

The Power of Observation Lessons from the Clinical Cytogenetics Laboratory

An Introduction.....

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Scanning electron micrograph of several human chromosomes. Source: J.B. Rattner and C.C. Lin, *Cell* 42 (1985), p. 291.

HISTORY

1842: Chromosomes first observed in plant cells by Karl Wilhelm von Nägel

1882: Mitosis described in animal
(salmander) cells by Walter
Flemming.

1888: "Chromosome" coined by von Waldeyer.

1900s: Chromosomes carry genetic material. (Levitsky)

1956: Human complement of 46 chromosomes.









Size of Components of Human Genome

Size of haploid genome 3.3 X 10⁹ DNA basepairs

Estimated genetic constitution

30,000 genes

Size of average chromosome band

3 X 10⁶ DNA basepairs

Size of average gene

5 X 10⁴ DNA basepairs



































Fig. 8. The functional and structural components of metaphase chromosomes.

IDEOGRAM OF CHROMOSOME 16

ISCN 1985







KARGER Basel

slide# 5

Molecular Cytogenetics

Fluorescence *in situ* Hybridization (FISH)

Fluorescence *in situ* Hybridization (FISH)

Hybridization of a fluorescently labeled nucleic acid probe to a target sequence within a specimen on a microscope slide.







<u>Three types of FISH</u> probes:

 Centromeric probes: trisomy/monosomy

 Locus specific probes: gain or loss, and translocations.

 Chromosome or arms/bands painting probes: structural abnormalities (SKY, M-FISH).







Molecular Cytogenetic Analysis
 In situ Hybridization Targets

Metaphase chromosomes
Interphase nuclei
Formalin-fixed, paraffinembedded tissues

Sample types and preparation for FISH

- Bone Marrow
- Peripheral blood
- Lymph node
- Tumor mass
- CSF
- Plural fluid

- Fresh BM/PB/LN
- Cytospin slides
- BM/PB smear
- G-banded
 cytogenetic slides
- H &E stained slides
- PET section

- Each probe attaches to specific target.
- Differently colored probes simultaneously determine both number and location of different loci.
- Metaphase & interphase
- Quantitative assessment in intact tissue, cells, nuclei or chromosomes.





Dual Color, Break-apart: Both Probes Flank One Breakpoint



Features:

- Cutoff for probe design~1-3 %*
- Best design for intact sections
- Useful for multiple translocation partners: IGH, MLL, BCL6, MYC, ALK
- * Cutoff values for probe types from Dewald et al, Chap 32, Clinical Laboratory Medicine, K. McClatchey Ed., 2002






SKY Procedure Overview





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CYTOGENETICS VS FISH: PLUS AND MINUS

Cytogenetics

Plus:

- Scan for abnormalities of all chromosomes, arms, regions and bands of a cell.
- Diagnostic: specific chromosome abnormalities.
- Identify new tumor clone markers for follow-up.
- Clonal evolution evidence.

Minus:

- Needs fresh samples,
- Need dividing cells and analyzable metaphase cells.
- Low sensitivity (1/20).
- Low resolution (>10 Mb): missing subtle and cryptic changes.
- Heavily rely on technicians' experience.

Plus:

- Easier, simpler and faster.
- High sensitivity (of 200 cells), i.e., follow-up of RD.
- High resolution(>100 kb).
- Single cell analysis; Correlate with morphology and immunophenotyping.

FISH

- No metaphase cells needed.
 - Fresh tissue or fixed section.Terminally differentiated cells.Low mitotic cells (CLL).

<u>Minus</u>:

- Target regions only.
- No whole chromosome pictures.
- Limited probes.





WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues

Edited by Steven H. Swerdlow, Elias Campo, Nancy Lee Harris, Elaine S. Jaffe, Stefano A. Pileri, Harald Stein, Jürgen Thiele, James W. Vardiman















Mitotic events affecting chromosomes in neoplastic cells:

Abnormal segregation

Chromosome breakage



Karyotype 1



54,XY,+X,+4,+6,+10,+17,+21,+21,+mar

FISH CEP(4)(SO)/CEP(10)(SG)



FISH D17Z1(G)/P53(O)



Karyotype 1



29<n>,X,+X,+8,+14,+18,+20,+21

Karyotype 4



13

K















57<2n>,XX,+X,+X,+8, +8,+14,+14,+18,+18,+21,+21,+mar

Cytology







Normal

Abnormal













del(1)(q21q31)



del(1)(q23)





i(5)(p10)













inv(16)(p13q22)

16



GENETIC CONSEQUENCES OF CHROMOSOMAL TRANSLOCATION

Mechanisms of leukemia transformation

- Requirements for chromosomal translocations:
 - At least 2 double-strand breaks (misrepair of double strand breaks).
 - Most reciprocal translocations appear to arise by NHEJ (non-homologous end joining).

Endogenous double-strand breaks

 Double-strand breaks arise spontaneously during normal DNA metabolism, including DNA replication and repair, and during programmed genome rearrangements, such as V(D)J recombination.

Exogenous double-strand breaks

- Double strand-breaks are produced by a wide variety of exogenous DNA damaging agents including ionizing radiation, radiomimetic drugs and topoisomerase inhibitors.
- Tobacco smoke induces mutations and doublestrand breaks in a dose-dependent manner. This damage is mediated through free radicals.

Consequences of chromosome translocations



FUNCTIONAL CLASSES:

Proteins that regulate transcription

Tyrosine protein kinases

Serine protein kinases

Cell surface receptors

Growth factors

Regulators of apoptosis





9

22

Q

t(9;22)(q34;q11)









46,XX,t(9;22)(q34;q11.2)

BCR/ABL Dual Fusion



Novel fusion protein: BCR/ABL1

The BCR/ABL1 fusion protein contains the entire tyrosine kinase catalytic domain from the ABL1 gene, has constitutively increased tyrosine kinase activity, and has been implicated in the abnormal cellular proliferation seen in CML. The tyrosine kinase activity of the BCR/ABL1 fusion protein can be specifically inhibited by imatinib mesylate and several second generation ABL1 tyrosine kinase inhibitors. ABL1 tyrosine kinase inhibitors have shown remarkable activity in all phases of CML and are the preferred therapy for most patients with newly diagnosed CML.

Imatinib Mesylate: Mechanism of Action

- Imatinib mesylate occupies the ATP binding pocket of the Abl kinase domain
- This prevents substrate phosphorylation and signaling
- A lack of signaling inhibits proliferation and survival



Savage DG, Antman KH. N Engl J Med. 2002;346:683-693.

GleevecTM






AML1/(RUNX1)

 The AML1/(RUNX1) gene at 21q22 codes for core binding factor (CBF) α which forms a heterodimer with CBFβ that acts as a transcriptional activating factor.

 CBF is a critical regulator in the generation and differentiation of definitive hematopoietic stem cells.





- Identified by Dr. Janet D. Rowley in 1973 as the first recurring translocation in acute leukemia.
- Associated with AML-M2 (~30% of AML-M2 cases, or ~5-10% of all AML).
- Characterized by a good response to therapy (98% CR) and a prolonged disease-free survival.

Characteristic morphology:

- myeloid blasts with indented nuclei.
- basophilic cytoplasm with few azurophilic granules.
- increased eosinophils in bone marrow.
- Aberrant expression of CD19, and CD56.



Novel fusion protein: RUNX1/RUNX1T1

At the molecular level, the t(8;21) results in a RUNX1/RUNX1T1 chimeric protein. The RUNX1/AML1 gene encodes one subunit of a heterodimeric transcription factor, also known as core-binding factor, essential for hematopoiesis. Transformation by RUNX1/RUNX1T1 likely results from transcriptional repression of normal RUNX1 target genes via aberrant recruitment of nuclear transcriptional co-repressor complexes.

Karyotype 1



47,XX,+X,del(13)(q12q14),del(16)(q12.2q24),r(21)amp(RUNX1)

FISH LSI ETV6(12p13)(SG)/RUNX1(21q22)(SO)

probe •LSI ETV6(12p13)(SG)/RUNX1(21q22)(SO) •2G/4~12O •abnormal

LSI TEL/AML1 ES Dual Color Translocation Probe







15











t(15;17)(q22;q11)



Novel fusion protein: PML/RARA

The t(15;17) results in a fusion protein involving the promyelocytic leukemia (PML) and retinoic acid receptor-alpha proteins (PML/RARA). The oncogenic potential of the APL fusion proteins appear to result from the aberrant repression of the retinoic acid receptor-mediated gene transcription through histone deacetylase-dependent chromatin remodeling. This effect can be overcome by pharmacologic doses of retinoic acid, resulting in relief from transcriptional repression, presumably activating genes that lead to terminal differentiation of promyelocytes.













46,XY,t(5;11)(q31;q23)

FISH MLL(11q23) DC BA

















t(14;18)(q32;q21)

Hematopoietic cell differentiation and chromosome abnormalities in leukemia and lymphoma



Features of therapy-related AML

Topo II inhibitors (VP16, Dox)

Cytogenetics	-5/del(5q)/-7/del(7q)	11q23, 21q22
Latency	5-7 yrs	2-3 yrs
Presentation	Insidious (t-MDS)	acute
Prognosis	poor	poor

Alkylating agents Radiation

CYTOGENETIC ABNORMALITIES IN AML

t-MDS/t-AML

AML de novo



MRC/NCRI AML Trials: Overall Survival ages 16-59, 2550 patients, 10 years follow-up



Years from entry

* Normal karyotypes: 38% OS

Grimwade et al., Blood, April 12, 2010

Evolution of diagnosis and relapse clones



Solid Tumor Cytogenetics: art or science?

- 1. Unpredictable growth of the neoplastic cells in tissue culture.
- 2. Overgrowth of neoplastic cells by "reactive" non-neoplastic cells.
- 3. Destruction of tumor cultures by bacterial of fungal infection.
- 4. Failure of tumor cultures to grow because of non-viable tumor.

