



Zap-70 mRNA expression quantified in B cells by real time PCR is a powerful prognostic factor in Chronic Lymphocytic Leukemia

STAMATOPOULOS B.*, MEULEMAN N., HAIBE-KAINS B., DUVILLIER H., MASSY M., MARTIAT P., BRON D., LAGNEAUX L.

Experimental Hematology, Institut Jules Bordet, Université Libre de Bruxelles, Brussels, Belgium. * bstamato@ulb.ac.be

ULB

Introduction

Chronic Lymphocytic Leukemia (CLL) is a heterogeneous disease with respect to prognosis and clinical outcomes. Two different groups in term of overall survival and clinical characteristics are now classified on the IgVH mutational status. However, this costly analysis is very laborious. Therefore surrogate markers have been investigated.

Methods

We developed a standardised and quantitative PCR (qPCR) method to measure Zap-70 mRNA (Zeta-associated protein 70) expression in purified CD19+ cells. The comparison of this method with others (Zap-70 and CD38 by flow cytometry, and lipoprotein lipase (LPL) mRNA by qPCR) was performed in a cohort of 108 patients with a median follow-up of 82 months (range 8-299) to evaluate their association with IgVH mutational status, overall survival (OS) and treatment-free survival (TFS).

Results

ASSOCIATION BETWEEN ZAP-70 BY qPCR AND MUTATIONAL STATUS

The association between Zap-70 by qPCR and IgVH mutational status was clearly significant [$\chi^2(1)=50.95; P<0.0001$] and characterised by a Cramer's V statistic of 0.72 indicating a very strong relation. The other prognostic factor tested were also significant but their association with mutational status was characterised as substantial to good as indicated by the Cramer's V value (Table 1). Concordance rates with mutational status were 86%, 78%, 75% and 67% respectively for Zap-70 by qPCR, Zap-70 by FC, LPL by qPCR and CD38 by FC. To estimate the power of these different markers

and to predict correctly the mutational status, sensitivity, specificity, positive (PPV) and negative (NPV) predictive values were evaluated. Zap-70 expression by qPCR showed 87.8% sensitivity, 85.7% specificity, 87.5% PPV and 86% NPV. These performance indices were clearly better than the other markers.

| | n | IgVH Unmut. | % | IgVH Mut. | % | P | Cramer's V Statistic |
|---|-----|-------------|----|-----------|----|---------|----------------------|
| Patients | 105 | 51 | 49 | 54 | 51 | N.S. | 1.83 |
| Male | 62 | 34 | 55 | 28 | 45 | | |
| Female | 43 | 17 | 40 | 26 | 60 | | |
| Binet Stage A | 72 | 29 | 40 | 43 | 60 | 0.004 | 11.27 |
| Binet Stage B | 20 | 13 | 65 | 7 | 35 | | |
| Binet Stage C | 10 | 9 | 90 | 1 | 10 | | |
| Mutational status * | | | | | | | |
| IgVH - Unmutated | - | - | - | - | - | - | - |
| IgVH - Mutated | - | - | - | - | - | - | - |
| Zap-70 (Real time RT-PCR) ^b | | | | | | <0.0001 | 50.95 |
| >+15 (positive) | 54 | 45 | 83 | 9 | 17 | | |
| <-15 (negative) | 51 | 6 | 12 | 45 | 88 | | |
| LPL (Real time RT-PCR) ^b | | | | | | <0.0001 | 24.08 |
| >6 (positive) | 49 | 38 | 78 | 11 | 22 | | |
| <6 (negative) | 56 | 14 | 25 | 42 | 75 | | |
| Zap-70 (flow cytometry) ^c | | | | | | <0.0001 | 26.32 |
| >20% (positive) | 42 | 33 | 79 | 9 | 21 | | |
| <20% (negative) | 49 | 11 | 22 | 38 | 78 | | |
| CD38 (flow cytometry) ^c | | | | | | 0.002 | 10.07 |
| >75% (positive) | 53 | 32 | 60 | 21 | 40 | | |
| <75% (negative) | 38 | 9 | 24 | 29 | 76 | | |
| Patients requiring no treatment | 46 | 14 | 30 | 32 | 70 | <0.0001 | 15.94 |
| Patients requiring treatment | 52 | 35 | 67 | 17 | 33 | | |
| Patients still alive | 83 | 38 | 43 | 47 | 57 | 0.004 | 8.47 |
| Patients died during the study | 15 | 13 | 87 | 2 | 13 | | |

* Mutational status is based on a 98% cut-off value.

^b The cut-off determined using ROC curve analysis is expressed in fold of target gene expression in a calibrator cell line

^c The cut-off of 20% of CD19+ cells that express Zap-70 by flow cytometry

Table 1. Cross-tabulations of prognostic markers vs IgVH mutational status

| | Association with MS | Strength of association with MS | AUC | Concordance with mutational status | Assoc. on with TFS | Assoc. on with OS | TFS in case of disease with MS | Estimate Coe predictor of TFS | Estimate Coe predictor of OS | Multivariate Coe predictor of TFS | Year AUC predictor of TFS | Year AUC predictor of OS |
|------------------------|---------------------|---------------------------------|-----|------------------------------------|--------------------|-------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------------|---------------------------|--------------------------|
| Mutational status(TFS) | - | - | - | - | - | - | - | - | - | NA | 70% | 77% |
| Zap-70 by qPCR | S | very strong | 88% | 86% | S | S | S | S | S | S | 70% | 87% |
| Zap-70 by FC | S | strong | 80% | 78% | S | S | NA | S | S | S | 70% | 80% |
| LPL by qPCR | S | strong | 70% | 70% | S | NA | NA | S | NA | NA | 60% | 60% |
| CD38 by FC | S | substantial | 70% | 67% | S | NA | NA | S | NA | NA | 60% | 60% |

S: significant, NA: non significant

Table 2. Summarizing table

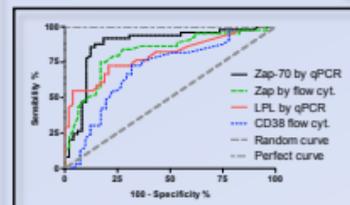


Fig. 1 Curve analysis of the different prognostic factors vs. mutational status

PROGNOSTIC VALUES OF ZAP-70 EXPRESSION BY qPCR

Zap-70 expression was significantly associated with OS [P=0.0021] and TFS [P<0.0001] (Fig. 2). Zap-70-positive patients had a significantly shorter median TFS (24 months) than Zap-70-negative patients (157 months). Moreover, Zap-70 measured by qPCR have a better prognostic power than IgVH mutational status and the other prognostic markers tested (Table 2).

Conclusions

Zap-70 mRNA quantification in B cells by real time PCR is a strong surrogate marker of IgVH mutational status and is highly associated with TFS and OS. Therefore, we think this user-friendly and standardised technique could be used in routine laboratory to better evaluate the outcome of CLL patients and the need treatment.

Moreover, we evaluated the area under the ROC curve (AUC) and applied a non-parametric statistical test to compare them (Fig. 1). The AUC measure reflects the probability of correct discrimination between actually positive and actually negative findings.

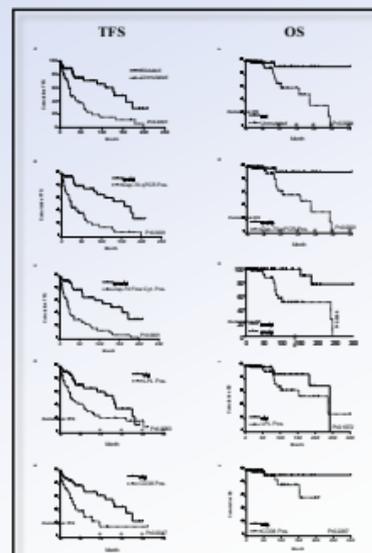


Fig 2. Kaplan-Meier survival curves for TFS and OS