells



# Conclusions

## Flow cytometry contribution to the diagnosis of hematological neoplasia

### *Multicolor Immunophenotyping*

- ❖ *LAIP determination (MRD)*
- ❖ *Differential diagnosis (and MRD)*
- ❖ *Quantitative analysis of antigens for target therapies (CD20, CD22, CD200)*
- ❖ *New diagnostic markers (CD200, CD81)*
- ❖ *New prognostic markers (CD49d)*

