

Imaging Flow Cytometric Detection of amp(1q21) and del(17p) “Double-Hit” Abnormalities in Myeloma Plasma Cells



Thomas Mincherton

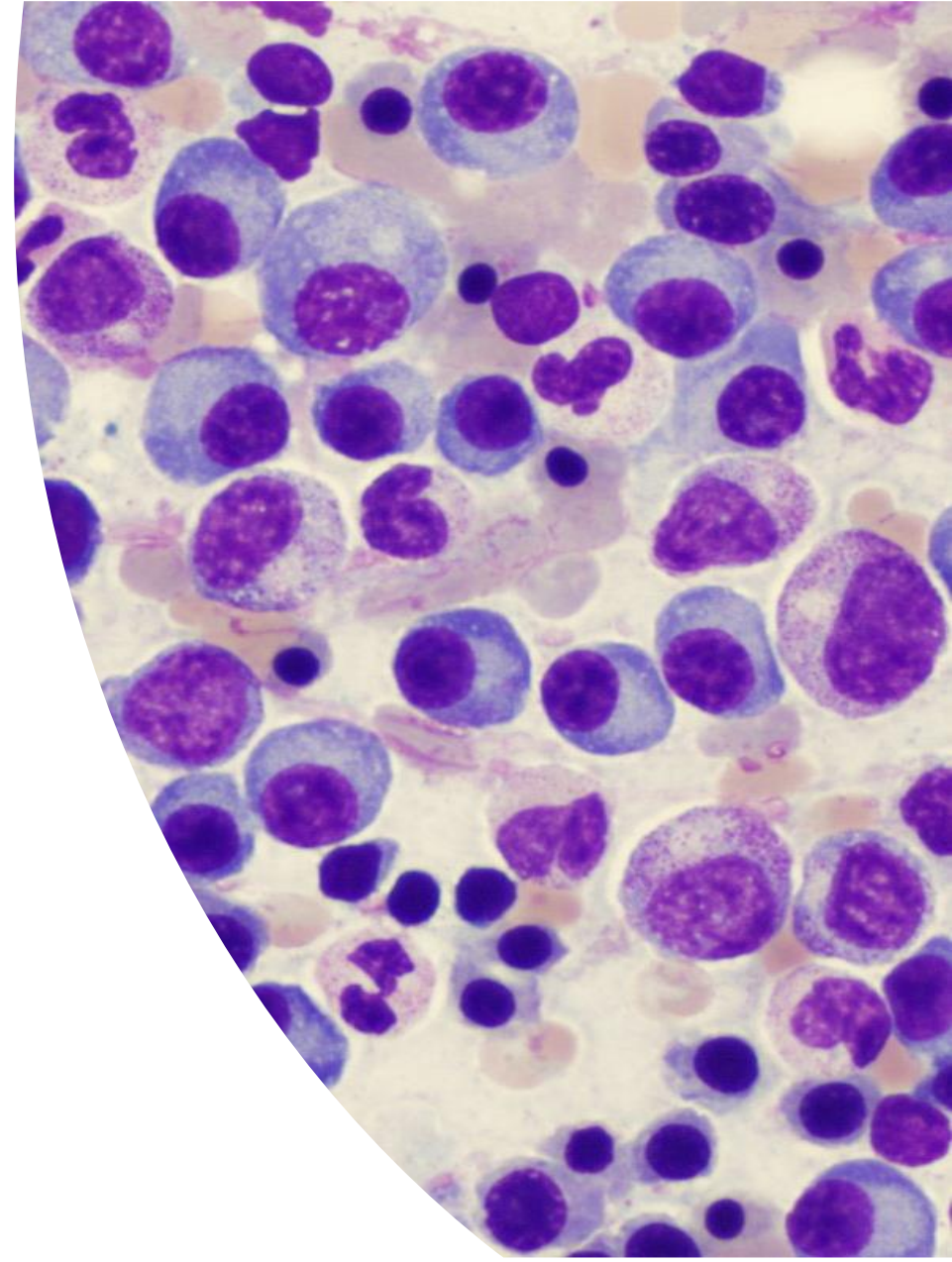
Translational Cancer Pathology Laboratory

School of Biomedical Sciences

University of Western Australia

Multiple Myeloma

- Plasma cell neoplasm in the bone marrow
- Disseminated with circulating disease
- 3rd most common haematological malignancy (175,000 new cases pa globally)
- Most common in people >65 years
- Treatable but incurable
- 5-year overall survival rate ~50%



