



**IMMUNOGENETICS IN CLL IN THE NGS ERA**  
**Rotterdam, The Netherlands, November 24<sup>th</sup> 2017**

# **Basic principles of IG sequence analysis:** ***Immunogenetic analysis: in vitro***

***Lesley Ann Sutton***

***Dept. of IGP, Uppsala University, Sweden***

***Dept. of Molecular Medicine & Surgery,***

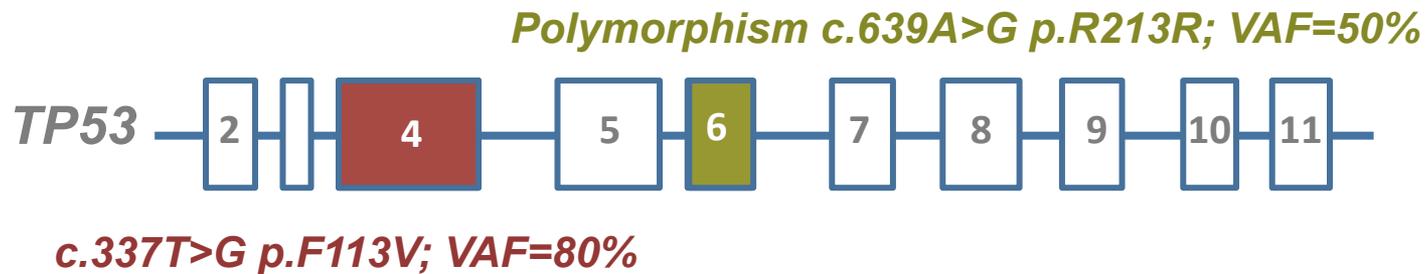
***Karolinska Institutet, Stockholm, Sweden***

***Lesley.sutton@igp.uu.se***



# Different nature of IG genes: *IG genes = a unique set of genes*

## Non-IG genes



## Structure:

Single gene – one  $\longrightarrow$  many exons

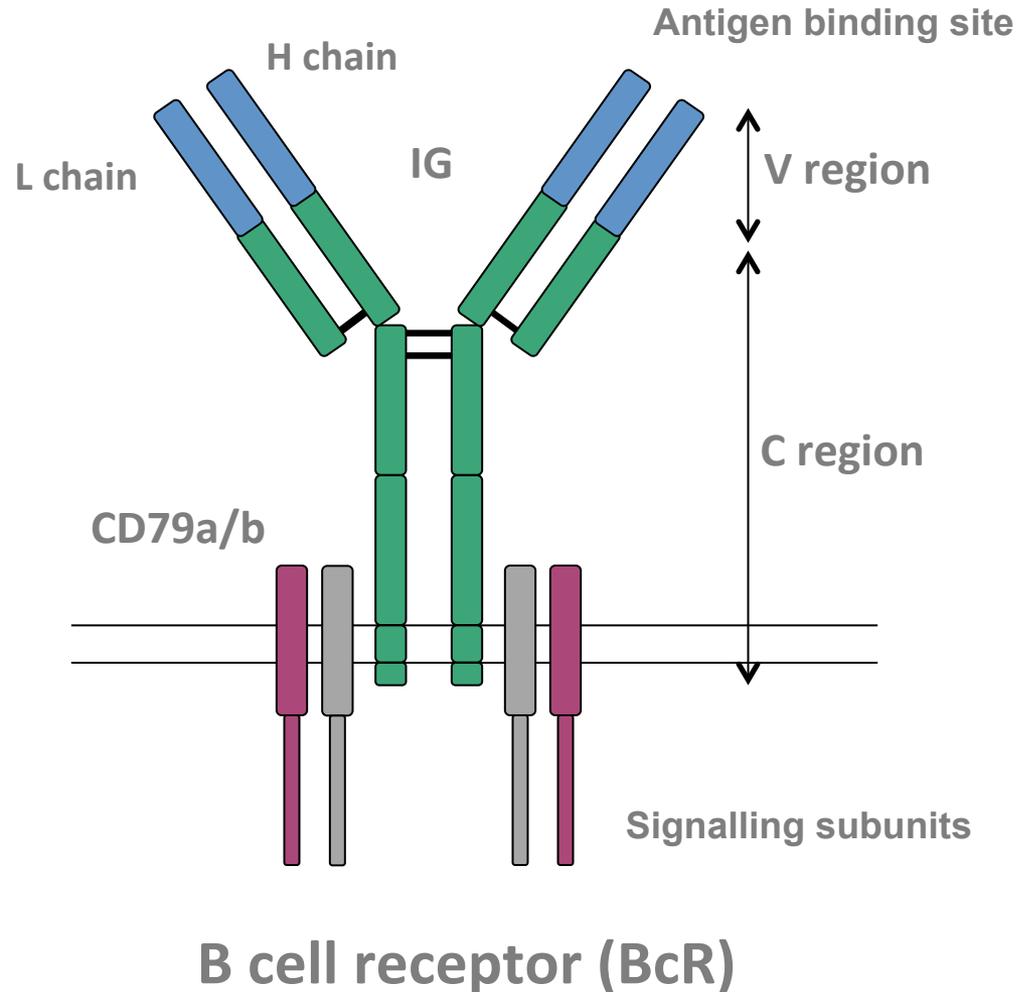
## Variations:

- SNP
- Pathogenic mutations

## Origin of variants:

- Inherited
- Acquired

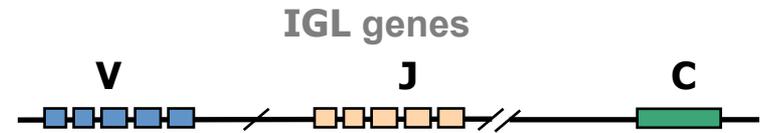
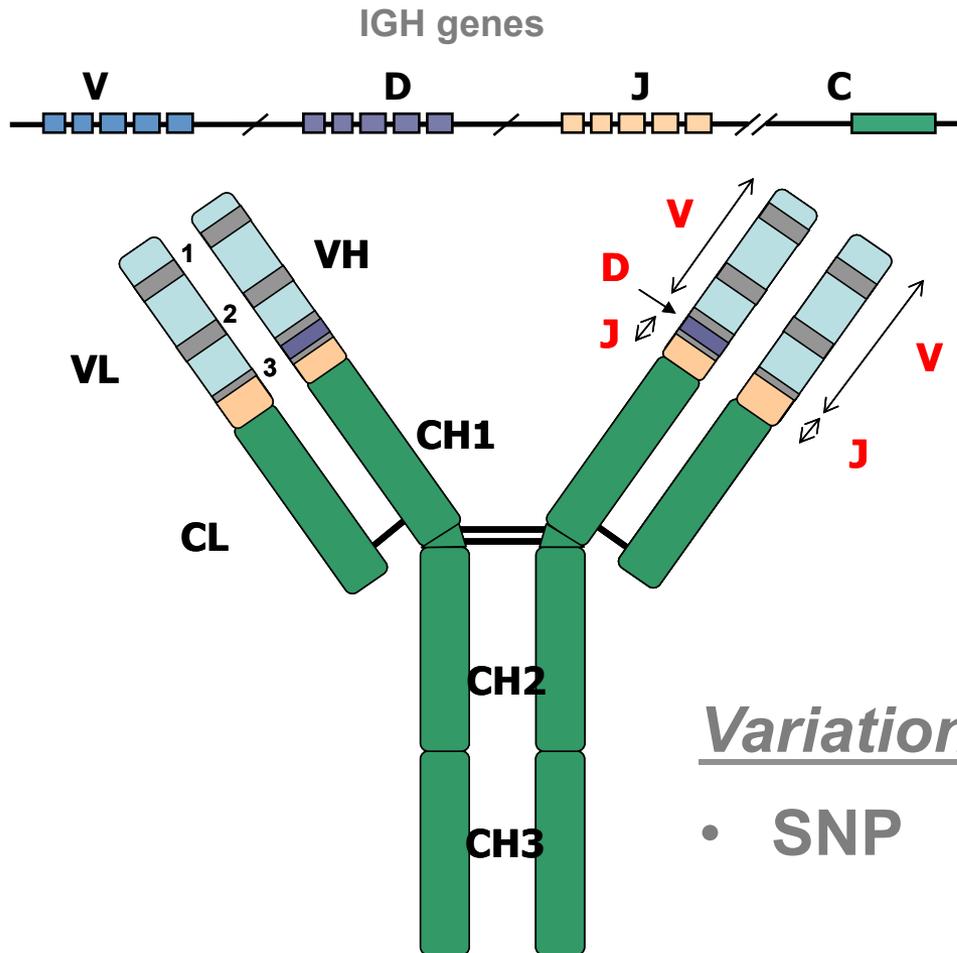
# Different nature of IG genes: *IG genes = a unique set of genes*



# Different nature of IG genes:

## *IG genes = a unique set of genes*

### IG genes



### Structure

- Rearranged IG gene
- Loss of nucleotide
- Non-templated nucleotides

### Variations

- SNP

### Generation of diversity

- Acquired

# Generation of diversity:

## *IG genes = a unique set of genes*

### 1. **Combinatorial diversity**

- *V region encoded by 2 or 3 genes*
- *Reservoir of multiple IG V, D, J genes*
- *Random assembly*

### 2. **Junctional diversity**

- *Imprecise joining at the CDR3*

### 3. **Combinatorial diversity**

- *Pairing of heavy and light chain IG genes*

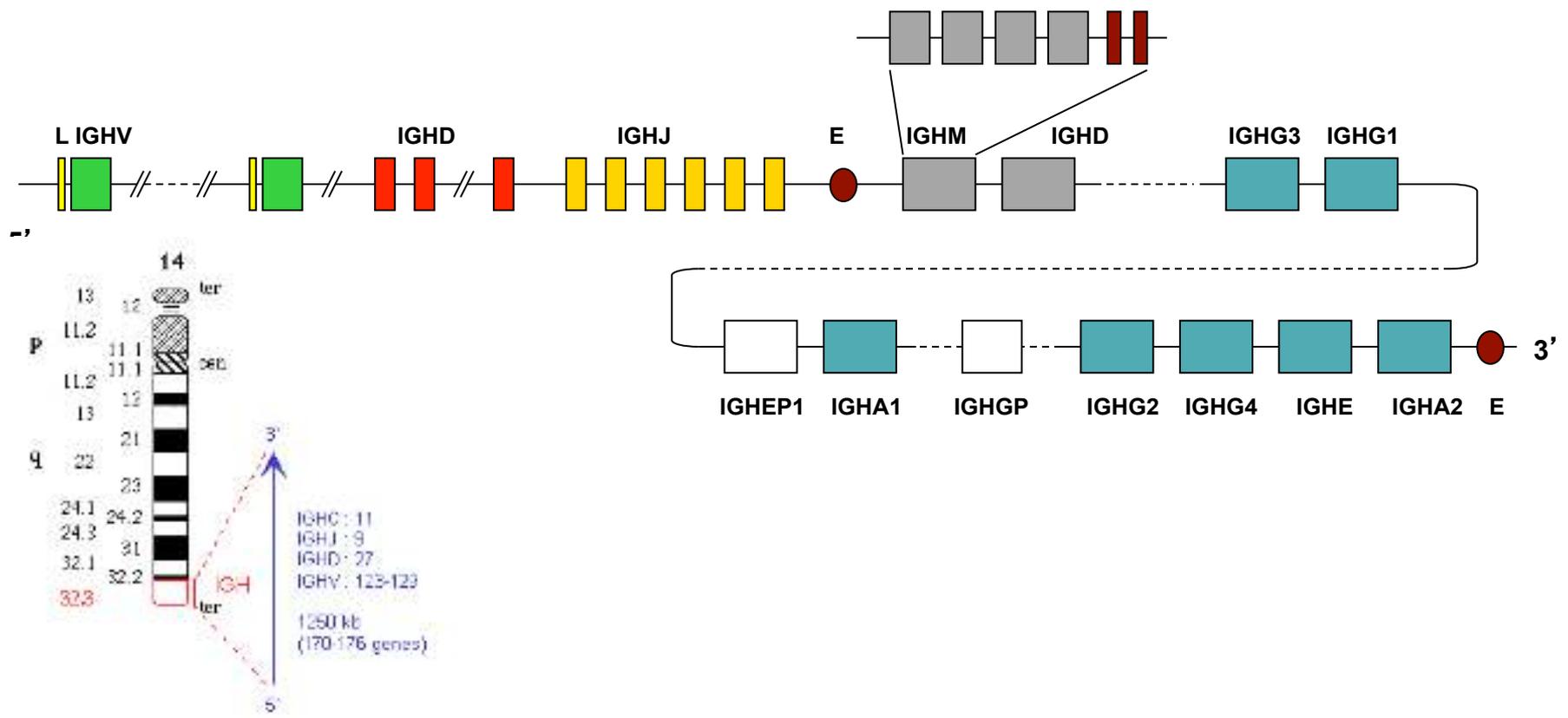
### 4. **Maturation diversity**

- *Somatic hypermutations (SHM)*

**Central**  
(bone marrow)

**Peripheral**  
(2° lymphoid organs)

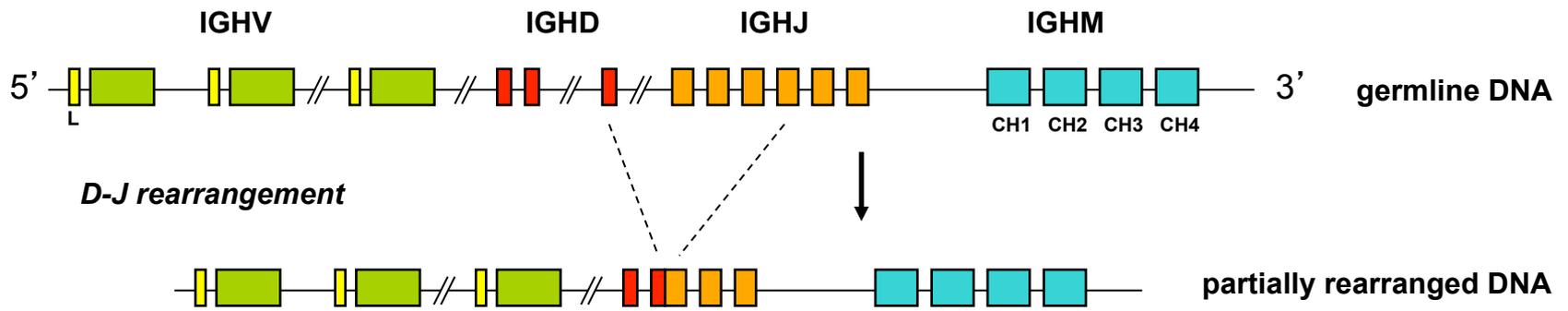
# Germline organization of the IGH locus



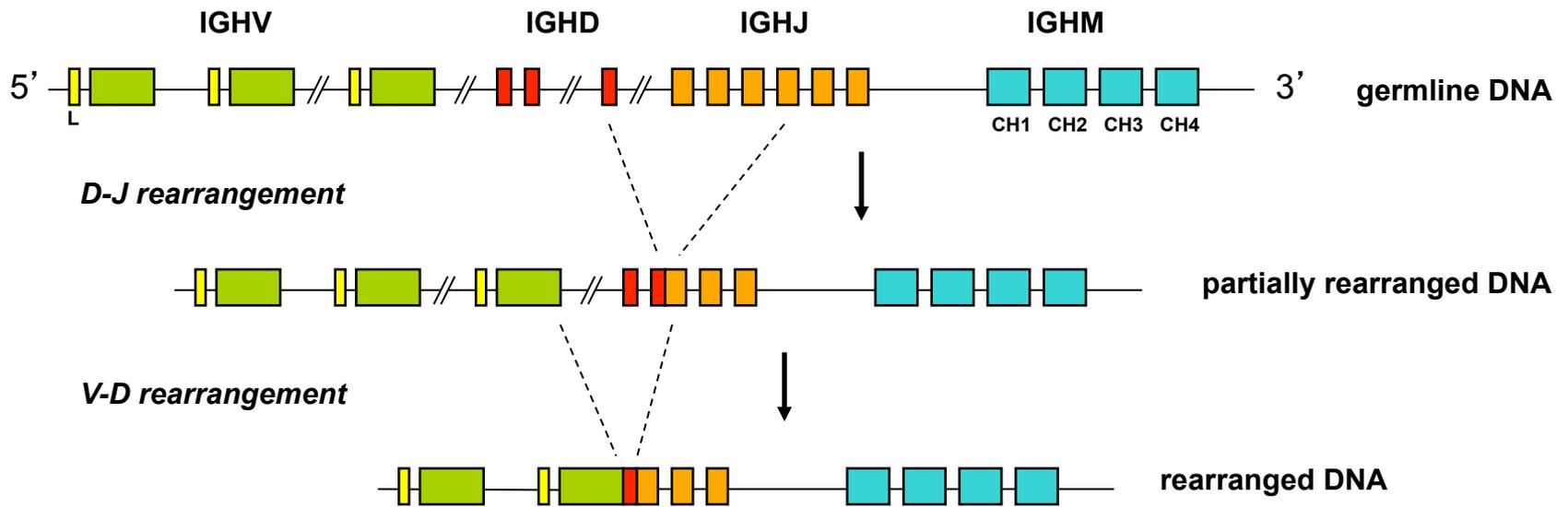
	V	V subgroups	D	J	C
<b>F</b>	55	7	23	6	9
<b>ORF</b>	7		4		
<b>P</b>	46			3	2
<b>Total</b>	<b>108</b>	<b>7</b>	<b>27</b>	<b>9</b>	<b>11</b>



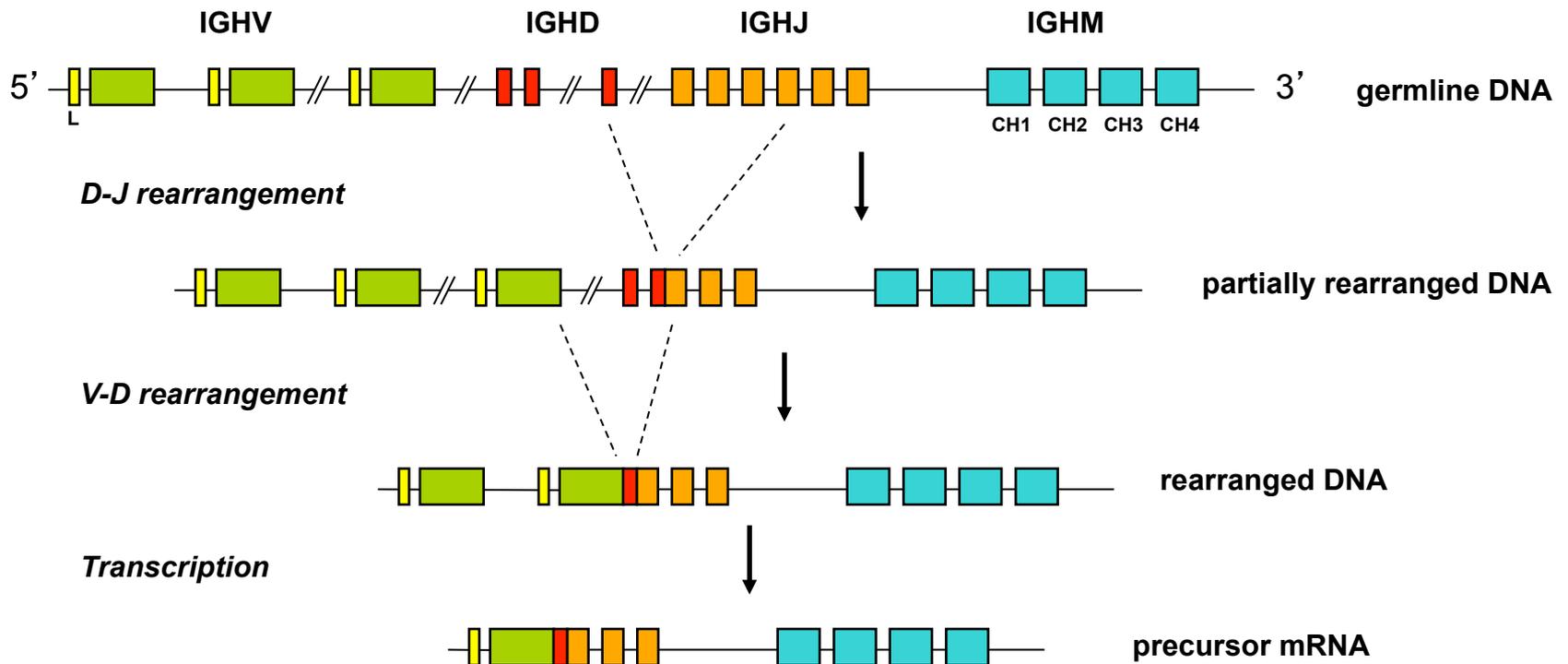
***IG V(D)J recombination***  
***IG genes = a unique set of genes***



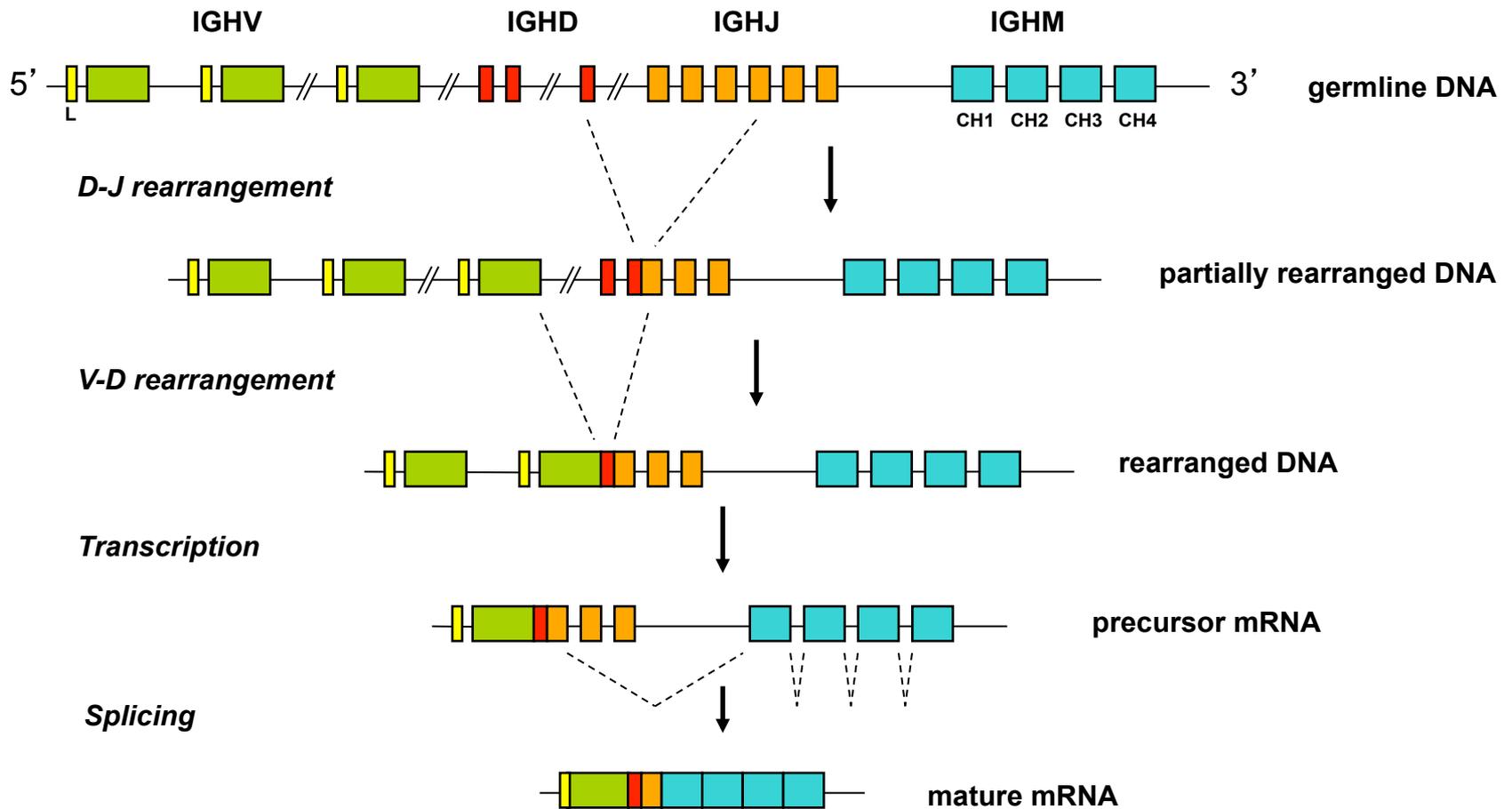
***IG V(D)J recombination***  
***IG genes = a unique set of genes***



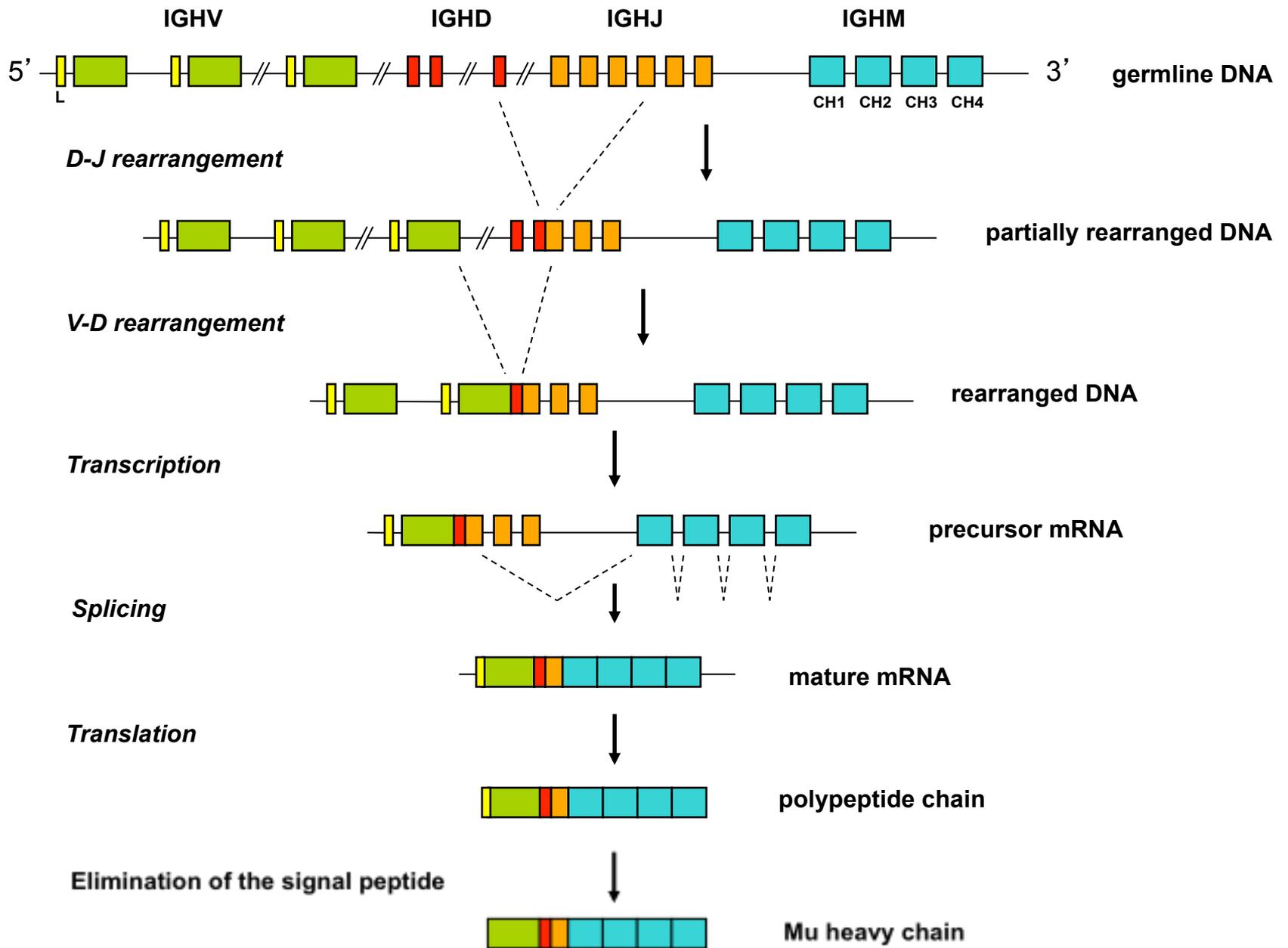
***IG V(D)J recombination***  
***IG genes = a unique set of genes***



***IG V(D)J recombination***  
***IG genes = a unique set of genes***



***IG V(D)J recombination***  
***IG genes = a unique set of genes***



# Junctional diversity:

*created by processing of the coding ends*



RAG cleavage



Hairpin opening



Modification due to:

- Nucleotide trimming
- Palindromic nucleotides
- nontemplated nucleotides

**Exonuclease activity**

Deletion

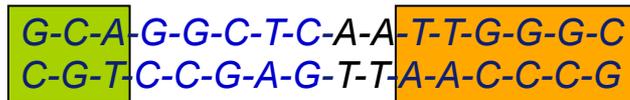


N nucleotide addition



**Terminal deoxynucleotidyl transferase (TdT)**

Ligation

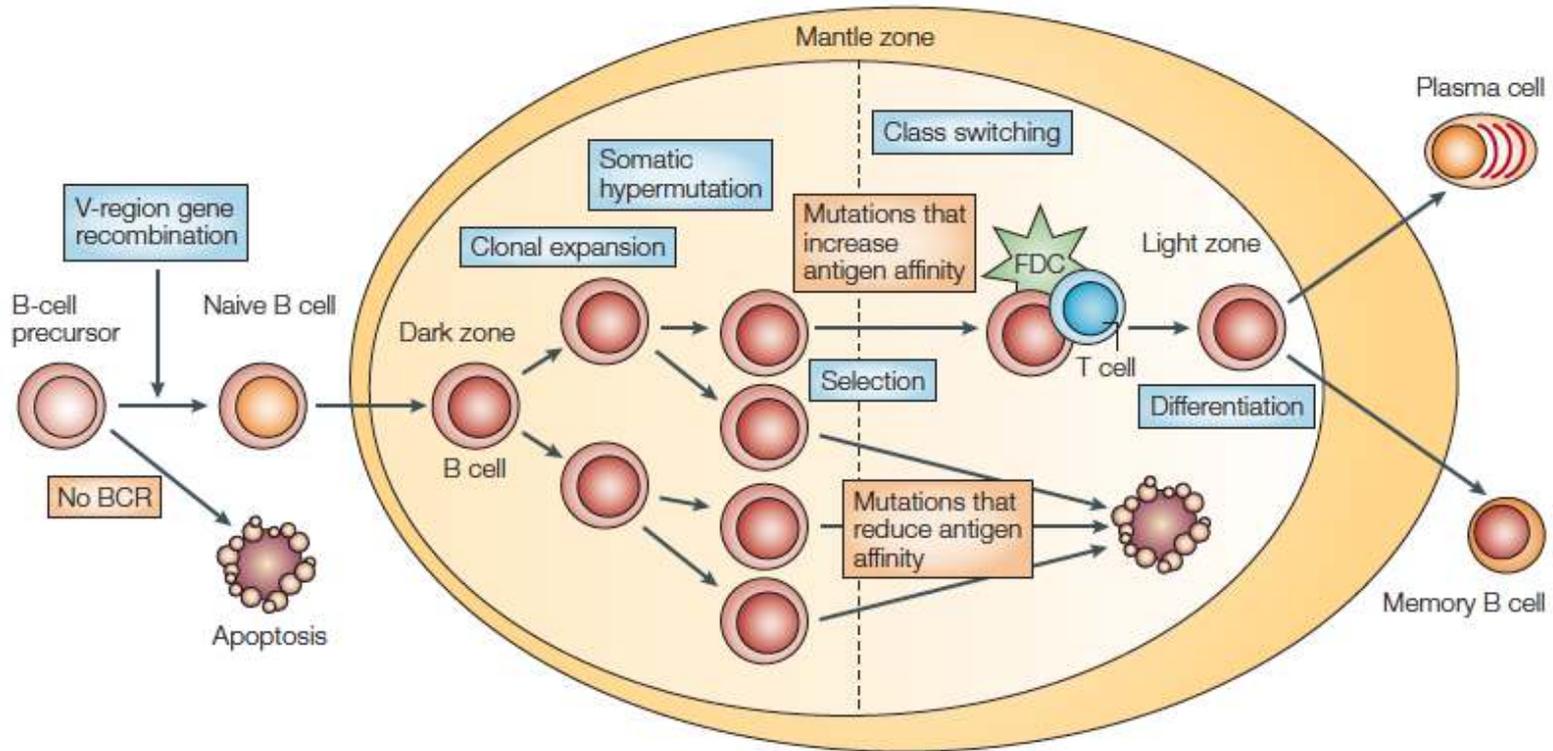


**N**

**P**

# From the bone marrow to the periphery

## *Antigen exposure further shapes the repertoire*



# Diversification in the mature B cell repertoire

## *Several modes of modification*

### 1. *Somatic hypermutation (SHM)*

- *V region*

### 2. *Class switch recombination (CSR)*

- *Mostly single base substitutions*
- *C region*
- *Exceptionally high mutational frequency:  $10^{-3}$  to  $10^{-4}$ /base/cell division*

### 3. *Switch from mIGs to secreted Igs*

- *Localized : start near the 5' end of the V-D-J-EXON and extend for 1-2 kb*
- *Preferred target hotspot motifs*
- *Transitions more frequent than transversions*
- *Silent (S) or replacement (R) or stop codon*

# Diversification in the mature B cell repertoire

## *Several modes of modification*

### *Insertions/Deletions*

*Rare events (3%) Subset #2 (25%)*

*Productive? If reading frame is maintained*

### *• Mostly single base substitutions*

- *Exceptionally high mutational frequency:  $10^{-3}$  to  $10^{-4}$ /base/cell division*
- *Localized : start near the 5' end of the V-D-J-EXON and extend for 1-2 kb*
- *Preferred target hotspot motifs*
- *Transitions more frequent than transversions*
- *Silent (S) or replacement (R) or stop codon*

# Considerations for protocol optimization

IGHV mutational analysis - **optimization at two levels**

- technical protocols - generate a **reliable IGH sequence**
  - avoid missing sequences
  - avoid incorrect sequence data
- clinical interpretation - generate a **reliable report**
  - correct interpretation/implications

# From the patient to an IG sequence:

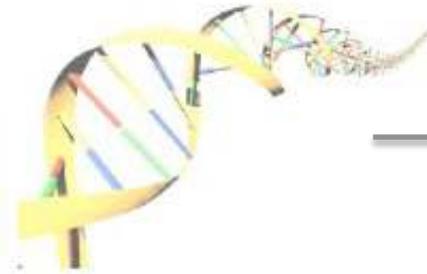
## *important parameters*



### **Material:**

- Cell source
- Anticoagulant
- Work-up of cells

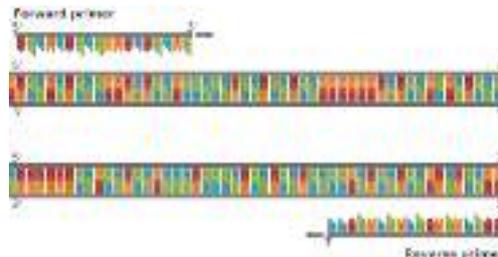
Type of nucleic acid



### **PCR methodology**

- PCR protocol
- *Taq* polymerase
- PCR primers

Sequencing



Processing & clonality

# IG gene analysis in CLL

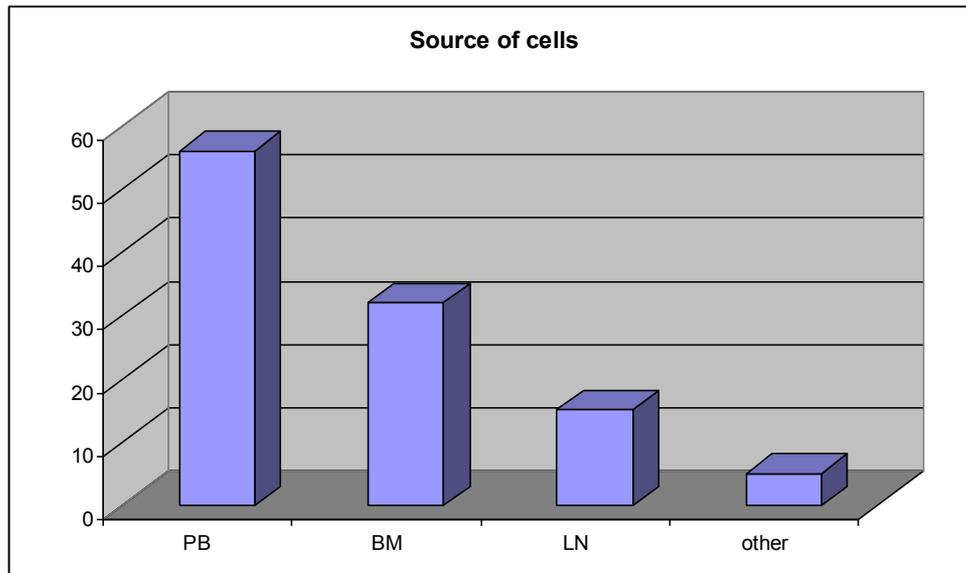
## Material: *Cell source*

- peripheral blood
- bone marrow
- lymph node
- other

### IGHV SHM status

- stable feature irrespective of the leukemic cell source
- stable throughout the disease course

### Survey from previous workshop (n=63)



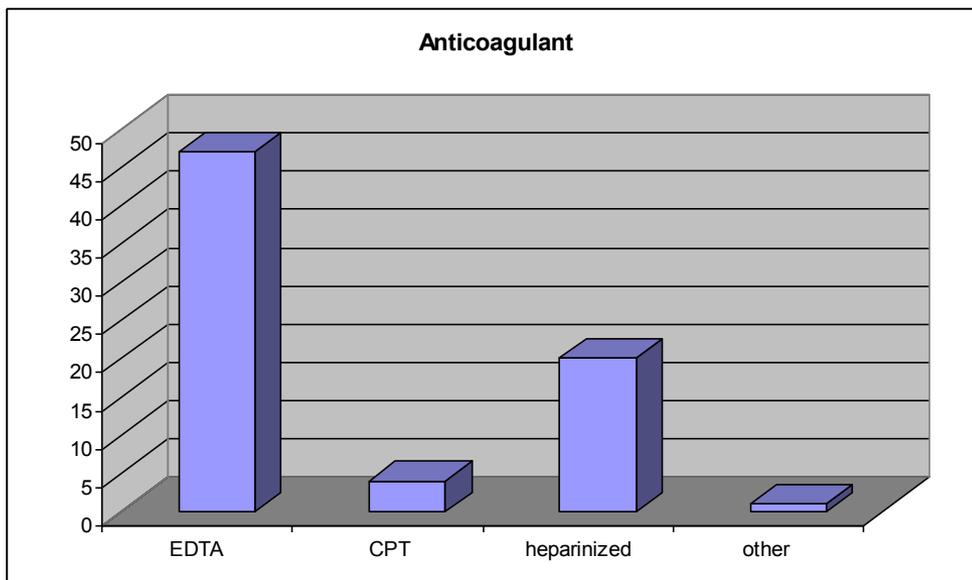


# IG gene analysis in CLL

## Material: *Anticoagulant*

- EDTA tubes (Ethylene diamine tetra-acetic acid)
- CPT tubes (Citrate/pyridoxal 5'-phosphate/tris)
- heparinized tubes
- other

