Of Leukaemia, Lymphoma and Flow Cytometry

CD8

CD4

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If you can't explain it simply, you don't understand it well enough.

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- Albert Einstein



What is malignancy, exactly?

A genetic error can take place at any stage of this process, causing a malignant transformation.



Fact or Fiction?

Malignant cells cycle faster than their normal counterparts

Malignant cells have a growth advantage because they never go into G_0



■ Their cycle times are the same as their normal counterparts

There are natural checkpoints in the cell cycle

Checkpoint signaling



If all is not
 well at each
 checkpoint,
 the cell goes
 into apoptosis



Anti-cancer drugs take advantage of the natural checkpoints



What causes malignant proliferation?
Oncogene activation
Chromosomal translocations
Viruses

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Translocation: A genetic fusion of part of a chromosome with another chromosome Oncogene: A cellular growth-regulation gene that causes cancer when its function or expression is disrupted



 Malignant lymphocyte tumours often carry chromosomal translocations that join immunoglobulin loci to genes that regulate cell growth

 Burkitt's Lymphoma: translation of the oncogene Myc from chromosome 8 to the Ig gene on Chromosome 14





Immunoglobulin and T-cell eceptor genes are sites of breakage of DNA during gene rearrangement, isotype switching and somatic hypermutation. They are especially likely sites for translocation Translocation of an oncogene with an immunoglobulin gene enhancer or promoter may result in permanent activation of the

oncogene



Viruses

Herpes viruses and retroviruses generally infect cells without killing them.
 Stimulation of uncontrolled growth is beneficial to the viruses
 Viral promoter sequences can also activate oncogenes

Two important changes

- The transformed cell proliferates without regulation.
- The transformed cell stops differentiating.

(what is the resulting effect?)

Hematopoiesis in humans



- Approximate scale information: 10 µm
- The morphological characteristics of the hematopoietic cells are shown as seen in a Wright's stain, May-Gie
- y-Grünwald-Giemsa stain. Alternative names of certain cells are indicated between parentheses.
- is been included.
- ogether, the monocyte and the lymphocytes comprise the agranulocytes, as opposed to the granulocytes (basophil, neut d eosinophil) that are produced during granulopolesis.
- B., N. and E. stand for Basophilic, Neutrophilic and Eosinophilic, respectively. As in Basophilic promyelocyte.
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- The erythrocyte at the right is a more accurate representation of what it looks like in reality when viewed throu microscope.
- Other cells that arise from the monocyte: osteoclast, microglia (central nervous system), Langerhans cell (epidermis), Kupl cell (liver).
- 4) For clarity, the T and B lymphocyte are split to better indicate that the plasma cell arises from the B-cell. Note that there is n difference in the appearance of B- and T-cells unless specific staining is applied.

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Effect of transformation:

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Accumulation of cells blocked at a certain stage of differentiation.

The nature of malignancy:

- Transformation began with one cell.
- All the diseased cells are of the same clone
- Malignancy is characterised by a monoclonal proliferation







Identifies the Lineage
Identifies the stage of differentiation
Demonstrates monoclonality



 Lymphoid tumours represent monoclonal outgrowths of normal cell populations

 Lymphoid malignancies have helped us understand normal lymphocyte development





B-cell malignancies each have a corresponding normal B-cell equivalent
 B-cell malignancies can occur at almost every stage of B-cell

development

Rethinking the "Rare Event"



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The no-longer-Rare Event









Figure 7-46 Immunobiology, 6/e. (© Garland Science 2005)

Markers and stages of Normal B-cell development



Figure 7-47 Immunobiology, 6/e. (© Garland Science 2005)

 Markers and stages of Normal T-cell development

Lymphoid malignancies

- Tumours retain many of the characteristics of the cell types from which they were derived
 Cell surface markers
 Homing properties
 - Gene rearrangements
 - Secreted products



Identification of the lineage and developmental stage of a lymphoid tumour helps us to:
 understand the disease presentation
 develop strategies for therapy

Hematopoiesis in humans



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Gr Monitoring Minimal Residual Disease (MRD)

Rediscovering the "rare event"

 ...once we know what we are looking for, it's not so difficult to find it.







Summary:

- The tumour is monoclonal
- The cells are out of (growth) control
- The cells have stopped differentiating
- Malignant cells accumulate at the stage of blockage
- This makes them visible to flow cytometry



Summary:

- Flow tells us the lineage and stage of differentiation
- Malignant cells generally keep their phenotypes and behaviours
- These behaviours influence the clinical presentation
- Knowing the lineage and stage helps determine prognosis and strategy

Gr Understanding the disease gives us the power to fight back.