Cytogenetic Abnormalities

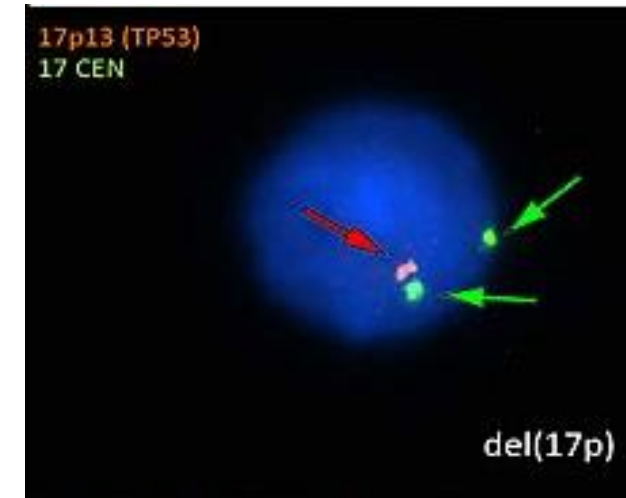
Detected by FISH on bone marrow: 200 nuclei assessed

Primary abnormalities

- Trisomies (odd numbered chromosomes)
- Translocations of the *IgH* locus (14q32)

Secondary abnormalities

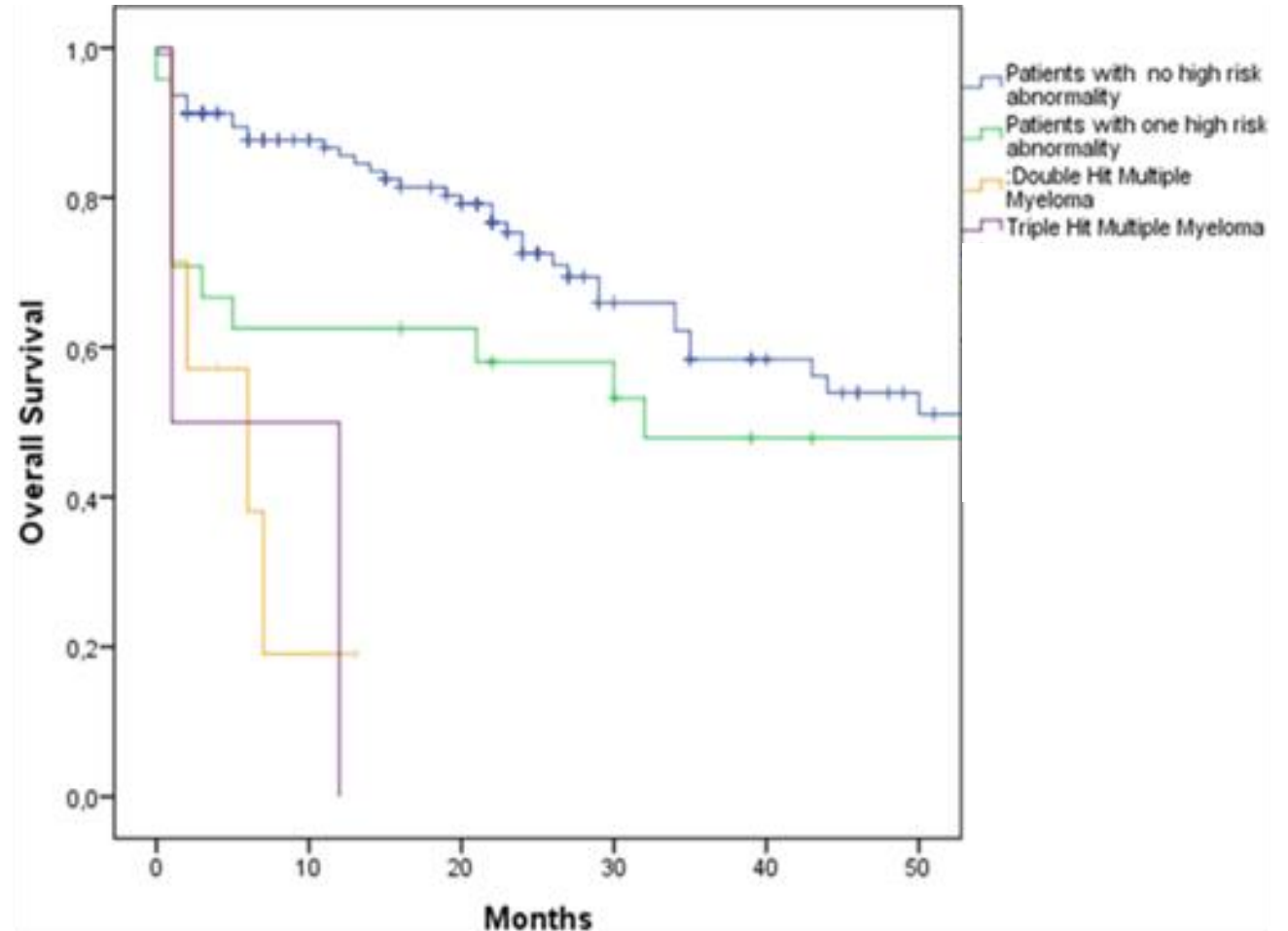
- Amplification and deletions



| Risk Category | Cytogenetic Abnormalities |
|---------------|---|
| Standard-Risk | Trisomy 3, 5, 7, 9, 11, 15, 19, 21 t(6;14); t(11;14) |
| High-Risk | t(4;14); t(14;16); t(14;20) del(17p); amp(1q21) |

