Lymphoma: a heterogeneous disease

Application of the WHO Lymphoma Classification Scheme

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WHO - classification

- Extension of REAL classification 1994 ILSG
 - Boadened to include myeloid, mast cell and histiocytic neoplasia
- **Disease entities defined:**
 - Lineage and postulated cell of origin
 - Morphology and Immunophenotype
 - **Genetic features and Clinical features**

WHO - classification

Lymphoid neoplasia: B cell, T cell, NK cell and Hodgkins lymphoma

Lymphomas and leukemias considered together - may be manifestations of the same tumor

B-CLL and B cell small lymphocytic lymphoma

Lymphoblastic lymphoma and lymphoblastic leukemia

WHO - classification

B and T/NK lymphomas:

Precursor cell lymphomas

Mature cell lymphomas

Non-Hodgkin lymphomas -

Distinct diseases

Distinctive clinical features/epidemiology

Distinctive responses the therapy.

WHO classification of tumors of hematopoietic and lymphoid tissues

- Proponents of other schemes have endorsed WHO classification
- First true world-wide consensus classification scheme for hematologic malignancies
- ACVP initiative Lymphoma Study Group investigated suitability of WHO scheme for animal lymphomas (led by Dr. Ted Valli)



WHO Lymphoma classification - Mature B cell



WHO Lymphoma classification - Mature T cell



Integrative diagnostics - Leukocytic diseases

- Clinical and clinico-pathological data
- Morphological data histology/cytology
- Immunophenotyping reagent panels
- Molecular assessments antigen receptor clonality for lymphoma

Lymphocyte Development

and

Antigen receptor gene rearrangement

T cell receptor gene rearrangement

TCRG - molecular clonality target (rearranged in $\gamma\delta$ and $\alpha\beta$ T cells)







Ag receptor gene rearrangement - indications

- Morphological, cytological, immunophenotypic properties inconclusive
 - Lack of architectural effacement in organized lymphoid tissue - MZL or TZL
 - Lamina proprial or intra-epithelial lymphocytosis in the small intestine
 - Lympho-histiocytic proliferations in skin

Canine "inflamed" T cell lymphoma (PTCL)

- 387403 Bernese Mtn dog, MC, 6 yrs masses on digit, carpus, mandible.
- Dec 07 DX#1: Histiocytic dermatitis
- Mar 08 DX#2: Histiocytic sarcoma
- May 08 DX#3: Reactive histiocytosis





387403 - Bernese mountain dog, MC, 6 years DX: Non-epitheliotropic T cell lymphoma (& lympho-histiocytic dermatitis)



- **Molecular clonality limitations** Sensitivity limited with high polyclonal background Miss small clonal populations - e.g. inflamed lymphoma Sensitivity limited - B cell lymphoma - IGH V mutation **Clonality is not equivalent to malignancy** Interpret results in appropriate context IGH and TCRG rearrangements are lineage associated - but not absolute markers of lineage
 - Cross lineage rearrangements in lymphoid and myeloid malignancies



T-lymphoblastic lymphoma (T-LBL)

Mass lesion : T-LBL

mediastinum, LNs, spleen, other sites

Predominance of blood/BM involvement: T-ALL

T-lymphoblastic lymphoma

Origin: Precursor T lymphoblast
Hypercalcemia a common feature
High grade rapidly progressive
Loss Cfa 11 in high- grade TCL
P16 (Rb) deletion/inactivation in all cases





WHO Lymphoma classification - Mature B cell





Germinal Center Responses



Diffuse Large B cell Lymphoma (DLBCL)

- Centroblastic
- Immunoblastic
- T cell/histiocyte rich
- Anaplastic

Diffuse Large B cell Lymphoma

- Origin: centroblasts in GC dark zone
- Lymph nodes; spleen; extranodal
- Most prevalent lymphoma in dogs
- High grade lymphoma high proliferative fraction

