Myelodysplasia-associated immunophenotypic alterations of bone marrow cells in myeloma: are they present at diagnosis or are they induced by lenalidomide?

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Citation: Matarraz S, Paiva B, Diez-Campelo M, Corral L-L, Pérez E, Mateos M-V, Giraldo P, Hernández MT, San Miguel JF, and Orfao A on behalf of the GEM (Grupo Español de MM)/PETHEMA (Programa para el Estudio de la Terapéutica en Hemopatías Malignas) Co-operative Study Groups. Myelodysplasia-associated immunophenotypic alterations of bone marrow cells in myeloma: are they present at diagnosis or are they induced by lenalidomide? Haematologica 2012; 97(10):1608-1611. doi:10.3324/haematol.2012.064121

Online Supplementary Design and Methods

Immunophenotypic studies and flow cytometric score

Whole BM samples (2x10° cells in 100 µL/test) were stained for cell surface markers using a stain-lyse-and-then-wash direct immunofluorescence technique, while intracellular stainings (nuclear (n) and cytoplasmic (Cy)) were performed after cell fixation and permeabilization, using the Fix and Perm reagent kit (Invitrogen, Carlsbad, CA, USA). The following combinations of monoclonal antibodies (MAb) in 4 color stainings (fluorescein isothiocyanate, FITC; phycoerythrin, PE; peridinin chlorophyll protein, PerCPCy5.5; allophycocyanin, APC) were systematically used: HLA-DR, CD117, CD45, CD34; HLA-DR, CD123, CD45, CD34; CD11b, CD13, CD45, CD34; CD61, CD33, CD45, CD34; nTdT, CyMPO, CD45, CD34; CD15, CD16, CD45, CD34; CD19, CyCD79a, CD45, CD34; CD65, 7.1, CD45, CD34; CD36, CD64, CD45, CD34-CD14; IREM-2, CD14, CD45, CD34; CD2, CD56, CD45, CD34; CD71, CD235a, CD45, CD34; and CyCD3, CD7, CD45, CD34. Immediately after staining, sample aliquots were measured in a FACSCalibur flow cytometer (Becton Dickinson Biosciences [BDB], San Jose, CA, USA) using the CellQUEST software program (BDB) for 3x10⁴ events corresponding to whole BM cellularity per sample aliquot. Data were analyzed with the INFINI-CYT™ program (Cytognos SL, Salamanca, Spain). Total CD34+ BM precursors were identified and counted according to their light scatter characteristics (forward light scatter, FSC; sideward light scatter, SSC). Positivity for CD34 and dim CD45 expression followed the ISHAGE guidelines, as described in detail elsewhere.1 Additionally, CD117+/CD34⁻ precursors were identified in an SSC versus CD117 bivariate dot plot histogram after excluding CD34⁺ HPC, as illustrated in Figure 1C in the main text. The following subsets of CD117+/CD34- precursors were identified: a) neutrophil-committed precursors (CD45^{lo}/SSC^{lo/int}); and b) erythroid-committed precursors (CD45⁻/SSC^{very-lo}); c) maturing CD34⁻ mast cells were identified as those CD45⁺ events being CD117^{hi} with heterogeneous HLA-DR expression (HLA-DR^{-to+}). In addition to CD34⁺ and/or CD117⁺ cells, the following subsets of CD34⁻/CD117⁻ hematopoietic BM cells were

identified: a) neutrophil (CD45¹⁰/SSC^{int/hi}); b) erythroid (CD45⁻/SSC^{very-lo}); c) monocytic (CD36^{-/hi}/CD64^{hi}/CD45^{int/hi}/CD14^{10/hi}); d) B-cell (CD45¹⁰/SSC^{very-lo}/CD19⁺/CyCD79a⁺); e) plasmacytoid dendritic cell (pDC) (HLA-DR^{hi}/CD123^{hi}/CD45^{int}); and f) basophilmaturing cells (HLA-DR^{-/}CD123^{hi}/CD45^{int}). The specific immunophenotypic characteristics of mature lymphocytes were taken as a standard to define the relative position of the different compartments of the BM precursors in a dot plot of CD45 against SSC, and to establish cut-off levels defining the lower level of expression of myeloid-associated antigens.

Among CD34⁻ neutrophil lineage cells, four different stages of increasing maturation were defined on the basis of the reactivity of the CD11b and CD13 antigens: stage I, CD13^{hi}/CD11b⁻ myeloblasts; stage II, CD13^{lo/int}/CD11b⁻ promyelocytes; stage III, CD13^{lo/int}/CD11b⁺ myelocytes and metamyelocytes; and stage IV, CD13^{hi}/CD11b⁺ bands and mature neutrophils. In turn, mature monocytes were identified as those cells displaying a CD36^{hi}, CD64^{hi}, CD45^{int/hi}, CD14^{hi} immunophenotype while their CD34- precursors were defined as being CD36-^{/lo}/CD64^{hi}/CD45^{int}/CD14^{lo/int}. The presence of aberrant phenotypes and/or other maturation-associated alterations were defined for each BM cell population on the basis of numerical and phenotypic deviations greater than the mean ± 2 standard deviations (SD) from the normal BM profiles. Accordingly, for each individual immunophenotypic variable analyzed (n=83) in each BM sample, a score of 0, 0.5, 1 or 2 was given when the values were, respectively, within ± 2 SD, ± 2 -3 SD, ± 3 -4 SD, \pm >4 SD of the mean values found for that parameter among the normal BM samples analyzed.

Immunophenotypic variables studied

Up to 83 different immunophenotypic variables were investigated in each case: a) immature cell compartments: percentage of CD34⁺, CD34⁻/CD117⁺, CD34⁻/CD117⁺ neutrophil-committed precursors and of CD34⁻/CD117⁺ erythroid-committed precursors, percentage of CD34⁻ B cells and expression (MFI) of CD19 and Cy-CD79a in the latter population; b) maturing neutrophils: percentage of CD34⁻ neutrophil lineage cells, and MFI of FSC, SSC, CD45, CD15, CD16, CyMPO, CD11b, CD13, CD33, CD64, CD65, percentage of CD16^{hi}, CD64^{hi}, CD14⁺ and CD56⁺ aberrant cells together with the percentage of neutrophil cells in the maturation stages I, II, III and IV (see above) and MFI of CD45, SSC, CD11b and CD13 within each of these four neutrophil maturation stages; c) monocytic maturation: percentage of monocytic cells, monocytic precursors (CD14^{-/int}), and of mature (CD14^{hi}) monocytes, and MFI of FSC, SSC, CD14, CD36, CD45 and CD64 within each of these subsets,

together with overall reactivity of monocytic cells for CD11b, CD13, CD15, CD33, CD65, CyMPO, HLA-DR, percentage of IREM-2⁺ cells and of CD2 and CD56 aberrant monocytic cells; d) erythroid maturation: percentage of nucleated red blood cells (NRBC), percentage of aberrant CD36^{-/lo} cells and MFI of CD71, CD235a and CD36 on the NRBC compartment; e) basophil and pDC: percentage of basophils and pDC, and expression levels (MFI) of CD123 in both groups of cells.

References

1. Sutherland DR, Anderson L, Keeney M, Nayar R, Chin-Yee I. The ISHAGE guidelines for CD34+ cell determination by flow cytometry. International Society of Hematotherapy and Graft Engineering. J Hematother. 1996;5(3):213-26.

Online Supplementary Table S1. Flow cytometry immunophenotypic scores in normal and reactive bone marrow (BM) versus patients with myelodysplastic syndrome (MDS), symptomatic multiple myeloma (MM), and smoldering MM (SMM) at diagnosis and after nine cycles of Len/Dex.

| Immunophenotypic score | Normal BM (N = 20) | Reactive BM (N = 20) | MDS (N = 56) | Symptomatic MM at diagnosis (N = 15) | SMM at diagnosis (N = 18) | SMM after Len/Dex (N = 22) |
|--------------------------------|------------------------|-----------------------------|--------------------------|---|---------------------------------|----------------------------------|
| < 2 | 100% | 100% | 0 | 9 (60%) | 16 (89%) | 17 (77%) |
| ≥ 2 to 9 | - | - | 16 (29%) | 5 (33%) | 4 (22%) | 7 (32%) |
| ≥ 10 | S - | - | 40 (71%) | 1 (7%) | 0 (0%) | 0 (0%) |
| Overall score | 0±0 | 0.6±0.6 (0-1.5) | 16±8 (2.5-40) | 1.5±2.8 (0-10) | 0.3±0.7 (0-2) | 0.6±1.0 (0-3) |
| Results expressed as number of | f cases and percentage | (in brackets). A score of ' | 1 or 2 was given when th | e value obtained for each | of the parameters in the | upper panel was within |

Results expressed as humber of cases and percentage (in brackets). A score of 1 of 2 was given when the value obtained to reach of the parameters in the upper panel was within ± 3-4 SD of the means for that parameter among all normal BM samples analyzed, respectively. Immunophenotypic parameters analyzed in each individual included: a) immature cell compartments (percentage of total CD34⁺, total CD34⁺/CD117⁺, CD34⁺/CD117⁺ neutrophil-committed and erythroid-committed precursors, percentage of CD34⁺ B-cells and expression of CD19 and Cy-CD79a), b) neutrophil maturation (percentage of total neutrophil lineage cells and expression of FSC, SSC, CD45, CD15, CD16, CyMPO, CD11b, CD13, CD33, CD64, CD65, percentage of CD16^h, CD64^h and of CD14⁺ and CD56⁺ aberrant cells, percentage of neutrophil maturation stages I-IV and expression of CD45, SSC, CD11b and CD13), c) monocytic maturation (percentage of total monocytic lineage cells, monoblasts, mature monocytes and expression of FSC, SSC, CD14, CD36, CD45, total monocytic CD11b, CD13, CD36, CD45, total monocytic CD11b, CD13, CD36, CD45, and CD64, total monocytic CD11b, CD13, CD36, CD45, and CD64, total monocytic CD11b, CD13, CD36, CD45, and CD64, total monocytic CD11b, CD13, CD36, CD45, CD46, percentage of red blood cells, expression of CD71, CD235a, CD36 and percentage of aberrant CD36^{4/a} cells) and, e) basophil and pDC maturation (percentage of red blood cells, expression of CD71, CD235a, CD36 and percentage of aberrant CD36^{4/a} cells) and, e) basophil and pDC maturation (percentage of red blood cells, expression of CD71, CD235a, CD36 and percentage of aberrant CD36^{4/a} cells) and, e) basophil and pDC maturation (percentage of red blood cells, expression of CD71, CD235a, CD36 and percentage of aberrant CD36^{4/a} cells) and, e) basophil and pDC

No significant differences were found between symptomatic and smoldering MM patients at diagnosis, or between smoldering MM patients before and after treatment.

Online Supplementary Table S2. Distribution of hematopoietic bone marrow (BM) cell populations in patients with symptomatic multiple myeloma (MM) and smoldering multiple myeloma (SMM) at diagnosis, and SMM cases after induction therapy with nine courses of lenalidomide plus dexamethasone (Len/Dex).

| Cell populations | Symptomatic MM at diagnosis (N = 15) | SMM at diagnosis (N = 18) | Р* | SMM after Len/Dex (N = 22) | P ** |
|--|---|--|---------------------------|---|----------------------------|
| CD34+ HPC | 0.7 (0.08-3.0) | 0.6 (0.2-1.8) | 0.8 | 0.6 (0.09-3.0) | 0.5 |
| *MPO+ | 21 (9-38) | 16 (5-29) | 0.1 | 14 (3-36) | 0.6 |
| *TdT+ | 6 (0-33) | 16 (0-45) | 0.06 | 11 (0-67) | 0.8 |
| CD34 ⁻ / CD117 ⁺ HPC | 1.3 (0-6.7) | 0.8 (0.2-2.7) | 0.5 | 0.8 (0-2.9) | 0.9 |
| [*] Neutrophil-committed | 51 (0-80) | 56 (16-88) | 0.6 | 60 (20-95) | 0.7 |
| [*] Erythroid-committed | 47 (0-80) | 41 (12-84) | 0.9 | 40 (5-80) | 0.9 |
| Neutrophils | 48 (22-64) | 55 (33-69) 1 (0.3-5) 8 (0.2-19) 24 (2-52) 65 (32-97) | 0.5 | 49 (29-82) | 0.3 |
| 'Stage I | 2 (0.2-8) | | 0.1 | 2 (0-6) | 0.07 |
| 'Stage II | 14 (3-31) | | 0.02 | 14 (0-22) | 0.04 |
| 'Stage III | 31 (1-47) | | 0.4 | 33 (0-46) | 0.2 |
| 'Stage IV | 50 (28-92) | | 0.2 | 49 (31-99) | 0.09 |
| Monocytes | 4.4 (0.9-13) | 2.9 (1.3-20) | 0.2 | 4.6 (1.0-15) | 0.07 |
| Erythroblasts | 12 (3.0-35) | 6.3 (1.0-28) | 0.03 | 11 (0.6-26) | 0.02 |
| Dendritic cells | 0.1 (0-1.0) | 0.2 (0.1-0.6) | 0.2 | 0.2 (0-0.6) | 0.6 |
| Basophils | 0.2 (0.08-0.9) | 0.3 (0.06-1.0) | 0.8 | 0.4 (0.05-1.5) | 0.01 |
| B cells *Pro-B precursors *Pre-B precursors *Mature B cells | 0.8 (0.2-6.2) 6.5 (0-21) 14 (0-42) 81 (35-100) | $\begin{array}{c} 1.7 \ (0.3\text{-}3.9) \\ 5.5 \ (0\text{-}12) \\ 22 \ (0\text{-}57) \\ 76 \ (37\text{-}100) \end{array}$ | 0.07 0.8 0.6 0.3 | $\begin{array}{c} 0.5 \ (0.2-13) \\ 9.0 \ (0-40) \\ 16 \ (0-90) \\ 76 \ (63-100) \end{array}$ | 0.005 0.2 0.6 0.7 |

* MM vs. SMM at diagnosis; ** SMM at diagnosis vs. SMM after induction. Results expressed as median (range) percentage of the specific cell population within the whole BM cellularity, excluding myelomatous plasma cells; N #: median (range) percentage of the specific cell subpopulation from the overall corresponding cell population; HPC: hematopoietic precursor cells.

Online Supplementary Table S3. Detailed immunophenotypic characterization of the 8 smoldering multiple myeloma (SMM) patients with paired bone marrow (BM) samples obtained at diagnosis and after nine cycles of lenalidomide plus dexamethasone (Len/Dex).

| Patient | Diagnosis | After nine cycles of Len/Dex | |
|---------|---|--|--|
| #1 | No alterations | No alterations | |
| #2 | No alterations | No alterations | |
| #3 | No alterations | Isolated multilineage (CD14 ⁺ expression in neutrophils and CD2 ⁺ expression in monocytes) | |
| #4 | No alterations | No alterations | |
| #5 | Isolated unilineage (MPO ^{dm} expression in neutrophils) | Isolated unilineage (MPOdmIsolated unilineage (MPOlo expression in neutrophils)expression in neutrophils) | |
| #6 | No alterations | No alterations | |
| #7 | No alterations | Isolated unilineage (CD2+ expression in monocytes) | |
| #8 | No alterations | Isolated multilineage (CD14* expression in neutrophils and CD36 ^{neg} asynchronous expression in nucleated red blood cells) | |