'Multiple Hits'

- 'Double hit'
 - Presence of two high-risk abnormalities
 - amp(1q21) and del(17p) most significant prognostically
- 'Triple Hit'
 - Presence of three high-risk abnormalities



Aims and Methods

- To determine whether amp(1q21) and del(17p) colocalise or are in discrete cells
- To assess using a novel imaging flow cytometric approach.

Methods

- Blood and bone marrow from myeloma patients
- Analysis by “immuno-flowFISH”

“Immuno-flowFISH”

- UWA invention to detect chromosomes in cells identified by the immunophenotype
- Developed for assessment of CLL
(Hui, H et al. Cytometry A. 2019)
- Imaging flow cytometer
(Cytek AMNIS ImageStreamX mkII)
- High throughput automated analysis
(500-2,000 cells/sec)



60x Magnification

Extended Depth of Field (EDF)

2x CCND Cameras

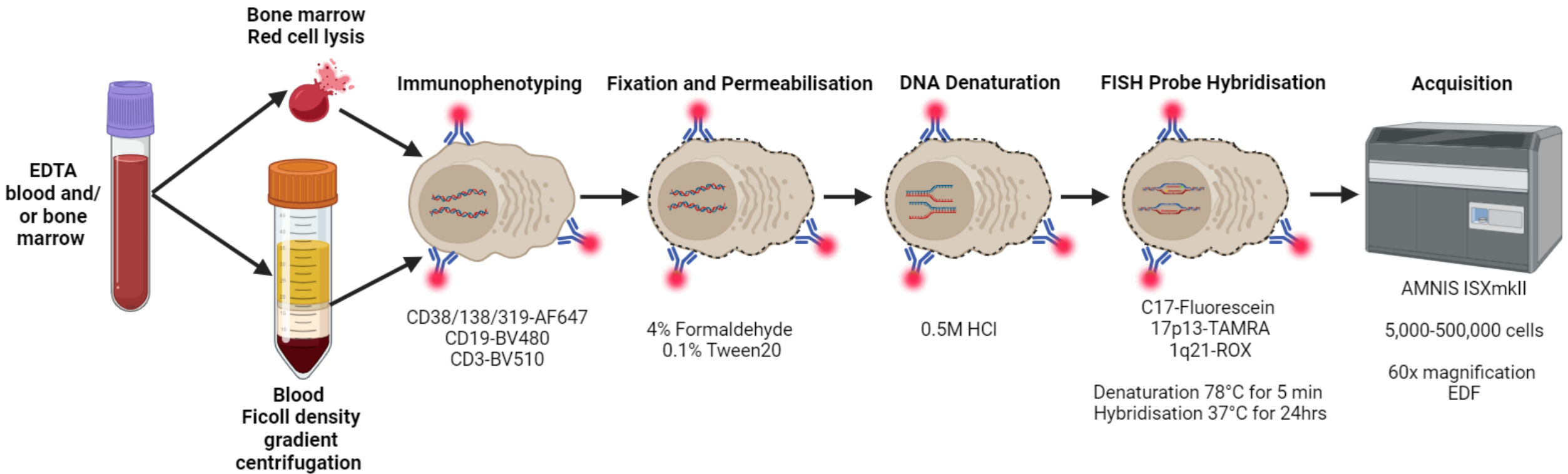
6 lasers:

405nm, 488nm, 561nm,

592nm, 642nm, 785nm

The Immuno-flowFISH Method

- Assessed 32 patients
 - 24 bone marrow
 - 19 blood



Individual Abnormalities

| | Brightfield | C17-Fluorescein | 17p13-TAMRA | 1q21-ROX | CD19-BV480 | CD3-BV510 | CD38/138/319-AF647 | Overlay |
|-------------------|-------------|-----------------|-------------|----------|------------|-----------|--------------------|---------|
| Amp(1q21) 231 | | 2 | 2 | 3 | | | | |
| Trisomy 17 20 | | 3 | 3 | 2 | | | | |
| Del(17p) 33837 | | 2 | 1 | 2 | | | | |
| Gain(17p) 4003 | | 2 | 3 | 2 | | | | |