Spleen - diffuse large B cell lymphoma



Canine spleen - splenomegaly due to white pulp infiltration/obliteration











T cell rich B cell lymphoma - equine skin



native

denatured


Marginal zone lymphoma (MZL)

Nodal - most common

Spleen - solitary mass and/or diffuse

Extranodal - MALT lymphoma - rare

Marginal zone lymphoma

Origin: LN - perifollicular MZ B cells (chronic follicular hyperplasia) (dogs)

Splenic MZ B cells (dogs)

BALT and NALT - cats - rare

- **DX:** architecture + cytologic characteristics
- DDX nodular hyperplasia when spleen involved
 - Indolent lymphoma low proliferative fraction
 - May evolve into DLBCL

Spleen - marginal zone lymphoma



MZL- solitary mass and diffuse involvement. Perifollicular marginal zones slowly coalesce.



Marginal zone hyperplasia - lymph node









Follicular lymphoma (FL)

Nodal - most common

Splenic

Extranodal

Follicular lymphoma

- Origin: Centrocytes in GC light zone
- DX: architecture + cytologic characteristics
- Indolent B cell lymphoma low proliferative fraction
- May evolve into DLBCL
 - Human: t(14:18) BCL2 gene rearranged











Mantle cell lymphoma (MCL)

Nodal

Spleen - 3 dogs (clonal IGH)

Bone marrow

Extranodal - GI tract

Mantle cell lymphoma

- **Origin: B cell from inner mantle zone**
- **DX:** architecture + cytologic characteristics
- Solitary nodular mass in the spleen of dogs
- **DDX: splenic nodular hyperplasia in dogs**
- Indolent B cell lymphoma low proliferative fraction - dogs; more aggressive in humans - esp. blastoid variant
- Human: CD5+, BCL2+, Cyclin D1+







WHO Lymphoma classification - Mature T cell



Peripheral T cell lymphoma - PTCL

- Heterogeneous group
- Nodal
- Skin (non-epitheliotropic TCL)
- Generalized (2º leukemia common)

Peripheral T cell lymphoma - PTCL

- **Origin:** Peripheral T cells
- High-grade lymphoma high proliferative fraction
- Cytology extremely variable
- Inflamed lymphoma esp. cutaneous PTCL
- DDX: Reactive (cutaneous) histiocytosis
 - P16 (Rb) deletion/inactivation in all cases







T-zone lymphoma (TZL)

Nodal

Human - variant of PTCL - i.e. high-grade lymphoma **T-zone lymphoma Origin:** Peripheral T cells Variable LN involvement (1, 2 or generalized) Indolent lymphoma (dogs) - years Low proliferative fraction - mitotic rate low - (if not - PTCL) 2º leukemia observed - prognosis unaffected **DDX:** paracortical hyperplasia (TCRG clonality) Marginal zone BCL (MZL) - requires IHC





Hepatosplenic lymphoma (HS-TCL)

Spleen

Liver

Bone marrow

Generalized lymphadenopathy lacking

Hepatosplenic T cell lymphoma

Origin: splenic red pulp γδ T cell

Cytology - LGL. Usually TCRγδ+ CD11d+

 2° hemophagocytic syndrome common (CD11d+ macrophages activated); malignant T cells erythrophagocytic

Clinical - aggressive course, anemia, thrombocytopenia (immune mediated??)

DDX: hemophagocytic histiocytic sarcoma

Splenic red pulp - CD11d+ diseases






Lymphocyte Trafficking

and

Tissue Localization of Disease

Lymphomas of skin and gut

T cell lymphomas of skin and gut

Marked species differences

incidence

behavior

immunophenotype

$\alpha\beta$ T cells

- Naïve T cells exported from the thymus
 - **Recirculate between blood and lymph nodes**
- Effector memory T cells wide migratory range
 - Recirculate between blood and cutaneous or mucosal sites
- Central memory T cells retain migratory path of naïve T cells

Lymphocyte recruitment - to skin

How are the migratory pathways of naïve lymphocytes redirected to skin?

