Proyecto latinoamericano sobre células T. Propuesta brasileña

The Latin American T-Cell Project: a Brazilian proposal

Chiattone C^{1,2}, Parra F C¹, Bellei M³, Souza C A⁴, Federico M³

¹Centro de Linfomas, Hospital Samaritano, São Paulo (Brazil) ²Faculdade de Ciências Médicas da Santa Casa de São Paulo, São Paulo (Brazil) ³Dipartimento di Medicina Diagnostica, Clinica e di Sanità Pubblica,Università di Modena e Reggio Emilia, COM – Centro Oncologico Modenese, Modena (Italy) ⁴Hemocentro, Universidade de Campinas, Campinas (Brazil)

carlos.chiattone@terra.com.br



PROYECTO DEL REGISTRO: LINFOMA NO HODGKIN T

HEMATOLOGÍA Volumen • 20 Número Extraordinario: 161 - 164 I Jornada Latinoamericana de la SAH: Agosto 2016

Palabras clave: linfoma de células T, Latinoamérica.

> Keywords: T-cell lymphomas, Latin America

Abstract

By virtue of being the product of the genetic admixture of three ancestral roots: Europeans, Africans, and Amerindians, the present-day Latin America population displays very high levels of genomic diversity. In the other hand, the continent has a vast territory with distinct socioeconomic regions, sometimes bearing unique particularities in culture and environmental aspects This variability has an important impact in epidemiology of various diseases including lymphoma reflecting patients treatments and outcomes^(1,2). The main purpose of this project is to establish a better picture of the T-cell lymphomas in Latin America, comparing data from each different socio-geographic region and limiting the selection or biases probably found in the international studies. Information comprising these regions can contribute much to the epidemiology of these diseases as well as to identify better treatment strategies for the patients in the future.

Introduction

Peripheral T-cell lymphomas (PTCLs) are a heterogeneous group of clinically aggressive diseases associated with a poor outcome. Studies that focus specifically on PTCLs are emerging, with the ultimate goal of improved understanding of disease biology and the development of more effective therapies⁽³⁾. PTCLs are very heterogeneous in terms of morphological patterns, phenotypes, and clinical presentation^(4,5), depending on the diverse cells from which they can originate⁽⁶⁻¹⁵⁾.

Comprising 10-15% of all non-Hodgkin lymphomas (NHL), the PTCLs have a well documented geographical variation^(1,2,13,16-21).

Approximately 15% to 20% of lymphoma are diagnosed as PTCL or NK/T-cell lymphomas in Asia and South America, where they are most frequent compared to Europe and North America. In Western hemisphere, the PTCLs have an overall incidence of 0.5-2 per 100,000 per $year^{(1,13,22)}$. It has become clear that the difference in the frequency patterns of different geographic regions may be indicative of environmental or host risk factors in a particular region. One could be the higher prevalence of viral infections, particularly the human T-cell lymphotropic virus type 1 (HTLV-1) in eastern countries compared to Europe and the US. The northeast region of Brazil has a higher incidence of this virus infection as well. This infection is described to be related to the adult T-cell leukemia/lymphoma (ATLL) and NK-cell neoplasms^(21,23-25).

Although studies of individual NHL subtypes have been conducted in some South American countries, only centers from big cities are normally involved. An epidemiologic study of all sub-types of PTCLs patients from centers distributed in each geographical region of the continent is necessary to provide a complete picture of the disease in such a heterogeneous continent.

The T-Cell project

Comprising seven (Argentina: 3; Brazil: 2; Chile: 1; Uruguay: 1) participating centers, Latin America included 292 patients as of June 2016 at the International T-Cell Project (corresponding to 20% of the study population). The project was designed as a prospective collection of information potentially useful to predict the prognosis of newly diagnosed patients with the more frequent subtypes of peripheral T-cell lymphoma (peripheral T-cell lymphoma unspecified [PTCL-NOS], and angioimmunoblastic T-cell lymphoma [AITL]) and to better define clinical characteristics and outcome of the more uncommon subtypes (extranodal NK/T-cell lymphoma [NKTCL]; enteropathy-type T-cell lymphoma

[EATL]; hepatosplenic T-cell lymphoma [HSTCL]; peripheral $\gamma\delta$ T-cell lymphoma [P $\gamma\delta$ TCL]; subcutaneous panniculitis-like T-cell lymphoma [SPLTCL]; anaplastic large-cell lymphoma, T/null cell, primary systemic type [ALCL]). The project comprised 74 institutions distributed in 14 countries worldwide that registered 1481 cases of PTCL between September 2006 and June 2016 whose preliminary results had been published in various international congresses^(1,26-30).

T-Cell project in Latin America

Recognition of the fact that we should limit the selection biases and incorporate a bigger scope with the inclusion of patients from all regions, we had recently implemented the Brazilian T-Cell Lymphoma Project that we are proposing to amplify to all Latin America, with the consulting and participation of the international T-Cell project team.

To date, 51 centers, distributed among all five macro-regions of Brazil, are collaborating in the project. Centers in other Latin America countries had also shown interest. The designed study follows up on the previous one by the International T-cell Project and its purpose is to verify whether a prognostic collection of data would permit access to more accurate information permitting a better definition of prognosis and investigation of more adequate treatment strategies for these neoplasms. It should also include patients with lymphomas that are quite frequent in Latin American regions and not contemplated in the T-Cell Project (such as ATL).

Registration will be made on-line on a key restricted accessible web-database: investigators must complete the on-line registration forms after obtaining the informed consent dated and signed by the patient. Every registered patient will undergo a central histopathology review by a panel of experts. The referring pathologist will collect and review the pathologic material sent by the participating centers, without knowing the clinical outcome of the patient. Validated cases have to be supplied of information regarding treatment procedures and follow-up updating for at least 5 years.

The project has secondary objectives that are not less important. First is to call attention of the scientific community worldwide showing that Latin America can be considered a strong source of NHL patients that could participate in clinical trials. The analysis of patients distributed in all regions of the continent and a comparison between them will provide a complete picture of the disease in Latin America, limiting the bias probably found in the international project. Besides that, this project will allow us to build a strong and well-represented Latin American network to be active in many epidemiological and clinical studies in benefit of our patients.

Declaración de conflictos de interés:

Los autores declaran que no poseen conflictos de interés.

References

- 1. Bellei M, Chiattone CS, Luminari S et al. T-cell lymphomas in South America and Europe. Rev Bras Hematol Hemoter. 2012;34(1):42-47.
- Pombo De Oliveira MS, Loureiro P, Bittencourt A et al. Geographic diversity of adult T-cell leukemia/lymphoma in Brazil. The Brazilian ATLL Study Group. Int J Cancer. 1999;83(3):291-298.
- 3. Foss FM, Zinzani PL, Vose JM et al. Peripheral T-Cell Lymphoma. Blood. 2011,117:6756-6767.
- 4. Swerdlow S, Campo E, Harris N et al. WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, 4th edition. Lyon, IARC Press, 2008.
- Swerdlow SH, Campo E, Pileri SA et al. The 2016 revision of the World Health Organization (WHO) classification of lymphoid neoplasms. Blood. 2016 May 19;127(20):2375-90.
- Harris NL, Jaffe ES, Diebold J et al. World Health Organization classification of neoplastic diseases of the hematopoietic and lymphoid tissues: report of the Clinical Advisory Committee meeting-Airlie House, Virginia, November 1997. J Clin Oncol. 1999;17(12):3835-3849.

- 7. Jaffe ES, Harris NL. Tumours of haematopoietic and lymphoid tissues—pathology and genetics, World Health Organization of Tumours. Lyon, IARC Press, 2001.
- Picker LJ, Weiss LM, Medeiros LJ et al. Immunophenotypic criteria for the diagnosis of non-Hodgkin's lymphoma. Am J Pathol. 1987;128(1):181-201.
- 9. Cooke CB, Krenacs L, Stetler-Stevenson M et al. Hepatosplenic T-cell lymphoma: a distinct clinicopathologic entity of cytotoxic gamma delta T-cell origin. Blood. 1996;88(11):4265-4274.
- 10. Delves PJ, Roitt IM. The immune system. First of two parts. N Engl J Med. 2000a;343(1):37-49.
- 11. Delves PJ, Roitt IM. The immune system. Second of two parts. N Engl J Med. 2000b;343(2):108-117.
- 16. Anderson JR, Armitage JO, Weisenburger DD. Epidemiology of the non-Hodgkin's lymphomas: distributions of the major subtypes differ by geographic locations. Non-Hodgkin's Lymphoma Classification Project. Ann Oncol. 1998;9(7):717-720.
- 12. O'Leary HM, Savage KJ. Novel therapies in peripheral T-cell lymphomas [Internet]. Curr Oncol Rep. 2008;10(5):404-411.
- 13. Savage KJ. Peripheral T-cell Lymphomas. Blood Rev. 2007;21(4):201-216.
- 14. Campo E, Swerdlow SH, Harris NL et al. The 2008 WHO classification of lymphoid neoplasms and beyond: evolving concepts and practical applications The 2008 WHO classification of lymphoid neoplasms and beyond: evolving concepts and practical applications. Blood. 2011;117(19):5019-5032.
- Jones D, O'Hara C, Kraus MD et al. Expression pattern of T-cell-associated chemokine receptors and their chemokines correlates with specific subtypes of T-cell non-Hodgkin lymphoma [Internet]. Blood. 2000;96(2):685-690.
- 16. Anderson JR, Armitage JO, Weisenburger DD. Epidemiology of the non-Hodgkin's lymphomas:distributions of the major subtypes differ by geographic locations. Non-Hodgkin's Lymphoma Classification Project. Ann Oncol. 1998;9(7):717-720.

- 17. Nakamura S, Koshikawa T, Koike K et al. Phenotypic analysis of peripheral T cell lymphoma among the Japanese. Acta Pathol Jpn. 1993;43(7-8):396-412.
- Solal-Celigny P, Roy P, Colombat P et al. Follicular lymphoma international prognostic index. Blood. 2004;104(5):1258-1265.
- 19. Tse E, Kwong YL. Treatment algorithms for mature T-cell and natural killer-cell neoplasms. Futur Oncol. 2011; 7(9):1101-1112.
- Gualco G, Domeny-Duarte P, