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**Human t(14;18)positive germinal center B cells: a new step
in follicular lymphoma pathogenesis?**

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Key Points

1. Follicular Lymphoma-like cells found in healthy individuals accumulate within germinal centers in reactive lymphoid tissues
2. Follicular Lymphoma-like cells are non-proliferating cells *in situ* and *in vitro*

Abstract

Follicular Lymphoma (FL) is a B-cell neoplasm resulting from the transformation of germinal center (GC) B cells. Although t(14;18) and ectopic BCL2 expression constitute the genetic hallmark of FL, t(14;18)^{pos} B cells bearing genotypic and phenotypic features of FL cells can be found in the blood of most healthy individuals. Nevertheless, the localization of these FL-like cells (FLLC) in non-malignant GC-rich tissues and the functional consequences of BCL2 overexpression have not been evaluated so far. Among 85 reactive lymph node (RLN) samples, 14% were found to contain high levels of t(14;18) by quantitative PCR. In t(14;18)^{hi} RLN, CD20^{pos}BCL2^{pos}CD10^{pos} FLLC consistently accumulated within GC, essentially as non-proliferative CXCR4^{neg} centrocytes. Moreover, they displayed a reduced response to proliferative stimuli *in vitro*. Altogether, our findings provide new insights into the *in situ* FLLC functional properties and suggest that these cells have not acquired the ultimate genetic events leading to FL transformation.

Introduction

Follicular lymphoma (FL) is the most frequent indolent lymphoma and results from the malignant transformation of germinal center (GC) B cells¹. FL pathogenesis is a protracted, multi-step oncogenic process, in which the first genetic hit is ascribed to the t(14;18) translocation that results from the illegitimate joining between the *BCL2* proto-oncogene and the *IGH* locus. Although t(14;18) is the molecular hallmark of FL, t(14;18)^{pos} B cells are found in the blood of most healthy individuals at a low frequency, indicating that ectopic expression of the antiapoptotic BCL2 protein is not sufficient for tumor progression². Interestingly, transgenic overexpression of *BCL2* results in a delay in cell cycle progression both *in vitro* and in mouse models³⁻⁵. However, such an anti-proliferative effect of BCL2 has never been evaluated in naturally occurring human t(14;18)^{pos} B cells.

FL pathogenesis requires additional oncogenic events that are supposed to be acquired in the GC upon exposure to the off-target effects of activation-induced cytidine deaminase (AID), the key enzyme of antigen-driven antibody diversification. Such oncogenic events could be already detected in early FL lesions including FL *in situ* (FLIS)^{6,7}. The frequency of t(14;18)^{pos} circulating B cells increases with age and exposure to pesticides⁸⁻¹¹, reflecting the persistence and expansion of clonal populations of memory B cells bearing genotypic and phenotypic features of FL cells and called FL-like cells (FLLC). Existence of t(14;18)^{pos} precursor lymphoma-initiating cells has been recently supported by two reports of clonally related FL arising in both the donor and the recipient after allogeneic hematopoietic stem cell transplantation^{12,13}. However, the connection between FLLC and progression to overt FL remains elusive.

To further explore the *in situ* FLLC evolution, we identified a series of healthy individuals with GC-rich reactive lymph nodes (RLN) displaying high levels of t(14;18), allowing us to visualize and characterize FLLC *in situ* and to perform functional *in vitro* studies. We could demonstrate that FLLC are non-proliferating cells with specific enrichment within GC.

Study design

(For details see supplemental file)

Samples

Lymph node samples were collected from individuals recruited under institutional review board approval and informed consent process according to the Declaration of Helsinki. Among them, hyperplastic RLN from 85 individuals with non-malignant diseases were both preserved as formalin-fixed paraffin-embedded tissues and rapidly dissociated and stored as frozen viable cells. When indicated, CD20^{pos} B lymphocytes were purified using magnetic beads whereas CD20^{pos}CD10^{pos}CXCR4^{pos} Hoechst^{pos} proliferating centroblasts and CD20^{pos}CD10^{pos}CXCR4^{neg}Hoechst^{neg} non-proliferating centrocytes were sorted on a FACSAria cell sorter (BD Biosciences).