Dendritic Cell Imprinting



WHO Lymphoma classification - Mature T cell



Cutaneous Lymphoma

- Epitheliotropic TCL
 - **Mycosis fungoides**
 - **Pagetoid reticulosis**
 - Sézary syndrome
- Non-epitheliotropic PTCL
- Non-T non-B lymphoma
- B cell lymphoma (Diffuse large BCL)
- Plasmacytoma

Skin homing T cell lymphoma



Epitheliotropic T cell lymphoma - skin

- Mycosis fungoides (MF) lesions confined to skin for extended period - clinical course up to 4 yrs.
- MF is a disease of skin homing memory T cells
- Dissemination initially occurs within the skin and skin draining lymph nodes
 - Evidence of dissemination identical T cell clone found in multiple skin sites







Canine Mycosis Fungoides

Immunophenotype

- Consistent expression of CD3 (n = 56)
- CD8+ (80% cases) or CD4-CD8- (20% cases)
- Memory cell phenotype (CD45+CD45RA-CD49d+)
- Marked contrast to human MF TCRαβ+CD4+

Canine Mycosis Fungoides

T CELL RECEPTOR USAGE?

- Development program for TCR specific probes
- **Mab specific for TCR** $\alpha\beta$ and TCR $\gamma\delta$ developed

Canine MF - TCR Expression

TCR immunophenotype in MF all forms

TCRαβ+ 21 cases (40%)

TCRγδ+ 32 cases (60%)

Canine MF involves γδ T cells at much higher incidence than human MF

Canine MF - TCR Expression

Classical MF: TCR $\alpha\beta$ + \approx TCR $\gamma\delta$ + (n=38)

Pagetoid MF:TCRγδ+(n=15)



Pagetoid MF: a lymphoma of $\gamma\delta$ T cells

Canine MF - pagetoid reticulosis

Exclusive expression of TCRgd

Clonal origin from resident epidermal $\gamma\delta$ **T cells**

Prolonged expansion entirely within the epidermis

WHO Lymphoma classification - Mature T cell



Gastrointestinal lymphoma

Enteropathy associated TCL (EATCL)

small cell

large cell

LGL

Diffuse large BCL

Enteropathy associated TCL

- **Origin:** intestinal homing T cell (IEL or LPL)
- Small intestine high prevalence in cats
- IBD: precursor lesion in most cats distinction (TCRG clonality)
- Small cell indolent

- Large cell (LGL) aggressive high grade
 - Architecture mucosal or transmural

Mucosal homing T cell lymphoma



Feline small intestine: diffuse MALT

- IELs distinctive phenotypic subsets versus PBL
- Expression of β7 integrins (α4β7) linked to mucosal homing
- Feline IEL (30%) granulated perforin, granzymes
- CD8αα T cells predominate role in immune surveillance

Feline IEL (70%+) express the mucosal integrin -CD103 (αΕβ7)

04B0314 -Feline, DLH, FS, 13 yrs



Mucosal epitheliotropic T cell lymphoma - duodenum - endoscopic

TCRG clonality - 04B0314 -Feline, DLH, FS, 13 yrs Endoscopic biopsy - duodenum and stomach





Mucosal lymphoma - cytology



Mucosal lymphoma - survival



Alive 24.2 ± 17.1m (4 - 51m, n=16)



Jejunal mass: transmural LGL T cell lymphoma





Transmural T cell lymphoma - survival



Lymphoma

- WHO classification scheme is applicable to canine (feline) lymphoma
- Basic immunophenotyping often needed (B/T)
- Molecular clonality necessary in some instances (TZL, MZL, MCL, FL and T cell/histiocyte rich BCL)
- Recognition of homogeneous lymphoma groups will lead to tailored therapies and discovery of underlying molecular defects

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