SUBCLASSIFICATION OF ACUTE MYELOGENOUS LEUKEMIA PATIENTS BASED ON CHEMOKINE RESPONSIVENESS AND CONSTITUTIVE CHEMOKINE RELEASE BY THE LEUKEMIA CELLS

Øystein Bruserud¹, Anita Ryningen¹, Astrid Marta Olsnes¹, Laila Stordrange², Anne Margrete Øyan³, Karl Henning Kalland¹, Bjørn Tore Gjertsen¹

¹ Division for Hematology, Department of Medicine, Haukeland University Hospital and The University of Bergen, Bergen, Norway.
² Department of Informatics, The University of Bergen, Norway
³ The Gade Institute, Haukeland University Hospital and The University of Bergen, Norway
MATERIAL AND METHODS

Detailed description of AML patients and AML cell preparation

Patients. The study was approved by the local Ethics Committee (Regional Ethics Committee III, University of Bergen, Norway) and samples collected after informed consent. The study included 68 consecutive adult patients (31 females and 37 males; median age 64 years and range 29-82 years) with high peripheral blood blast counts (>7 x 10^9/l) (11, 12). Fifty patients had de novo AML, the remaining minority had AML relapse (2 patients), chronic myeloid leukemia in blast phase (2 patients) and AML secondary to chemotherapy or primary myelodysplasia (3 and 11 patients respectively). The patients showed the following FAB classification: M0 4 patients, M1 17 patients, M2 18 patients, M3 1 patient, M4 16 patients, M5 11 patients and M6 1 patient. Thirty-three patients had >20% CD34+ AML cells. Cytogenetic analysis was performed for 46 patients and the abnormalities classified as described by Wheatley et al. (13): 24 patients had normal chromosomes whereas 4 patients had low-risk, 11 patients high-risk and 7 patients intermediate-risk abnormalities. Sixty-five patients were tested for genetic Flt3 abnormalities (12, 14); 27 patients had Flt3 abnormalities including 22 patients with internal tandem duplications alone, 3 patients with D835 mutations alone and 2 patients had both abnormalities. A consecutive group of 17 patients were included in all experiments; the characteristics of these patients are presented in Supplementary appendix, Table 1.

Cell preparation. Leukemic peripheral blood mononuclear cells (PBMC) were isolated by density gradient separation (Ficoll-Hypaque; NyCoMed, Oslo, Norway; specific density 1.077) from the peripheral blood of patients with at least 80% leukemia blasts among blood leukocytes. The percentage of blasts among leukemic PBMC exceeded 95% judged by light microscopy or flow cytometric analysis (11). Cells were stored frozen in liquid nitrogen, and thawed AML cells showed a viability exceeding 70% (11).

This experimental approach was based on previous methodological studies (11, 12, 15). The preparation of enriched AML blasts by density gradient separation alone will minimize the risk of inducing functional alterations, but this strategy requires selection of patients with high peripheral
blood blast counts. The results may therefore be representative only for this particular patient subset as described and discussed in detail previously (11, 12, 23).

CD34⁺ CD38⁻ and CD34⁻ cells were prepared by immunomagnetic separation from primary AML cells according to the manufacturer’s instruction (MACS Cell Isolation; Miltenyi Biotec, Bergisch Gladbach, Germany) and fractionated on an AutoMACS (Miltenyi Biotec).

Detailed description of flow cytometric analysis

Reagents. The following monoclonal antibodies and corresponding isotypic controls were purchased from R&D Systems: mouse anti-CXCR2-FITC, mouse anti-CXCR3A-PE; mouse anti-CXCR4-APC; rat anti-CCR3-FITC; mouse anti-CCR1-PE; mouse anti-CCR5-APC, mouse anti-CCR4-FITC; mouse anti-CCR2-PE. Murine anti-CD34-PerCP, anti-CXCR1-APC, an additional anti-CXCR2-FITC and isotype controls were purchased from Becton Dickinson Immunocytometry Systems (San Jose, CA). PE-conjugated antibodies and isotype controls against NFκB subunits p50, p52 and p65 were purchased from Santa Cruz Biotechnology Inc. (Santa Cruz, CA).

