Expression of Lymphocyte Homing Receptor as a Mechanism of Dissemination in Non-Hodgkin’s Lymphoma

By Steven T. Pals, Eveliene Horst, Gert J. Ossekoppele, Carl G. Figdor, R.J. Scheper, and Chris J.L.M. Meijer

To investigate whether the lymphocyte homing receptor (LHR), an adhesion molecule believed to play an important role in the control of normal lymphocyte circulation, influences the spread of non-Hodgkin’s lymphoma (NHL), expression of LHR was examined in 107 NHL of various histologic and immunophenotypic subclasses. This analysis revealed that whereas NHL with a putative derivation from recirculating mature T and B lymphocytes almost invariably express high levels of LHR, those akin to sessile mature or immature lymphocytes tend to express lower levels of LHR. Furthermore, in a survey among diffuse large-cell lymphomas of the B-lineage, the tumors of 11 of 13 patients with stage III/IV disease expressed moderate to high levels of LHR, whereas only two of 17 patients with stage I/II disease had tumors that did so. These findings suggest that LHR is involved in the dissemination of NHL.

AN IMPORTANT feature of mature lymphocytes is their ability to recirculate continuously between the lymphoid organs. This dynamic process is an essential component of the functional immune system, providing a means for constant surveillance of the organism’s tissues by immunocompetent cells.1-3 A central step in the physiology of lymphocyte recirculation is the migration of lymphocytes from the blood to the surrounding tissues through the wall of high endothelial venules (HEV). These specialized venules have a cuboid endothelial morphology and are present in the T-cell areas of lymphnodes and mucosa-associated lymphoid tissues (MALT).3,4 Moreover, they can arise in a variety of chronic inflammatory conditions, including autoimmune thyroiditis, rheumatoid arthritis, and chronic inflammatory bowel disease.4-14

It is now clear that migration of lymphocytes through HEV involves specific recognition of adhesion to their endothelial lining by lymphocyte homing receptors (LHR) expressed on the lymphocyte cell surface.3,5,9 In the mouse5 and in man,10 antibodies against these LHR define a related set of 90-Kd glycoproteins. The expression of LHR and, in parallel, the capacity of various lymphocyte populations to adhere to and migrate through HEV, depends on their state of maturation and activation.3,9,10 Thus, mature resting T and B lymphocytes, which belong to the recirculating lymphocyte pool, express high levels of LHR. In contrast, cortical thymocytes and germinal-center B cells are sessile cells and generally are either LHR negative or low expressing. 

In view of the concept that NHL present the malignant counterparts of normal lymphocytes “frozen” at a certain stage of maturation/activation, it is conceivable that the same mechanisms regulating normal lymphocyte traffic are, at least to a certain extent, operating in lymphoid malignancies. If so, the “homing phenotype” of NHLs would be expected to influence the spread of these neoplasms. This possibility is supported by the finding that homing receptor expression in transplantable murine lymphomas correlates with their capacity to give rise to generalized lymph node dissemination on passage to syngeneic recipients.15 In the present paper the authors have investigated the expression of LHR by human NHL of various types and have correlated these findings to the clinical stage.

MATERIALS AND METHODS

Case selection and classification. A panel of NHL of various histologic and immunophenotypic subclasses was selected from the material collected at the Department of Pathology, Free University Hospital, Amsterdam from 1985 to 1988 and tested for LHR-antigen expression employing the monoclonal antibodies (MoAbs) NKI-P1 and NKI-P2. Histologic subclassification of NHL was based on the International Working Formulation.9 By their staining patterns with pan-T and pan-B MoAbs the NHL were divided into B-lineage and T-lineage. A tumor was considered B-lineage if expression of one or more pan-B antigens was detected in the absence of T antigens and vice versa. Because of homogeneity for the features the authors examined, cases of small lymphocytic lymphoma with or without plasmacytoid differentiation were considered together in the category of small lymphocytic lymphoma. For similar reasons cases of follicular and follicular and diffuse small-cleaved, mixed, and large-cell lymphoma were considered together in the category of follicular lymphomas; diffuse large-cleaved cell, large noncleaved cell, and large cell with immunoblastic features (of the B-lineage) were considered together in the category of diffuse large-cell lymphoma.