- 6 patients with amp(1q21)
- 5 patients Chr17 abnormalities

Double Hit Abnormalities

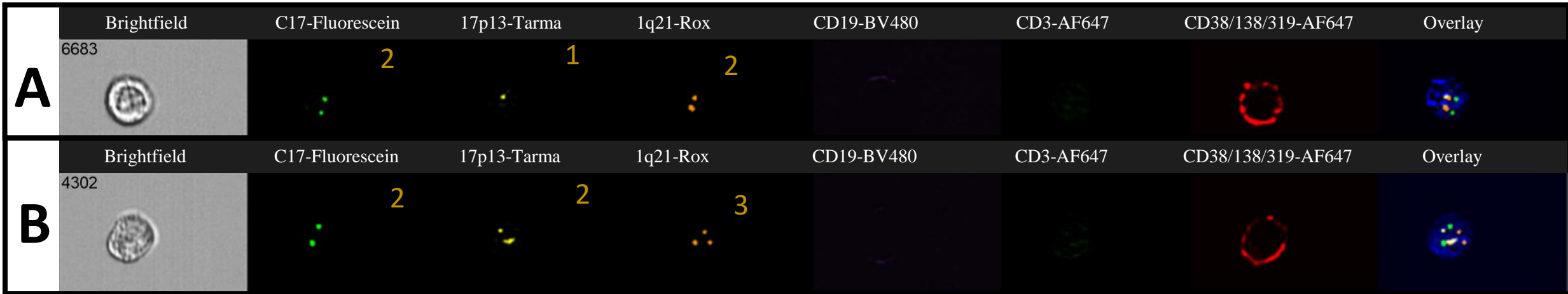
| | Brightfield | C17-Fluorescein | 17p13-TAMRA | 1q21-ROX | CD19-BV480 | CD3-BV510 | CD38/138/319-AF647 | Overlay |
|---------------------------------|-------------|-----------------|-------------|----------|------------|-----------|--------------------|---------|
| Trisomy 17 and amp(1q21) | 1002 | 3 | 3 | 3 | | | | |
| Del(17) and amp(1q21) | 5510 | 2 | 1 | 4 | | | | |
| Monosomy 17 and amp(1q21) | 23318 | 1 | 1 | 3 | | | | |

- 8 patients with Chr1 and Chr17 abnormalities

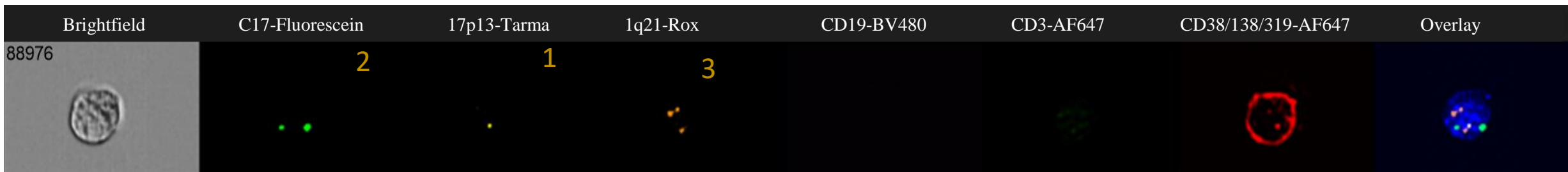
'Double Hit' Presentations



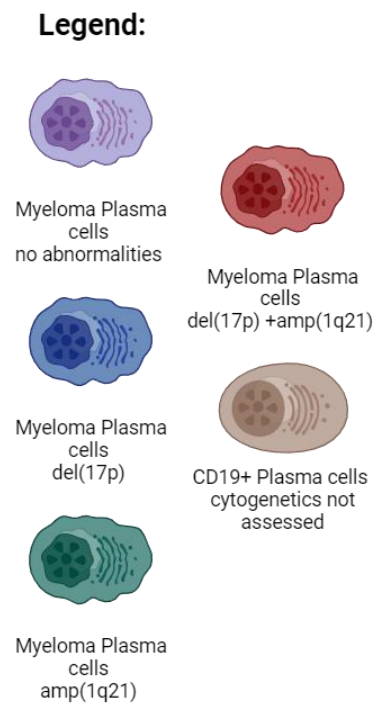
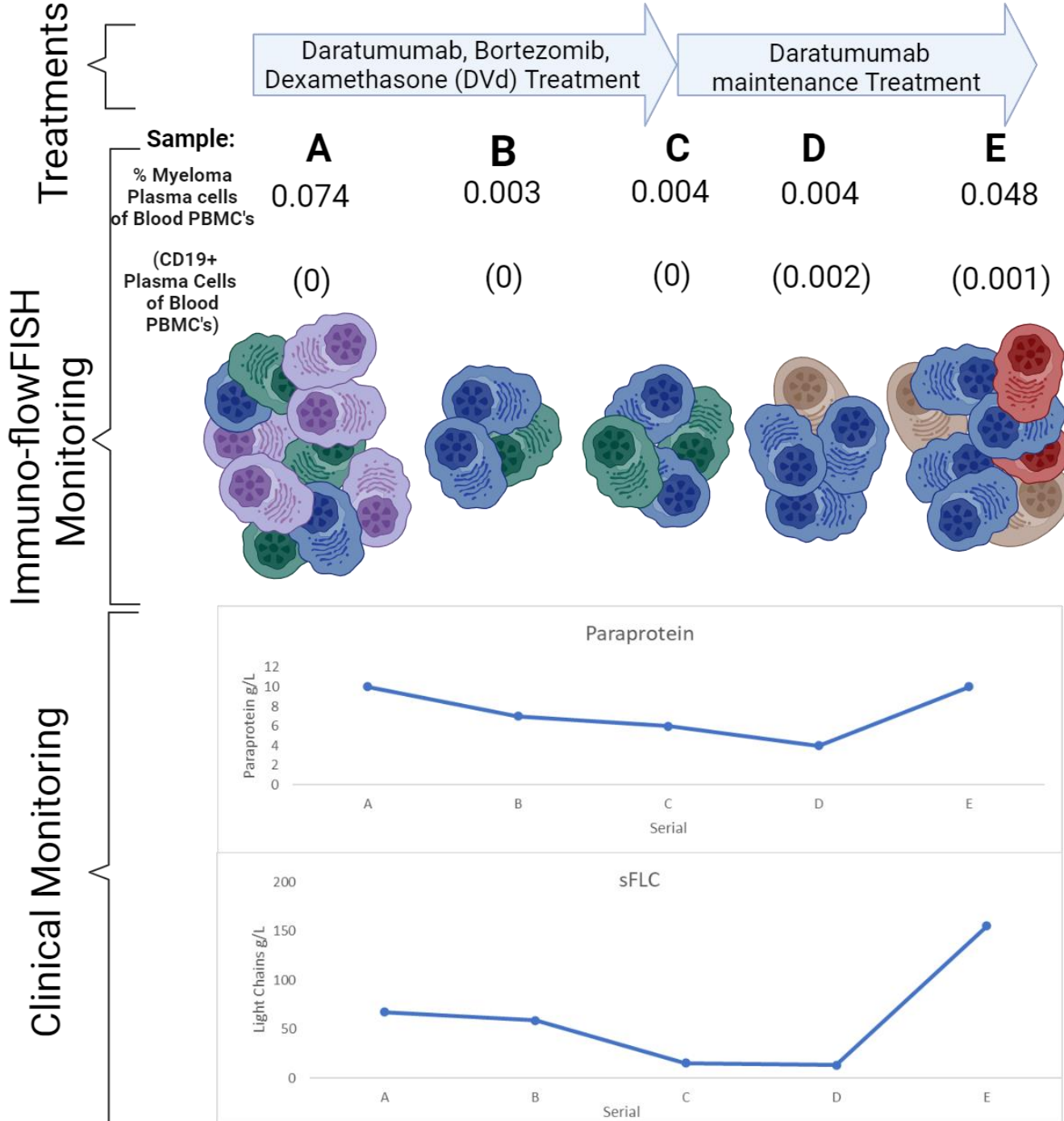
Patient 1



Patient 2



Patient 1



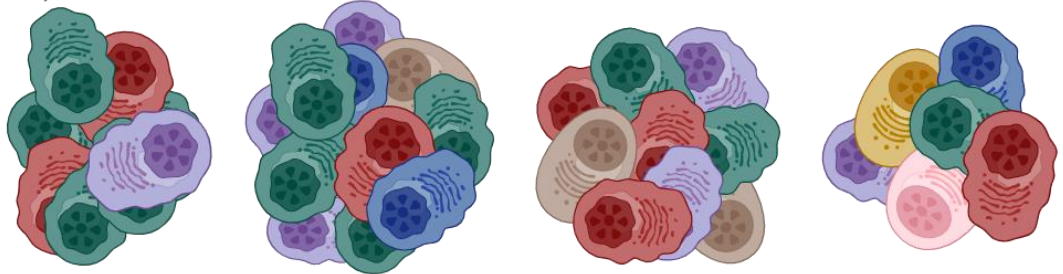
Patient 2



Daratumumab Maintenance treatment (Post DVd) →

Immuno-flowFISH Monitoring

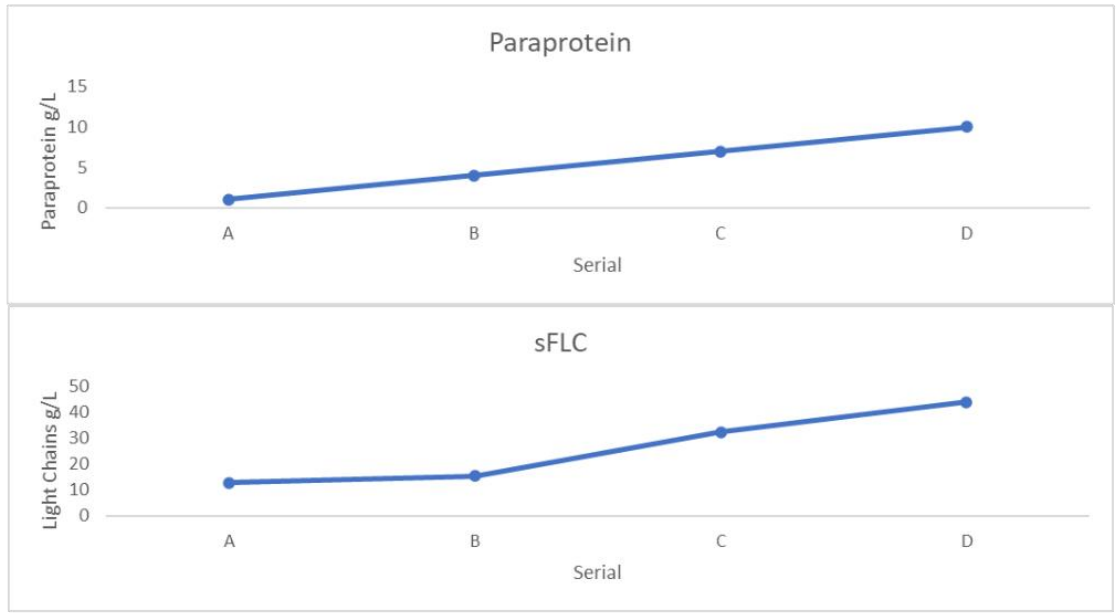
| Sample: | A | B | C | D |
|--|-------|----------|----------|----------|
| % Myeloma Plasma cells of Blood PBMC's | 0.014 | 0.050 | 0.025 | 0.010 |
| (CD19+ plasma cells of Blood PBMC's) | (0) | (0.0031) | (0.0042) | (0.0048) |



Legend:

- Myeloma Plasma cells no abnormalities
- CD19+ Plasma cells cytogenetics not assessed
- Myeloma Plasma cells del(17p)
- CD19+ Plasma cells no abnormalities
- Myeloma Plasma cells amp(1q21)
- CD19+ Plasma cells del(17p)
- Myeloma Plasma cells del(17p) +amp(1q21)

Clinical Monitoring



Summary and Conclusions

- amp(1q21) and del(17p) abnormalities can be detected simultaneously by immuno-flowFISH
- Colocalised amp(1q21) and del(17p) in individual plasma cells in 6 cases indicating true “double hit” myeloma.
- Sequential time-course monitoring showed alterations in the clonal makeup with both eradication of clones and emergence of new “double hit” clones at relapse.
- Lowest limit of Detection of 1×10^{-5}
- Blood monitoring abnormalities may facilitate patient care



Acknowledgments

Patients

University of Western Australia

- Prof. Wendy Erber
- A/Prof. Kathy Fuller
- Dr. Henry Hui
- Dr. Jason Stanley
- Dr. Matthew Harms
- Sarah Clarke
- Ryan Collinson
- Daria Buic