Survey from previous workshop (n=63)



# IG gene analysis in CLL

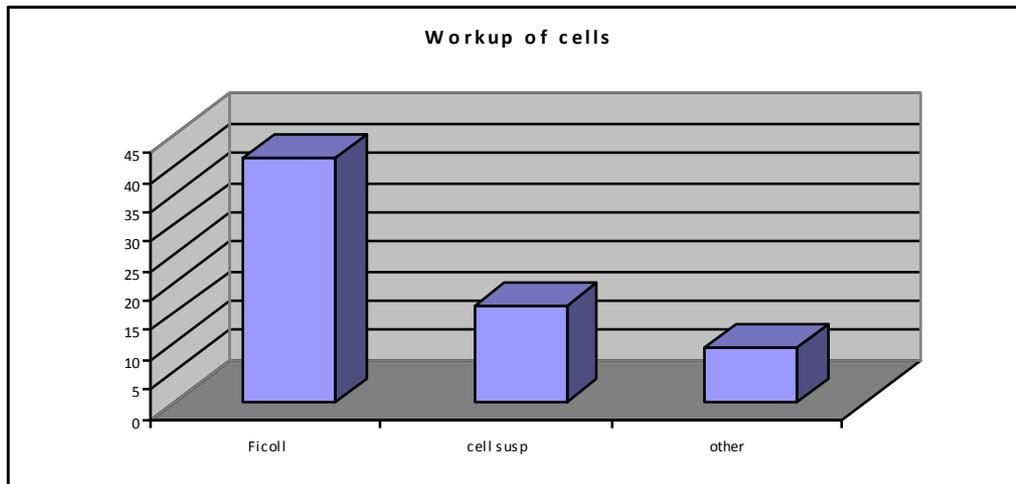
## Material: *Work-up of cells*

- **Ficoll gradient (PB / BM)**
- cell suspension of biopsy (e.g. for flow analysis)

### other

FFPE (2), whole blood (4),  
red cell lysis (2), osmotic  
analysis (1)

### Survey from previous workshop (n=63)





# IG gene analysis in CLL

## *Type of Nucleic acid*

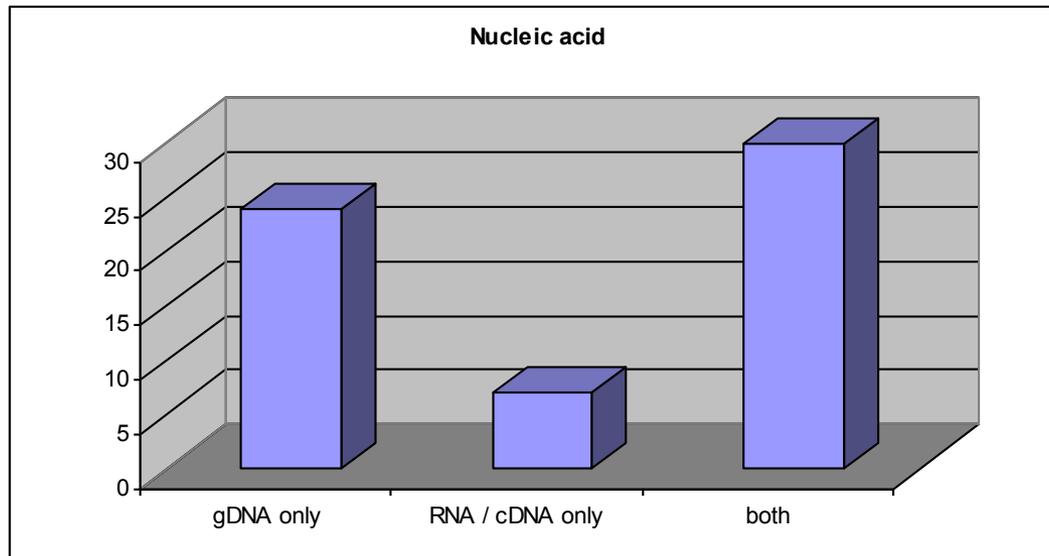
- genomic DNA (gDNA)
- RNA / complementary DNA (cDNA)

### Quantity of gDNA / RNA

-mostly 100-500 ng gDNA  
(range 1 ng – 1 ug)

-mostly 1 ug RNA for  
cDNA reaction (range 400  
ng – 2 ug)

### **Survey from previous workshop (n=63)**



# IG gene analysis in CLL:

## *Type of Nucleic acid*

<i>Molecule</i>	<i>advantages</i>	<i>disadvantages</i>
gDNA	<ul style="list-style-type: none"><li>- more optimal for long-distance transport</li><li>- use of archival material</li></ul>	<ul style="list-style-type: none"><li>- non-productive rearrangement can also be amplified</li></ul>
RNA/cDNA	<ul style="list-style-type: none"><li>- identifies mostly only productive rearrangement</li><li>- allows isotype identification</li></ul>	<ul style="list-style-type: none"><li>- reverse transcription step required</li></ul>

→ no scientific rationale for choosing gDNA or RNA/cDNA

→ advisable to use similar type of nucleic acid in multi-center trials

# IG gene analysis in CLL:

## *Type of Nucleic acid*

**Table 1** Problematic cases detected in the present multicenter cohort

Category	Number
Unproductive rearrangements	377/4154
cDNA	28/1628
gDNA	351/2526
Single unproductive rearrangements	27/4154
cDNA	7/1628
gDNA	20/2526
Double rearrangements	435/4154
cDNA	61/1628
gDNA	374/2526
Productive+unproductive	350/435
cDNA	19/350
gDNA	331/350
Similar mutational status	326/350
cDNA	18/326
gDNA	308/326
Unmutated productive+mutated unproductive	17/350
cDNA	1/17
gDNA	16/17
Mutated productive+unmutated unproductive	7/350
cDNA	0/7
gDNA	7/7
Double productive	85/435
cDNA	32/85
gDNA	53/85
Similar mutational status	56/85
cDNA	18/56
gDNA	38/56
Discordant mutational status	29/85
cDNA	14/29
gDNA	15/29
Single rearrangement missing 2nd-CYS 104 or J-TRP 118	18/4154
cDNA	9/1628
gDNA	9/2526

Abbreviations: cDNA, complementary DNA; gDNA, genomic DNA.

Unproductive rearrangements are not restricted to gDNA!

9,1% cases carried unproductive rearrangements

RNA/cDNA: 1,6%

gDNA: 13,9%

RNA/cDNA: 0,4%

gDNA: 0,8%

# IG gene analysis in CLL:

## *Type of Nucleic acid*

**Table 1** Problematic cases detected in the present multicenter cohort

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gDNA	16/17
Mutated productive+unmutated unproductive	7/350
cDNA	0/7
gDNA	7/7
Double productive	85/435
cDNA	32/85
gDNA	53/85
Similar mutational status	66/85
cDNA	18/56
gDNA	48/56
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Single rearrangement missing 2nd-CYS 104 or J-TRP 118	18/4154
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gDNA	9/2526

Abbreviations: cDNA, complementary DNA; gDNA, genomic DNA.

Double rearrangements are not restricted to gDNA!

**RNA/cDNA: 3,8%**

**gDNA: 14,8%**

**RNA/cDNA:  $\approx$  1/3**

**gDNA:  $\approx$  2/3**

# IG gene analysis in CLL

## PCR methodology: **PCR primers**

- **IGHV leader primers**

- LH (family-specific) – CH (*Sahota, Blood 1996*)
- LH & VH (family-specific) – CH (*Fais, J Clin Invest 1998*)

- **IGHV FR1 primers**

- FR1 consensus – JH (*Aubin, Leukemia 1995*)
- FR1 multiplex – JH (BIOMED-2) (*Van Dongen, Leukemia 2003*)

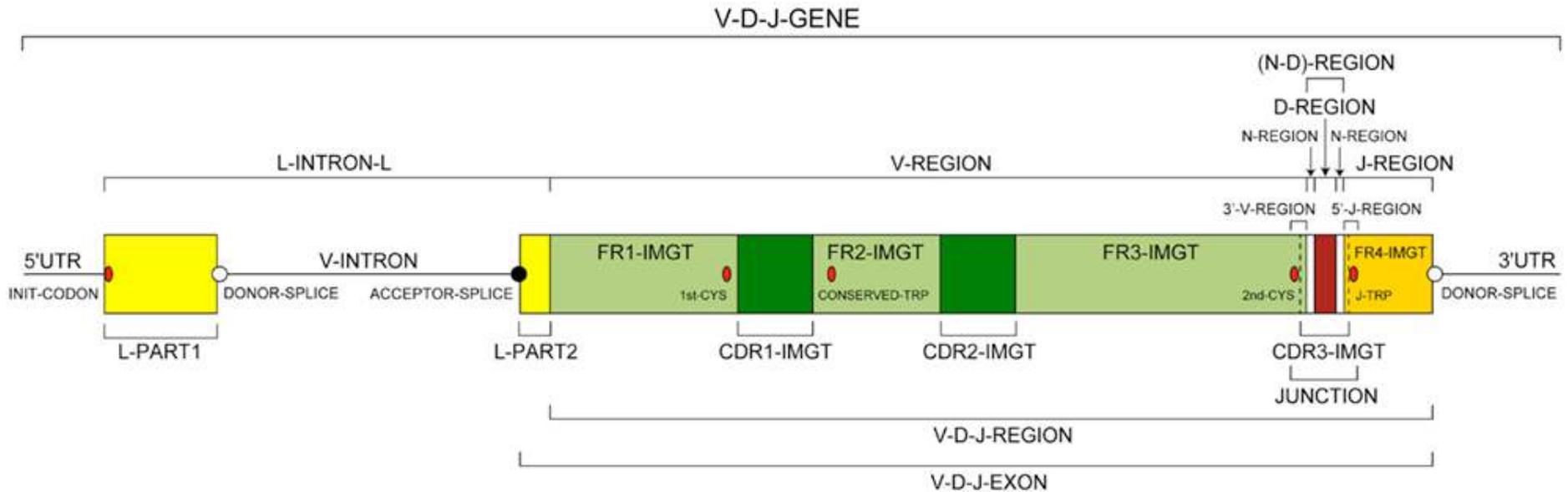
- **IGHV FR2 primers:** short IGHV

- **IGHV FR3 primers:** too short IGHV sequences

- **Downstream primers:** IGHJ or isotype specific IGHC

# IG gene analysis in CLL

## PCR methodology: *PCR primers*



# IG gene analysis in CLL

## PCR methodology: **PCR primers**

### Primer sets

- **IGHV leader primers** → **ERIC 2017 UPDATED RECOMMENDATIONS**
  - LH (family-specific) – CH (*Sahota, Blood 1996*)
  - LH & VH (family-specific) – CH (*Fais, J Clin Invest 1998*)
- **IGHV FR1 primers** → **only in RARE CIRCUMSTANCES**
  - FR1 consensus – JH (*Aubin, Leukemia 1995*)
  - FR1 multiplex – JH (BIOMED-2) (*Van Dongen, Leukemia 2003*)
- **IGHV FR2 primers** : short IGHV sequences → **NOT ACCEPTABLE**  
(only recommended upon negative leader / FR1 results, due to SHM)
- **IGHV FR3 primers** : too short IGHV sequences → **NOT ACCEPTABLE**



# IG gene analysis in CLL

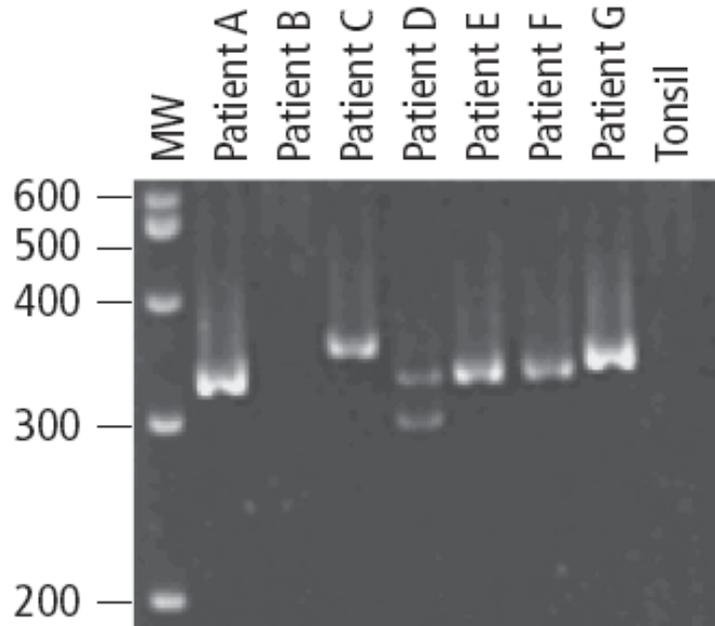
## *Clonality Testing*

Preferred methods for clonality testing

- **heteroduplex analysis**
- **high resolution PAGE**
- **Gene Scan / fragment analysis**
- agarose gel electrophoresis : too low resolution → **DISCOURAGED**

<i>Strategy</i>	<i>advantage</i>	<i>disadvantage</i>
HD analysis / PAGE	-unlabeled products allows direct sequencing	-lower detection limit
GS analysis	-higher detection limit -optimal visualization	-labeled products less optimal in sequencing

# Heteroduplex analysis in clonality testing: *interpretation and sequencing strategy*



## **Patients A, C, E, F, G**

monoallelic

→ direct sequencing

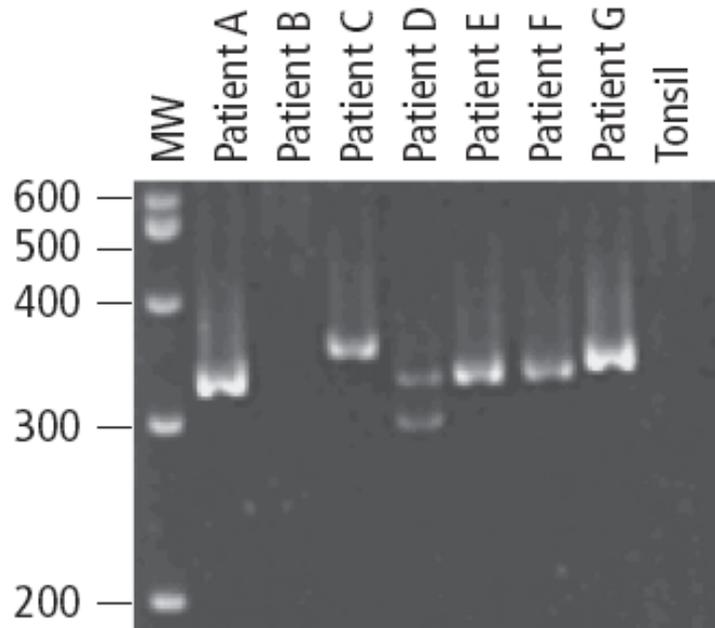
## **Patient D**

bi-allelic

## **What is the next step ?**

- direct sequencing
- single PCR → sequencing
- gel excision → sequencing
- cloning → sequencing