MoAbs. The development and specificity of the hybridomas NKI-P1 and NKI-P2 will be described elsewhere (S.T. Pals, manuscript in preparation). In brief, the MoAbs secreted by these hybridomas immunoprecipitate a major product with a mol wt of 90 Kd from 125I-labeled human monocytes. This product was shown to be identical to the human LHR described by Jalkanen et al.9 Functional studies using the MoAbs NKI-P1 and NKI-P2 showed both MoAbs to inhibit the binding of human peripheral blood lymphocytes to HEV in vitro, indicating that they are directed against a functional epitope on the LHR. Immunoperoxidase staining was performed on aceton-fixed cryostat section by an indirect immunoperoxidase procedure, as described previously.9 NKI-P1 and NKI-P2 were employed as supernatant at concentrations to give optimal staining results. The second stage antibody, horseradish peroxidase-conjugated rabbit antimouse IgG (DAKO, Denmark) contained 5% normal human serum. Sections were routinely counterstained with haematoxylin. Since cross-blocking studies indicated

From the Departments of Pathology and Hematology, Free University and the Division of Immunology, The Netherlands Cancer Institute, Amsterdam.

Submitted August 15, 1988; accepted November 16, 1988.

Supported by Grant IKA 87-14 and NKI 86-9 from the Netherlands Cancer Organisation.

Address reprint requests to Steven T. Pals, MD, Department of Pathology, Free University Hospital, De Boelelaan 1117, 1081 HV, Amsterdam, The Netherlands.

The publication costs of this article were defrayed in part by page charge payment. This article must therefore be hereby marked "advertisement" in accordance with 18 U.S.C. section 1734 solely to indicate this fact.

© 1989 by Grune & Stratton, Inc.

0006-4971/89/7304-002283.00/0

Blood, Vol 73, No 4 (March), 1989: pp 885-888
that NKI-P1 and NKI-P2 recognize overlapping epitopes and since the staining results obtained with these MoAbs were virtually identical, they are considered together. Staining intensity was scored semiquantitatively on a scale of 0 to 3 (0, negative; 1, weak; 2, moderate; 3, strong).

Clinical staging procedures. Expression of LHR antigen, as defined by staining with NKI-P MoAbs, was correlated to clinical stage in 30 patients with diffuse large-cell lymphoma of the B-lineage who had undergone a complete staging procedure within 6 weeks following the initial biopsy. The staging procedure routinely included thorough physical examination, blood profile and buffycoat examination, rhinolaryngoscopy, chest and abdominal X-rays, a variable combination of abdominal/pelvic computerized tomography (CT), lymphangiography and echography, and bone marrow smears and biopsies. Results were classified according to the Ann Arbor staging system. For statistical evaluation of staging results the chi-square test was used.

RESULTS

LHR expression in non-Hodgkin’s lymphoma. In accordance with other reports describing the distribution of LHR in normal and reactive lymphoid tissues, the authors observed a high expression of the antigens recognized by NKI-P1/2 on most cells of both the B-lineage and T-lineage as well as on macrophages/dendritic cells. B lymphocytes in primary follicles, mantle zones, and interfollicular areas and T lymphocytes in the interfollicular and paracortical areas of the lymphoid tissues were strongly NKI-P1/2 positive (2 to 3+). Plasma cells were also positive. In contrast, germinal center B cells were weak to negative (0 to 1+). Similarly the vast majority of cortical thymocytes lacked LHR antigen expression (0).

The various subtypes of NHL were heterogeneous with respect to LHR antigen expression (Table 1). Diffuse small-cell lymphomas/leukemias of the B-lineage were all strongly NKI-P1/2 positive (2 to 3+). Plasma cells were also positive. In contrast, germinal center B cells were weak to negative (0 to 1+). Similarly, the vast majority of cortical thymocytes lacked LHR antigen expression (0).

Table 1. Lymphocyte Homing Receptor Expression in Non-Hodgkin’s Lymphoma

<table>
<thead>
<tr>
<th>Subtype</th>
<th>No. NKI-P+ (%)</th>
<th>Staining Intensity</th>
<th>Range*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary follicles</td>
<td>24/24 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Mantle zones</td>
<td>20/20 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Interfollicular areas</td>
<td>4/4 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Diffuse large-cell</td>
<td>30/36 (80)</td>
<td>0-3+</td>
<td></td>
</tr>
<tr>
<td>Follicular</td>
<td>4/8 (50)†</td>
<td>0-3+</td>
<td></td>
</tr>
<tr>
<td>Burkitt</td>
<td>0/3 (0)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Myeloma/plasmocytoma</td>
<td>3/3 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Peripheral T-cell lymphoma</td>
<td>29/29 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Mycosis Fungoides (MF)</td>
<td>12/12 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Non-MF</td>
<td>17/17 (100)</td>
<td>2-3+</td>
<td></td>
</tr>
<tr>
<td>Lymphoblastic</td>
<td>2/4 (50)</td>
<td>0-2+</td>
<td></td>
</tr>
</tbody>
</table>

*0, negative; 1+, weak; 2+, moderate; 3+, strong.
†Important intratumor NKI-P expression heterogeneity with a variable population of strongly positive tumor cells at the periphery of the malignant follicles.

