Sensitivity and specificity of the PCR-based lymphocyte clonality assay for the diagnosis of B- and T-cell lymphoma in cats



contact: sabine.hammer@vetmeduni.ac.at

Sabine E. Hammer¹, Sandra Groiss¹, Andrea Fuchs-Baumgartinger², Nora Nedorost², Nicole Luckschander-Zeller³, Armin Saalmüller¹, Ilse Schwendenwein⁴, Barbara C. Rütgen⁴

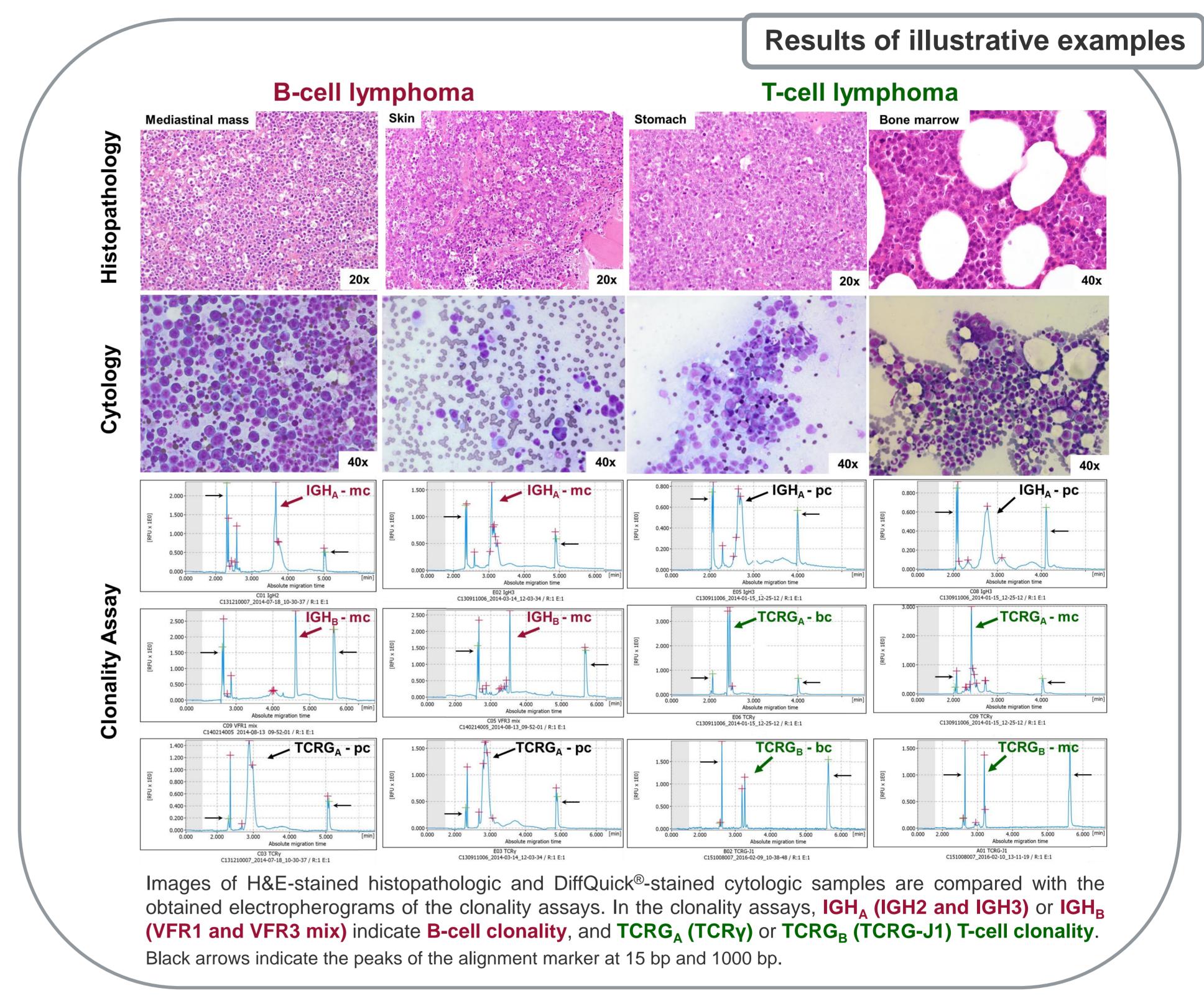
¹Institute of Immunology, ²Institute of Pathology and Forensic Veterinary Medicine and ⁴Clinical Pathology Unit, Department of Pathobiology, ³Clinic for Internal Medicine, Department for Small Animals and Horses, University of Veterinary Medicine Vienna, Vienna, Austria

Background & Objectives

With an incidence of 2 per 1.000 individuals, lymphoma is the most common haematopoietic neoplasia in cats. Evaluation of a fine needle aspirate is often the first step in the diagnostic work-up. Diagnostic classification of infiltrates consisting of well differentiated small lymphoid cells is often challenging and the differentiation between a resident mature lymphocyte population and small cell lymphoma cannot be made by cytology alone.

These cases warrant the application of complementary tools like PCR-based immunoglobulin (IG) and T-cell receptor (TCR) clonality testing (PARR) for confirmation. In this study, we evaluated diagnostic sensitivity and specificity of the PARR assay with specified primer sets for routine diagnosis of feline IG heavy chain (IGH2 and IGH3) and TCR gamma (TCRG) gene rearrangements.

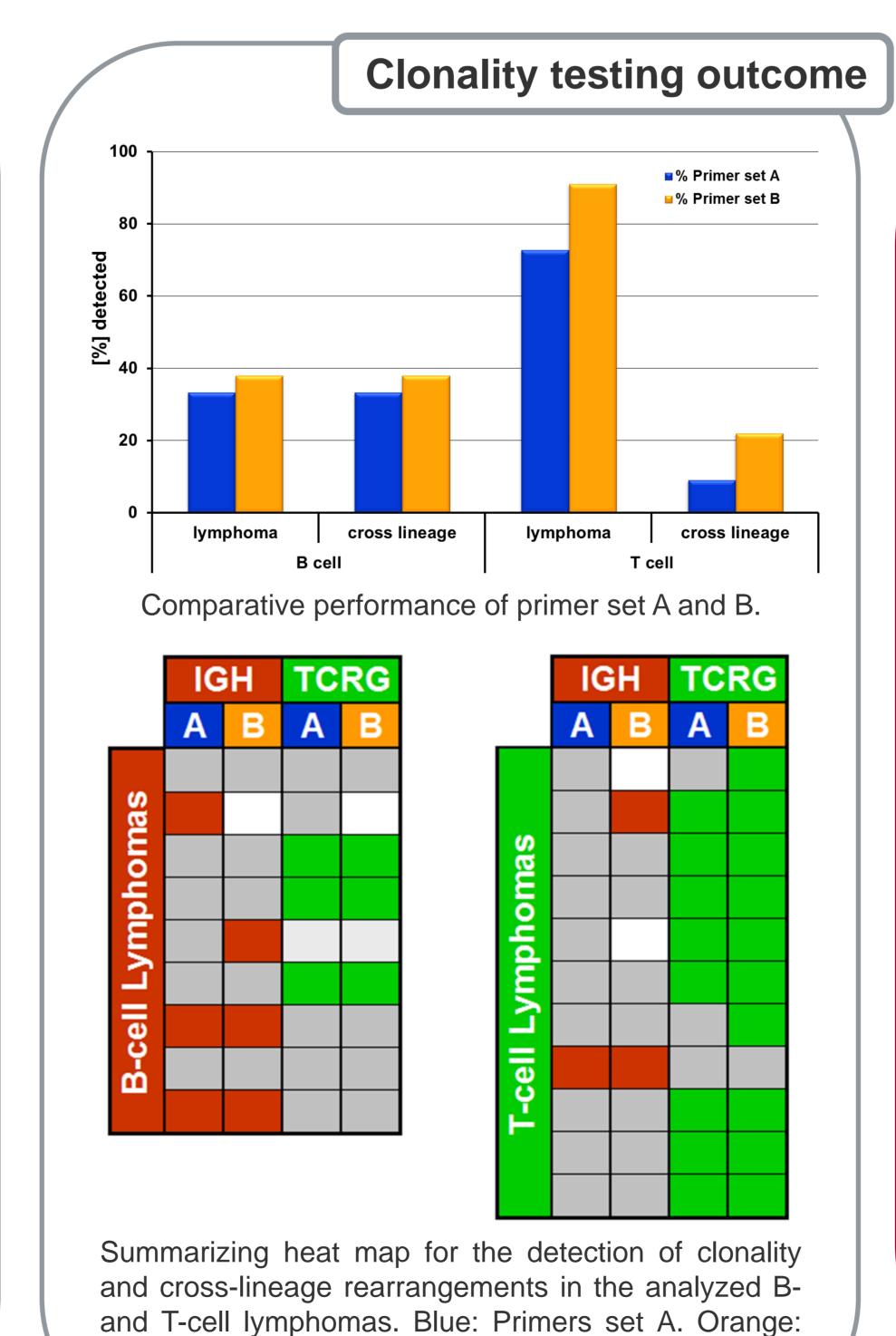
Sample Material Material from 20 cats with lymphoma confirmed by histopathology and lymphoid tissue from 10 cats without lymphoma collected from patients at the Vetmeduni Vienna from April 2013 to February 2016 were evaluated by clonality testing. slides SCS ■ solid tissue biopsy The samples consisted of stained cytology slides, single cell suspensions (scs), fresh solid tissue samples and one biopsy. The anatomic sites of the samples was highly variable. **Anatomic sites** mediastinal mass retropharynx, larynx nasopharynx stomach lymph node/intestine skin neck/mandibular lymph node nose abdominal lymph node mesenterial lymph node poplietal lymph node Number of cases ■ neoplastic cases ■ controls



PCR strategy of the clonality assay **B-cell clonality** IGH-V region **IGH-J** region Forward primers Reverse primers IHG2 ← J2 + JDIHG3 ← VFR1 ← V1F1 + V3F1 JR2 VFR2 ← IGH_B JR3 VFR3 ← V1F2 + V3F4 JR5 T-cell clonality CDR3 TCRG-J region TCRG-V region Forward primers Reverse primers → TCRγ **TCRG**_A L211 → TCRy-J1 V1-2 TCRG_B → TCRγ-J2 V5 → TCRγ-J3 PCR primer sets for detecting B- and T-cell clonality. Location of forward and reverse primers for the PCR amplification of IGH and TCRG gene rearrangements are shown. Blue: Primers set A. Orange: Primer set B. IGH: Immunoglobulin heavy chain. TCRG: T-cell receptor gamma chain. V: variable. D: diversity. J:

joining. CDR3: complementarity-determining region 3.

FR: frame work region.



Primer set B. Grey boxes: No clonality detected. White

boxes: Missing PCR reactions.

Summary & Conclusions

- We tested two PCR primer sets for clonality testing on 30 matched cytological and histopathological reviewed specimens.
- Primer set B exhibited an overall better performance, tending to be more prone for cross-lineage detection.
- Diagnostic sensitivity and specificity of the clonality assay were 70% and 90%. Overall