Haematologists

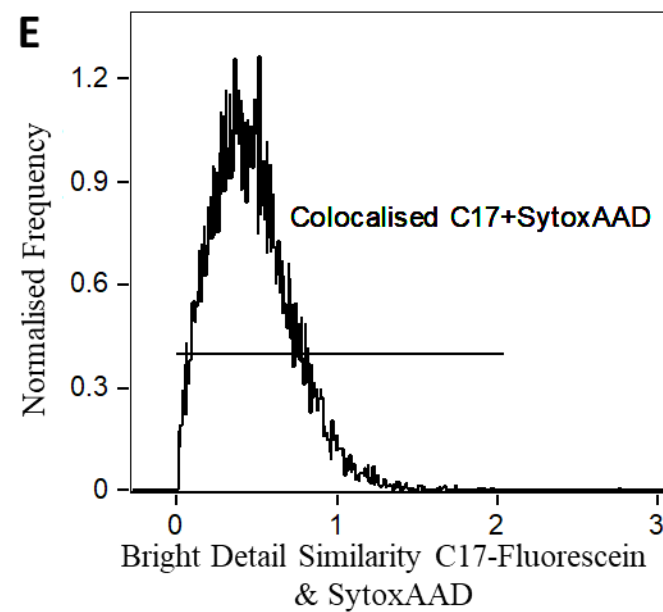
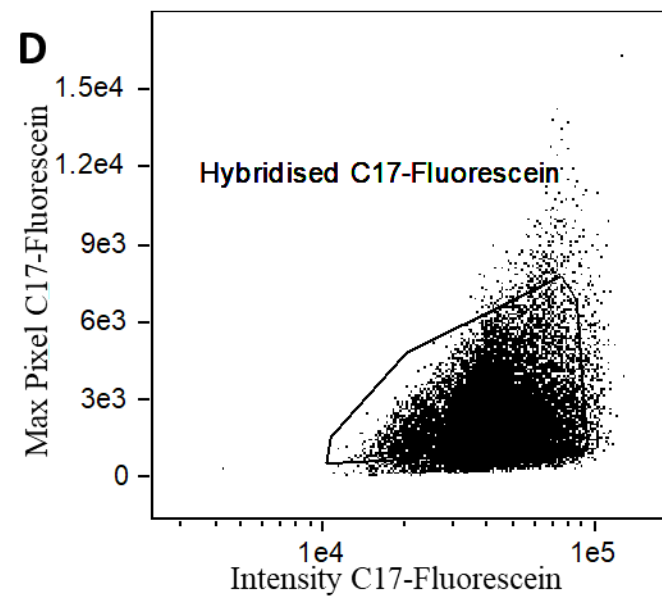
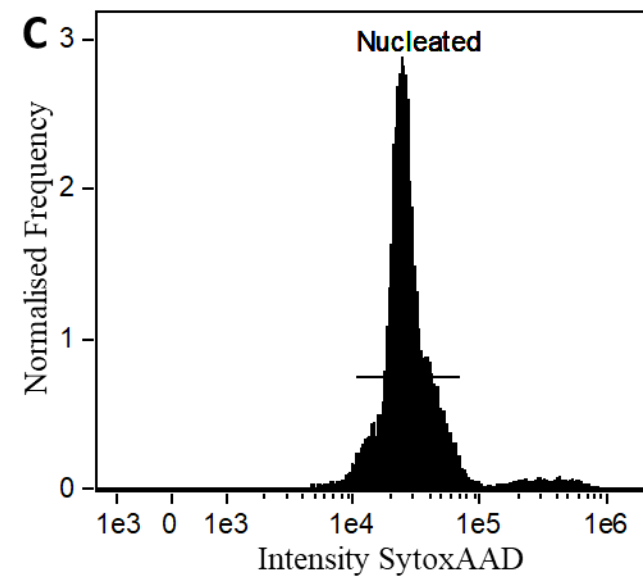
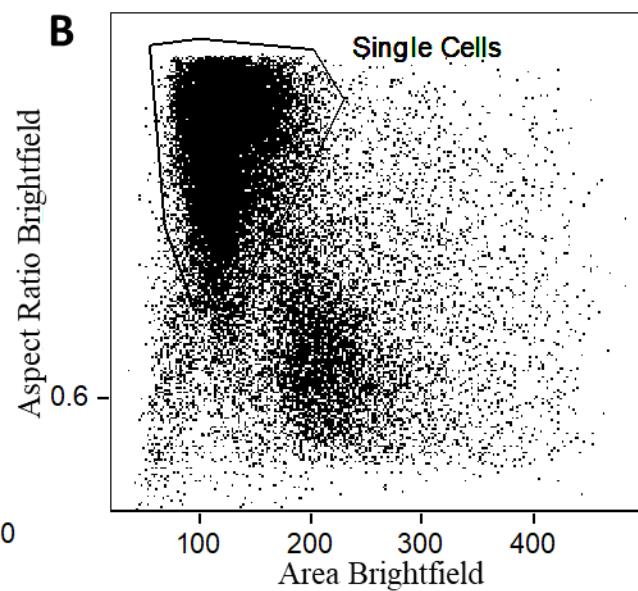
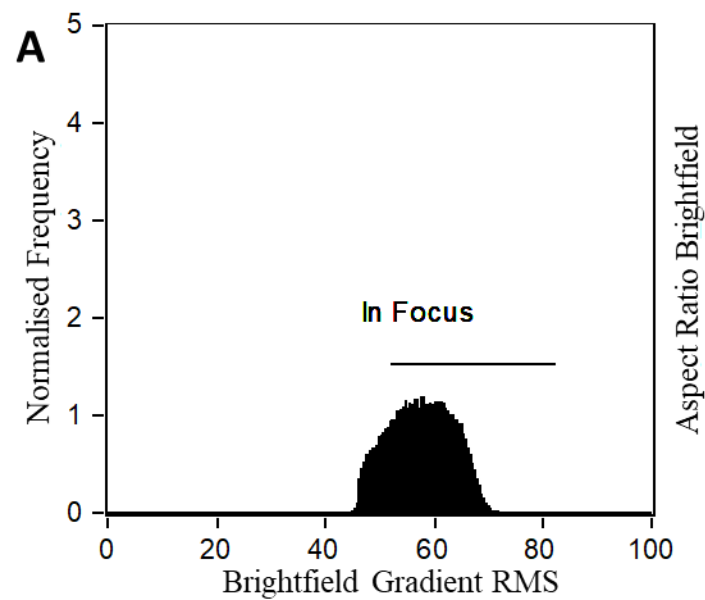
- Dr. Stephanie Lam
- Dr. Hasib Sidiqi
- Dr. Jacques Malherbe
- Dr Tulene Kendrick
- Dr. Zi Yun Ng
- Dr. Bradley Augustson
- Prof. Michael Leahy
- Dr. Hun Chuah

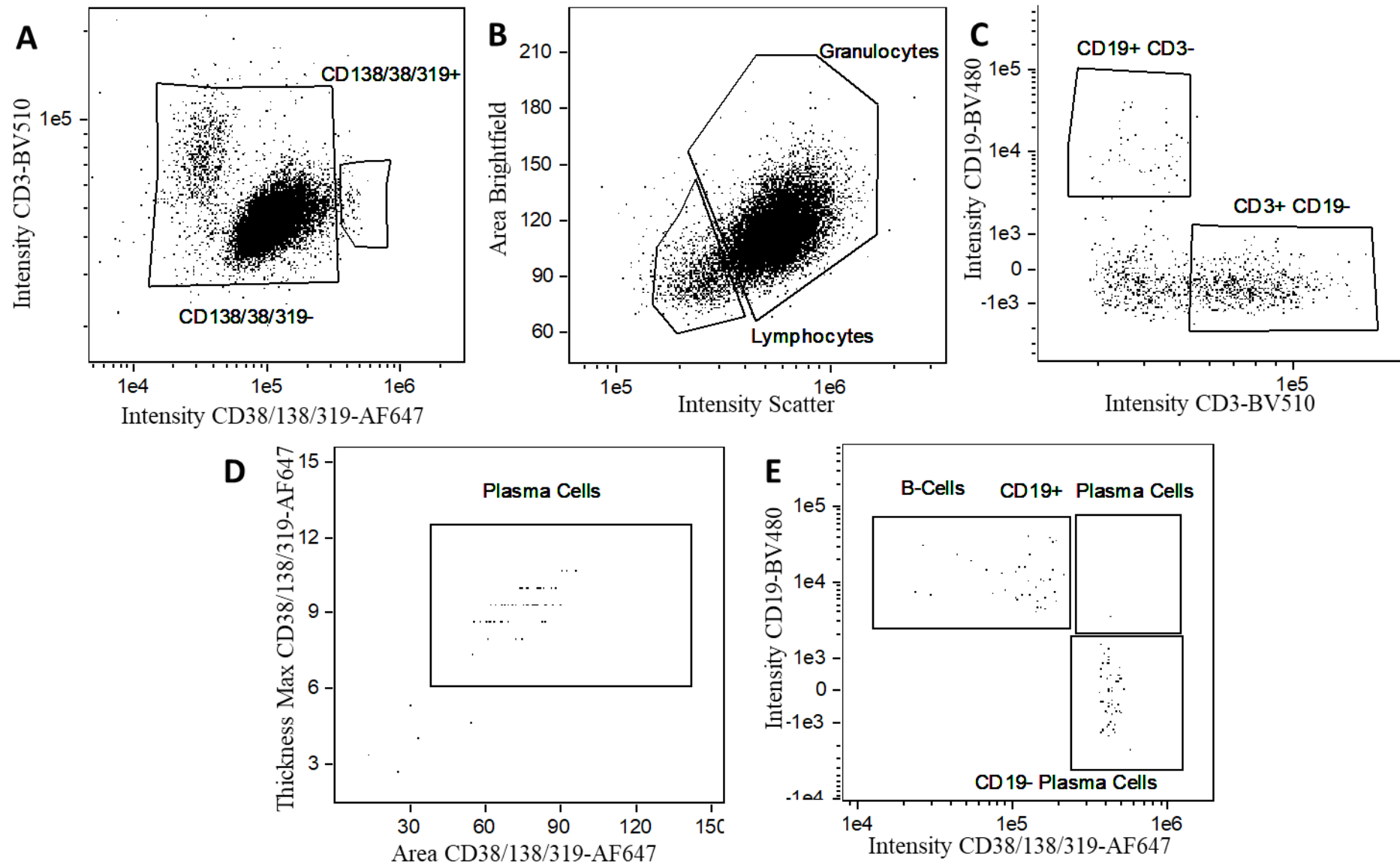
Funding



Australian Government
Department of Education







Establishing Confidence Intervals



| Confidence Intervals | | | |
|----------------------|-------|-------|-------|
| Probe | C17 | 17p13 | 1q21 |
| Mean | 1.027 | 1.016 | 1.024 |
| Standard Deviation | 0.019 | 0.028 | 0.022 |
| Lower 95% CI | 0.990 | 0.961 | 0.982 |
| Upper 95% CI | 1.063 | 1.071 | 1.067 |