Q-PCR and fluctuation PCR

Genomic DNA was extracted using All Prep kit (Qiagen). The absolute quantification of t(14;18) was performed by real-time quantitative PCR for *BCL2/JH* and *GAPDH*¹⁰. Standard curves were generated using serial dilutions of cloned *BCL2/JH* and *GAPDH* PCR products. As reported¹³, the sensitivity of this technique is about 4×10^{-5} . Chi-square test was used for analyzing differences between groups (GraphPad Prism software). Semi-quantitative fluctuation PCR was performed on cell-sorted centroblasts and centrocytes, as previously described¹⁰. The sensitivity of this technique is about 10^{-6} .

Immunohistochemical (IHC) and immunohistofluorescence (IHF) studies

Deparaffinized tissue sections were used for double IHC staining (PAX5/BCL2) and triple IHF staining (CD20/BCL2/CD10).

Proliferation assay

CD20^{pos} purified B cells were stained with Carboxyfluorescein succinimidyl ester (CFSE) and stimulated as previously described¹⁴. After 4 days of culture, highly proliferative viable CFSE^{lo}DAPI^{neg} and non proliferative viable CFSE^{hi}DAPI^{neg} B cells were sorted before quantification of t(14;18) by Q-PCR.

Results and Discussion

In humans, circulating FLLC have been characterized at the phenotypic and molecular levels^{9,10} but their *in situ* distribution within non-malignant tissues with follicular hyperplasia and the functional consequences of the endogenous BCL2 overexpression have not been evaluated.

In order to characterize FLLC *in situ*, *BCL2/JH* translocation was quantified by Q-PCR on 85 consecutive RLN. Twelve samples (14%) were found positive (Table S1) with a frequency ranging from 4 to 66 x10⁻⁵, *i.e.* 1 in 25 000 to 1 in 1 500 cells **comprising 38.7 ± 8% CD19^{pos} B cells** (not shown). The prevalence of these t(14;18)^{hi} samples was independent on gender but showed a significant correlation with age, reaching 28% in donors older than 50 years. A frequency of circulating FLLC above 1 in 25 000 mononuclear cells was previously reported in 4.6% of healthy adults and these t(14;18)^{hi} donors reached 9.2% above 50 years, in agreement with our age-related prevalence increase^{11,15}. Overall, we identified 12 RLN with a frequency of FLLC suitable for *in situ* visualization and/or functional studies and focused on 8 of them (RLN 1-8) for further analyzes. We also selected 3 t(14;18)^{neg} RLN (RLN 9-11) as controls.

To visualize FLLC *in situ* we first performed IHC staining for the pan-B-cell transcription factor PAX-5 and BCL2 that is specifically downregulated in normal GC B cells, except in the presence of the t(14;18) translocation¹⁶. This approach revealed **variable amounts of** isolated PAX-5^{pos}BCL2^{pos} B cells within GC in t(14;18)^{hi} RLN whereas such cells were essentially undetectable in GC from t(14;18)^{neg} samples (Figure S1). Since BCL2 is expressed in naive and memory B cells, this strategy could not evaluate the presence of FLLC outside GC. **Moreover, PAX-5^{pos}BCL2^{pos} cells highlighted inside GC could comprise IgD^{neg} centrocytes, corresponding to *bona fide* FLLC, but also some IgD^{pos} small lymphocytes invaginating from mantle zone (data not shown).** We thus focused on CD10, a classical GC B-cell marker, and quantified cells coexpressing CD20, BCL2, and CD10 in 5 t(14;18)^{hi} and 3 negative RLN by IHF (Table 1 and Figure S2). In fact, FLLC have been suggested to resemble FL cells in retaining an atypical CD10^{pos}BCL2^{pos} frozen GC-like phenotype outside GC². We consistently detected more CD20^{pos}BCL2^{pos}CD10^{pos} triple positive cells in t(14;18)^{hi} than in t(14;18)^{neg} RLN. Interestingly, these cells were visualized both

inside and outside GC in $t(14;18)^{hi}$ RLN. By contrast, in control $t(14;18)^{neg}$ samples, the few triple positive cells were exclusively located outside GC and might correspond to rare $CD27^{pos}BCL2^{pos}CD10^{pos}$ memory B cells previously described in peripheral blood^{17,9}. However, the number of $t(14;18)^{pos}$ cells outside GC was higher in $t(14;18)^{hi}$ than in negative RLN and included probably post-GC FLLC. In agreement, we detected only $BCL2/S_{\gamma}$ unlike $BCL2/S_{\mu}$ by long-range PCR in all $t(14;18)^{hi}$ RLN tested (Figure S4). Most importantly, when normalizing the percentage of triple positive cells within GC to the surface occupied by GC in corresponding samples, we pinpointed in 5 out of 6 $t(14;18)^{hi}$ samples a clear enrichment (3.5 to 6.5 fold) of $CD20^{pos}BCL2^{pos}CD10^{pos}$ within GC. This enrichment strongly suggests a preferential homing/retention into GC.

Although FLLC accumulate within GC of $t(14;18)^{hi}$ RLN, they presented as scattered cells without proliferation foci. In addition, high $t(14;18)$ frequency was not correlated to high GC expansion, making it unlikely that resident FLLC contributed significantly to follicular hyperplasia. These observations raised the question of the proliferation potential of FLLC within the hyperproliferative GC environment. To address this issue in the absence of any specific marker allowing the sorting of FLLC, we first purified from a $t(14;18)^{hi}$ RLN proliferative centroblasts versus non-proliferative centrocytes based on their differential membrane expression of $CXCR4^{18}$ and staining with Hoechst dye (Figure S3). Interestingly, $CD20^{pos}CD10^{pos}CXCR4^{pos}Hoechst^{pos}$ centroblasts contained a lower frequency of $t(14;18)^{pos}$ cells than their non-proliferative centrocyte counterparts as determined by sensitive fluctuation PCR (Figure 1A). In addition, different B-cell clones could be detected in centrocytes including the unique one detected in centroblasts. To better understand the lack of proliferation of FLLC *in situ*, purified B cells from 3 $t(14;18)^{hi}$ RLN were stained with CFSE and stimulated *in vitro* during 4 days using an optimal cocktail to activate both naive and memory B cells¹⁴. Highly proliferative ($CFSE^{lo}$) and non-proliferative ($CFSE^{hi}$) B cells were then sorted and the frequency of the $BCL2/J_H$ translocation was determined (Figure 1B). As shown in Table S2, $t(14;18)^{pos}$ cells were systematically found in $CFSE^{hi}$ non-proliferative B cells whereas they could not be detected in $CFSE^{lo}$ proliferative cells. Altogether these data demonstrate that human non-malignant B cells with naturally occurring $t(14;18)$ accumulate within a poorly proliferative B-cell compartment and, in agreement with the data previously obtained

in mouse and human BCL2-transgenic B cells³⁻⁵, support the hypothesis of an anti-proliferative effect of BCL2.

In conclusion, our *in situ* visualization of FLLC in non-malignant RLN with follicular hyperplasia demonstrates for the first time that FLLC are not randomly distributed but display preferential homing within GC, a property shared with FL cells that accumulate as poorly proliferative centrocytes in the early stage of the disease. FLIS have been previously proposed as the *in situ* counterpart of circulating FLLC¹⁹ but we demonstrated here that such t(14;18)^{pos} B cells could accumulate within GC even in the absence of classical FLIS lesions characterized as homogeneous follicles exhibiting strong CD20, CD10, BCL6, and BCL2 positivity²⁰. Scattered GC FLLC cells thus potentially represent an earlier precursor stage in FL pathogenesis. Altogether, our findings provide new insights into the dynamics of FLLC progression and the connection between FLLC and FL.

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Authorship contributions

JT, CMe, and SR designed and performed research, and analyzed data

NM, CMo, LC performed research

BN contributed to the study design

PG contributed to study design, analyzed data, and wrote the paper

CS and KT designed and supervised research, analyzed data, and wrote the paper

Conflict-of-interest disclosure: The authors declare no competing financial interest.