Chromosomal changes in solid tumors

- Numerical changes (aneuploidy) loss or gain of whole chromosomes
- Structural changes balanced and unbalanced translocation, deletion, insertion, or inversion of specific chromosomal regions

 Amplification – high-level gain of specific chromosomal regions which manifest as double minutes (dm), homogenously staining regions (hsr), or ring (r) chromosomes.



Ewing's sarcoma with the characteristic t(11;22)(q24;q12) (*EWSR1-FLI1*) and a secondary rearrangment t(1;9)(q21;q22).



Myxoid/round cell liposarcoma specific t(12;16)(q13;p11.2) FUS-DDIT3

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Synovial sarcoma with t(X;18)(p11.2;q11.2) SS18-SSX1, SS18-SSX2, SS18-SSX4.





Well-differentiated liposarcoma. (A) Gbanded karyotype from a high-grade tumor showing a complex near-tetraploid karyotype with multiple unbalanced structural abnormalities including the characteristic ring and giant marker chromosome. (B, C) FISH analysis with probe specific for the MDM2 gene (red) confirms the presence of MDM2 amplicons in the ring and the two marker chromosomes.

Breast cancer

HER2/Neu amplification





Immunohistochemistry for Her2 (strong and diffuse, circumferential membranous staining, 3+)









5p15.2, 7p12, 8q24	?, EGFR, MYC
inv(2)(p21p23)	EML4–ALK
7p12 amplification	EGFR
-1p31, -3p14, 3p21, -9p21, -17p13	HLJ1, FHIT, SEMA3B, CDKN2A, TP53
-4a12-a23	?

Diagnosis in conjunction with cytology Treatment selection with ALK inhibitors Treatment selection with kinase inhibitors

? Metastasis

LUNG CANCER

ALK (anaplastic lymphoma kinase)
2p23.2
EML4 (echinoderm microtubule associated protein-like 4) 2p21

Diverse small inversions on 2p Non-small cell lung cancer Crizotinib

Break-Apart FISH Probe Kit Used to Detect ALK Positivity



When an *ALK* rearrangement occurs, the probes separate, either appearing as a classic "split" pattern (red and green arrows in panel B) or a "single red" pattern where red signals outnumber green signals, suggesting that both a rearrangement and loss of the 5' probe (non-kinase encoding) binding site has occurred (red arrows in panel C). Increases in both rearranged (double red and green arrows in panel D) and native *ALK* copy number can occur. Copy number gain (CNG) of rearranged signals has been associated with acquired resistance to crizotinib, but CNG of the native gene is not currently considered of any clinical significance.

FISH analysis in neuroepithelial tumors. (A, B) Two separate hybridizations identify the codeletion of 1p36 and 19q in oligodendroglioma on the same tissue section. (A) Loss of 1p36 (TP73) (red) and 2 copies of the control probe at locus 1q25 (ANGPTL) (green). (B) Loss 19q13 (GLTSCR) (red) and 2 copies of the control probe at locus 19p13 (ZNF443) (green)



(*C*) Interphase nuclei from a patient with glioblastoma showing high level amplification of *EGFR* (7p12) (*red*) and 2 copies of centromere 7 (*green*). (*D*) The same patient also showed loss of *PTEN* (10q23) (*red*) and 2 normal copies of the control probe at centromere 10 (*green*).

Chromosome abnormalities in cancer

- Acquired
- Nonrandom
- Clonal
- Used for diagnosis and prognosis

Clinical significance of chromosome abnormalities in leukemia and lymphoma

Diagnosis and differential diagnosis:

WHO classification based on specific cytogenetic/molecular genetic findings, such as t(8;21), t(15;17), inv(16), t(9;11) and other 11q23/MLL, inv(3)/t(3;3), t(6;9), t(1;22).

Treatment protocols:

APL: PML/RARa: ATRA+CT.

CBF [t(8;21) and inv(16)]: HDAC consolidation.

- Monitoring response and engraftment of BMT cytogenetic complete remission (CR) and MRD
- <u>Prognosis</u>: most critical and independent indicators. favorable (55-81% cured): t(15;17), inv(16), t(8;21); intermediate (40%): t(9;11), normal karyotype; unfavorable (<5%): complex, abnl 5 and 7, inv(3), t(6;9)

Chromosomal Abnormalities in Human Cancer



Fröhling S, Döhner H. N Engl J Med 2008;359:722-734


Functional Consequences of Balanced Chromosomal Rearrangements



Fröhling S, Döhner H. N Engl J Med 2008;359:722-734



Chromosome Changes in Cancer

Disease specific changes:
Leukemias
Lymphomas
Mesenchymal Tumors

Chromosome Changes in Cancer

- Unbalanced multiple and unspecific karyotypic abnormalities:
- Epithelial tumors (breast, colon, lung, prostate, ovary)
- Mesenchymal tumors (osteosarcoma, malignant fibrous histiocytoma)
- Secondary hematologic malignancies

WEB References

http://www.atlasgeneticsoncology.org

http://cgap.nci.nih.gov/Chromosomes/Mitelman

The ULTIMATE CYTOGENETICIST