# Heteroduplex analysis in clonality testing: *interpretation and sequencing strategy*



## **Patients A, C, E, F, G**

monoallelic

→ direct sequencing

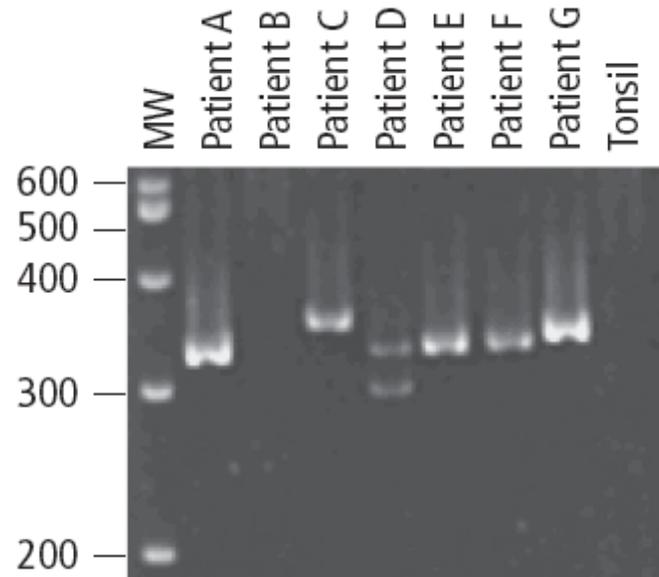
## **Patient D**

bi-allelic

### **What is the next step ?**

- direct sequencing
- **single PCR → sequencing**
- **gel excision → sequencing**
- cloning → sequencing

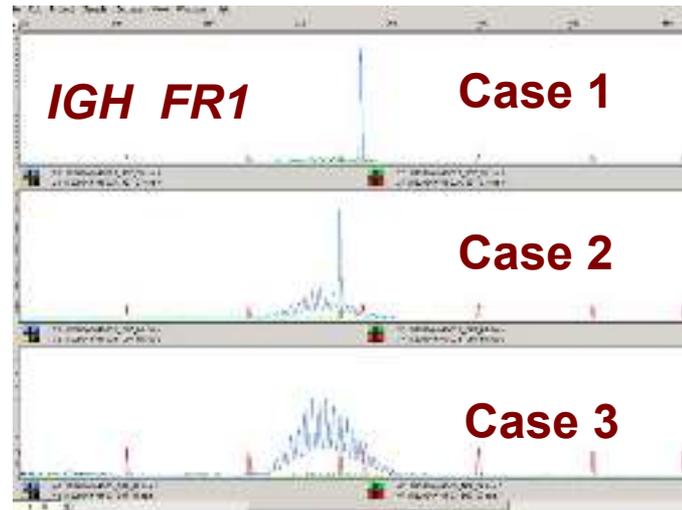
# Heteroduplex analysis in clonality testing: *interpretation and sequencing strategy*



## Patient B: What are the possible scenarios?

- Small clone below detection limit → follow-up sample
- Clone is present, but not recognized → different primer set required
- Lymphocytosis not due to CLL clone → check immunophenotype

# Genescan analysis in clonality testing: *interpretation and sequencing strategy*



**Case 1:** monoallelic → direct sequencing in principle possible

**Case 2:** monoallelic + background → 1. direct sequencing ? ; 2. gel excision

**Case 3:** polyclonal → 1. no clone (no CLL ?); 2. small clone below detection (follow-up sample ?)



# IG gene analysis in CLL:

## *Sequencing strategies*

### **Direct sequencing**

- one product from multiplex PCR  
→ starting from *IGHJ* / *IGHC*, then reverse sequence via *IGHV* family primer
- one product from single PCR  
→ sequencing via specific primers from both sides

### **Sequencing after gel excision + elution**

- bi-allelic rearrangement : physical separation of products

### **Sequencing after subcloning**

- final option, e.g. physical separation of bi-allelic rearrangements impossible



# IG gene analysis in CLL

## ERIC recommendations

### *Most important and relevant parameters*

- |                        |   |
|------------------------|---|
| • Type of nucleic acid | RNA / cDNA and/or gDNA  |
| • PCR primers          | Leader primers  |
| • Clonality analysis   | PAGE / HD analysis or GeneScan analysis                                     |
| • Sequencing           | mostly direct (w or w/o gel excision)<br>reliable sequence from two strands |

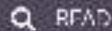
- **Many parameters: no clear scientific rationale for one or the other option**
- **Some strategies show complementary value**
- **Clonality testing is an essential phase in the strategy !**



### PROGNOSTICATION - IMMUNOGLOBULIN GENE

ERIC  
Recommendations

ERIC recommendations for IGHV gene mutational analysis in CLL  
(Ghia, Leukemia 2007)



READ



### PROGNOSTICATION - IMMUNOGLOBULIN GENE ANALYSIS

Immunoglobulin gene sequence analysis in chronic lymphocytic leukemia:  
Updated ERIC recommendations. (Rosénquist, Leukemia 2017)



READ



### PROGNOSTICATION - IMMUNOGLOBULIN GENE ANALYSIS

ERIC recommendations for IGHV gene mutational analysis in CLL for problematic  
cases (Eangerak, Leukemia 2011)

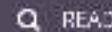


READ



### TP53 ABERRATIONS

ERIC recommendations on TP53 mutation analysis in Chronic Lymphocytic  
Leukemia (Pospisilova, Leukemia 2014)



READ

# IGHV Gene Analysis Certification



## BACKGROUND

CLL cells are endowed with a plethora of communication systems facilitating microenvironmental interactions.

[READ MORE](#)



## AIMS OF THE NETWORK

ERIC aims to promote and/or advance the determination of IGHV gene mutational status in CLL for diagnostic and

[READ MORE](#)



## STRUCTURE OF THE NETWORK

The IG Network consists of a total of 7 Reference Centres and 2 Certifying Centres.

[READ MORE](#)



## CERTIFIED CENTRES

ERIC is proud to announce that it currently has 62 certified centres in over 25 countries!



## CERTIFICATION ROUNDS

2 certification rounds have been completed. Certification rounds are held just twice a year.



## PARTICIPATION FORM

Please complete the Participation Form which remains active for the whole year by clicking on [read more](#).

## COLLECTION OF PROBLEMATIC CASES AND DATABASE CREATION

"Problematic cases" exist that defy a clear-cut classification and include those showing any of the following features:

- Double in-frame rearrangements
- Double in-frame rearrangements with discordant mutation status
- Unmutated in-frame rearrangement coexisting with a mutated out-of-frame rearrangement
- Unmutated heavy chain rearrangement associated with a mutated light chain rearrangement
- Single transcribed out-of-frame rearrangements
- Single transcribed rearrangements carrying stop codons
- Rearrangements carrying any kind of deletions or insertions/duplications
- In-frame rearrangements carrying a mutation either at IMG1 codon C-104 (end of H1R3) or at W-118 (start of H1R4)
- Rearrangements without a clearly defined junction

Though these cases are probably known to anyone working in IGHV analysis in CLL, they are limited in frequency, hampering a meaningful analysis at a single-institution level. Therefore, we propose to collect in a dedicated database all problematic cases in order to reach a significant number of them. Everyone in the CLL community is welcome to participate to this joint effort: to submit problematic IGHV sequences and participate to the project please go to the [submission form](#)

## COORDINATION

- Lesley Ann Sutton - [lesley.sutton@ip.uu.se](mailto:lesley.sutton@ip.uu.se)
- Anastasia Hadzidimitriou - [anastasiatz@gmail.com](mailto:anastasiatz@gmail.com)

## USEFUL LINKS FOR IMMUNOGLOBULIN GENES ANALYSIS

# ERIC

*european research initiative on CLL*

the **igGELL** group

 **EuroClonality**  
a division of ESLHO



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