References

1. Kridel R, Sehn LH, Gascoyne RD. Pathogenesis of follicular lymphoma. *J Clin Invest.* 2012;122(10):3424-3431.
2. Roulland S, Faroudi M, Mamessier E, Sungalee S, Salles G, Nadel B. Early steps of follicular lymphoma pathogenesis. *Adv Immunol.* 2011;111:1-46.
3. Zinkel S, Gross A, Yang E. BCL2 family in DNA damage and cell cycle control. *Cell Death Differ.* 2006;13(8):1351-1359.
4. Xiang H, Noonan EJ, Wang J, et al. The immunoglobulin heavy chain gene 3' enhancers induce Bcl2 deregulation and lymphomagenesis in murine B cells. *Leukemia.* 2011;25(9):1484-1493.
5. Egle A, Harris AW, Bath ML, O'Reilly L, Cory S. VavP-Bcl2 transgenic mice develop follicular lymphoma preceded by germinal center hyperplasia. *Blood.* 2004;103(6):2276-2283.
6. Mamessier E, Song JY, Eberle FC, et al. Early lesions of follicular lymphoma: a genetic perspective. *Haematologica.* 2013.
7. Schmidt J, Salaverria I, Haake A, et al. Increasing genomic and epigenomic complexity in the clonal evolution from in situ to manifest t(14;18)-positive follicular lymphoma. *Leukemia.* 2013.
8. Roulland S, Lebailly P, Lecluse Y, Heutte N, Nadel B, Gauduchon P. Long-term clonal persistence and evolution of t(14;18)-bearing B cells in healthy individuals. *Leukemia.* 2006;20(1):158-162.
9. Agopian J, Navarro JM, Gac AC, et al. Agricultural pesticide exposure and the molecular connection to lymphomagenesis. *J Exp Med.* 2009;206(7):1473-1483.
10. Roulland S, Navarro JM, Grenot P, et al. Follicular lymphoma-like B cells in healthy individuals: a novel intermediate step in early lymphomagenesis. *J Exp Med.* 2006;203(11):2425-2431.
11. Schuler F, Dolken L, Hirt C, et al. Prevalence and frequency of circulating t(14;18)-MBR translocation carrying cells in healthy individuals. *Int J Cancer.* 2009;124(4):958-963.
12. Carlotti E, Wrench D, Matthews J, et al. Transformation of follicular lymphoma to diffuse large B-cell lymphoma may occur by divergent evolution from a common progenitor cell or by direct evolution from the follicular lymphoma clone. *Blood.* 2009;113(15):3553-3557.
13. Weigert O, Kopp N, Lane AA, et al. Molecular ontogeny of donor-derived follicular lymphomas occurring after hematopoietic cell transplantation. *Cancer Discov.* 2012;2(1):47-55.
14. Le Gallou S, Caron G, Delaloy C, Rossille D, Tarte K, Fest T. IL-2 requirement for human plasma cell generation: coupling differentiation and proliferation by enhancing MAPK-ERK signaling. *J Immunol.* 2012;189(1):161-173.
15. Hirt C, Weitmann K, Schuler F, et al. Circulating t(14;18)-Positive Cells in Healthy Individuals - Association with Age and Sex but not with Smoking. *Leuk Lymphoma.* 2013.
16. Peperzak V, Vikstrom IB, Tarlinton DM. Through a glass less darkly: apoptosis and the germinal center response to antigen. *Immunol Rev.* 2012;247(1):93-106.
17. Malaspina A, Moir S, Ho J, et al. Appearance of immature/transitional B cells in HIV-infected individuals with advanced disease: correlation with increased IL-7. *Proc Natl Acad Sci U S A.* 2006;103(7):2262-2267.

18. Caron G, Le Gallou S, Lamy T, Tarte K, Fest T. CXCR4 expression functionally discriminates centroblasts versus centrocytes within human germinal center B cells. *J Immunol.* 2009;182(12):7595-7602.
19. Cheung MC, Bailey D, Pennell N, et al. In situ localization of follicular lymphoma: evidence for subclinical systemic disease with detection of an identical BCL-2/IGH fusion gene in blood and lymph node. *Leukemia.* 2009;23(6):1176-1179.
20. Jegalian AG, Eberle FC, Pack SD, et al. Follicular lymphoma in situ: clinical implications and comparisons with partial involvement by follicular lymphoma. *Blood.* 2011;118(11):2976-2984.

Table 1. Distribution of CD20^{pos}BCL2^{pos}CD10^{pos} triple positive cells in GC of reactive lymph nodes

Sample *	Triple positive cells/ 10 ⁵ cells §	Triple positive cells in GC	GC surface (%) #	Enrichment coefficient in GC ¶
RLN1	39	15 (38.5%)	6.0	6.41
RLN2	18	7 (39%)	11.3	3.45
RLN3	15	5 (33.3%)	6.1	5.45
RLN4	48	35 (72.9%)	11	6.63
RLN5	53	3 (5.7%)	5.7	1
RLN9	4	0	8.3	0
RLN10	8	0	4.9	0
RLN11	5	0	31.7	0

* RLN 1-5 and RLN 9-11 samples correspond to t(14;18)^{hi} and t(14;18)^{neg} LN, respectively. The frequency of t(14;18) was determined by Q-PCR on dissociated RLN cells.

§ Number of CD20^{pos}BCL2^{pos}CD10^{pos} triple positive cells visualized by immunohistofluorescence. For each sample, between 1 and 3 large (2-5 mm²) representative areas including GC were chosen (corresponding to 7.10⁴ to 2.10⁵ cells per sample) for counting.

Percentage of the analyzed area occupied by GC zones (defined as areas of CD20^{pos}CD10^{pos}Bcl2^{neg} cells).

¶ Enrichment coefficient = (% triple positive cells in GC) / (% GC surface).

Figure Legends

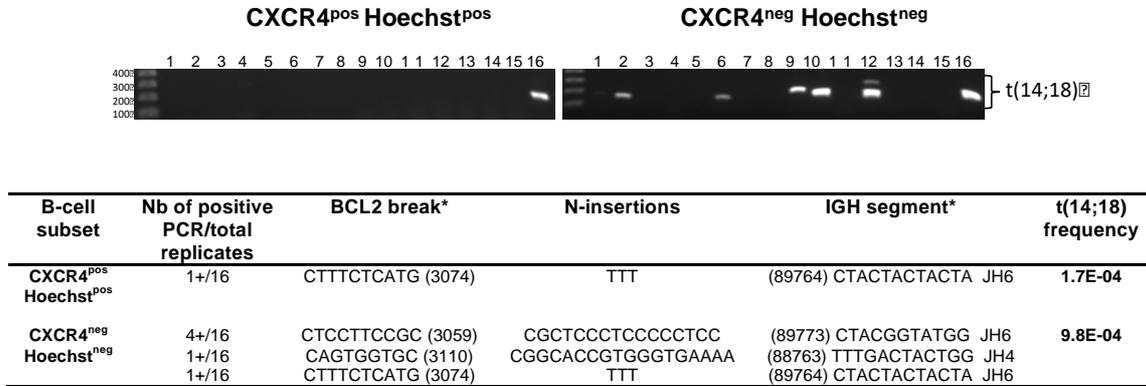
Figure 1: FLLC are non proliferative cells

(A) Distribution of the $t(14;18)^{pos}$ cells within proliferative $CD20^{pos}CD10^{pos}CXCR4^{pos}Hoechst^{pos}$ centroblasts *versus* $CD20^{pos}CD10^{pos}CXCR4^{neg}Hoechst^{neg}$ non-proliferative centrocytes cell-sorted from $t(14;18)^{hi}$ RLN7 sample. Genomic DNA from each GC subsets was tested using a two-step fluctuation nested PCR assay consisting of 16 replicates. *BCL2/IGH* translocations were sequenced. Multiple size bands revealed oligoclonality.

(B) CFSE labeled $CD20^{pos}$ purified B cells from RLN4 were stimulated for 4 days. Highly proliferative viable $CFSE^{lo}DAPI^{neg}$ and non proliferative viable $CFSE^{hi}DAPI^{neg}$ B cells were then sorted before quantification of $t(14;18)$ by Q-PCR. Standard curves were generated from cloned *BCL2/IGH* (red) and *GAPDH* (green) PCR products and demonstrated that detection of the *BCL2/IGH* transcript from $CFSE^{hi}$ population was above the $CFSE^{lo}$ cell population where it remained below the quantification threshold of 1/25000 cells. NQ: not quantifiable.

Figure 1

A



*BCL2 and IGH breakpoints are numbered according to accession number M14745 (BCL2) and X97051 (IGH)

B