Labelling. For analysis of chemokine receptor expression the AML cells were washed once and then resuspended in phosphate-buffered saline (PBS) with 0.5% bovine serum albumine (BSA) (Sigma, St. Louis, MO) before 1 x 10⁵ cells were incubated with antibody (all from R&D Systems) for 30 minutes at room temperature in the dark. Thereafter cells were washed once and resuspended in PBS with 1% paraformaldehyde. For analysis of CXCR1/CXCR2 expression using the Becton Dickinson antibodies AML cells (5 x 10⁵) were washed with PBS containing 0.1% NaN₃ and 1% bovine serum albumine (BSA) at 4°C and then incubated with the antibodies for 30 minutes in the dark at 4°C. For NFκB analysis AML cells (1x10⁶) were (i) washed with cold phosphate-buffered saline (PBS) and fixed with 1% paraformaldehyde for 10 minutes; (ii) washed, added ice-cold methanol while vortexing and incubated for 15 minutes at 4°C; (iii) thereafter washed twice with PBS containing 0.1% NaN₃ + 2% BSA before incubated with antibodies against either NFκB-p50, p52, p65 or isotype controls for 1 hour at 4°C. Samples were finally washed with PBS before analysis.
Analysis. Events were collected using a standard FACS Calibur (Becton Dickinson Immunocytometry Systems, San Jose, CA) flow cytometer equipped with an Argon laser (488 nm) and a red diode laser (635 nm). A cytogram based on the forward light scatter versus the right angle scatter was used to eliminate aggregates and debris before fluorescence was detected: (i) green fluorescence (FL1) from FITC was detected through the 530/30 nm bandpass-filter, (ii) orange fluorescence (FL2) from PE through the 584/42 nm bandpass-filter, (iii) long red fluorescence (FL3) from PI through the 670 nm longpass-filter and (iv) far red fluorescence (FL4) from APC through a 661/16 nm bandpass-filter. All fluorescence measurements were collected in the logarithmic mode. Data from specific regions made in fluorescence were analyzed using Cell Quest Lysis II software (Becton Dickinson). The results are presented as the % positive cells when compared with the corresponding isotype controls.

Statistical analysis and presentation of the data

Analyses of experimental results. Proliferation was assayed by $^{3}$H-thymidine incorporation, and the mean counts per minute (cpm) of triplicate determinations was used in all analyses (11, 12). A significant alteration of $^{3}$H-thymidine incorporation was defined as a difference between incremental responses corresponding to (i) an absolute value of at least 2000 cpm; and (ii) this absolute value being >20% of the corresponding control (11, 12). Cytokine levels were transformed to logarithmic values before cytokine levels in cultures with and without bortezomib/BMS-345541 were compared; the Wilcoxon’s test for paired samples was then used for statistical analysis.

Statistical analyses. The linear relationship between two continuous variables was determined by the correlation coefficient (r) and the corresponding significance level by a two-tailed t-test. The $p$-values were adjusted by multiplying them with the total number of tests, i.e. Bonferroni-correction. ANOVA was used for combined parametric and non-parametric variables (17).

Hierarchical clustering was used to visualize the similarity between several variables. The smaller node in the dendrogram the more similar are the variables. Principal component analysis (PCA) (18) calculates a few principal components (PC’s) that describes most of the variation in the data set. Coordinates for each new variable are found by projecting the variables onto the PC’s. Thereafter
these coordinates are plotted in a coordinate system spanned by e.g. the first and second PC. The obtained PCA plot displays the correlation between variables.

Calculations of correlation coefficients and ANOVA were performed in Matlab v. 6.5, the chi-squared test was run on http://faculty.vassar.edu/lowry/newcs.html, while the hierarchical clustering and principal component analyses were carried out in J-Express Pro v.2.7 (19, 20).

RESULTS AND DISCUSSION

**In vitro culture of CD34⁺ and CD34⁻CD38⁻ AML cells**

AML stem cells are often regarded to be CD34⁺CD38⁻, but for exceptional patients these cells seem to be included among the CD34⁻ cells (23). We investigated the number of CD34⁺CD38⁻ AML cells for 10 unselected patients, and for all patients this subset constituted <1% of the AML cells. A very low number of enriched CD34⁺CD38⁻ cells was achieved after immunomagnetic separation, and when these cells were seeded at a concentration corresponding to 500-1000 cells per well no detectable ³H-thymidine incorporation (<1000 cpm) was observed (data not shown). These results suggest that ³H-thymidine incorporation by this minor cell subset itself does not contribute to the proliferative responses seen in our suspension cultures of total AML cells. However, alternative experimental approaches have to be used to investigate whether exogenous chemokines also affect the proliferation of this small cell subset. Finally, additional experiments in three patients demonstrated that exogenous chemokines could alter the proliferation of CD34⁺ enriched AML cells (data not shown).