DISCUSSION

The cellular and molecular interactions involved in metastasis are undoubtedly complex, but the adhesive properties of tumor cells are likely to play a key role in this process. Although, because of their motility, lymphocytes may sometimes be thought of as nonadhesive cells, this is incorrect: Cell–cell adhesion is involved in almost every step during an immune response, and the fact that lymphocytes may recirculate through blood and lymph appears to result from their ability to regulate their adhesive properties, including their LHR receptor expression, continuously.

The marked heterogeneity in LHR expression among NHL of various subclasses in the authors’ present study
LHR AS A MECHANISM OF DISSEMINATION IN NHL

or small, resting B cells, like these benign counterparts, were the LHR expression was widely variable, ranging from 0 to diffuse large-cell lymphomas of the B-lineage, consisting parts was far from complete. Particularly in the group of tended to show a much lower LHR expression (Table 1).

germinal center cells or immature lymphoid precursors

Importantly, however, this parallel between LHR expression and disease stage is incomplete, given that the authors observed wide lymphoma dissemination in some cases without LHR expression. This indicates that LHR expression is not an absolute requirement for tumor spread. Several factors might explain this observation. First, molecules other than LHR are likely to be involved in lymphoma dissemination. Pertinent to this point are observations by the authors and others indicating that in addition to LHR, LFA-1 is also involved in lymphocyte migration through HEV. Second, factors other than adhesiveness are likely to play a role in lymphoma dissemination. These may include changes in cytoskeletal structure influencing migratory capacity, differences in growth character, etc.

The authors' conclusion that LHR is likely to play a role in the dissemination of NHL is corroborated by the characteristic dissemination and LHR expression patterns of most of the other NHL subcategories. For example, diffuse small-cell lymphoma, a NHL category with strong LHR expression, almost invariably presents at clinical stage IV. Similarly, peripheral T-cell lymphomas, which all express high levels of LHR, tend to disseminate widely. Follicular lymphomas present an obvious exception to this rule, since they show a low LHR antigen expression but are mostly widely disseminated at the time of diagnosis. This might be explained, however, by the finding of strongly LHR antigen-positive tumor cells at the periphery of the malignant follicles in a significant proportion of these lymphomas. It is conceivable that these cells comprise the malignant counterparts of early recirculating memory B cells developing from sessile germinal center cells and consequently have a large potency to disseminate.

The general distribution pattern of LHR antigen among NHL of various histologic and immunophenotypic subcategories in the authors' present study resembles the distribution pattern recently described by Picker et al. These authors, however, could not demonstrate a significant correlation between LHR expression and clinical stage, although a weak nonsignificant association was observed. Although the authors cannot at present explain this discrepancy, it is conceivable that differences in the fine specificity of the MoAbs used in both studies play a role, since the authors' results indicate that NK1-P1/2 recognizes a different domain on the LHR than Hermes-3 (used by Picker et al; S.T. Pals, manuscript in preparation).

In conclusion, although the findings presented here cannot definitively prove that LHR is involved in the dissemination of NHL, it is tempting to speculate that high LHR expression in large-cell lymphomas, which correlates with wide dissemination, is an important factor in tumor spread.

ACKNOWLEDGMENTS

We thank A. den Otter for expert technical assistance, Y.C. Abraham-Dolman and J. Ambagtsheer for typing the manuscript, and Dr. H.P. Muller for providing clinical data.

REFERENCES

2. Ford WL: Lymphocyte migration and immune responses. Prog Allergy 19:1, 1975
5. Jalkanen S, Steere AC, Fox RI, Butcher EC: A distinct

Fig 1. Expression of LHR antigen in diffuse large-cell lymphoma of the B-lineage in relation to clinical stage (Ann Arbor). 85% of stage III and IV lymphomas are LHR 2 to 3+ only 12% of NHL in stage I and II (P < .001).


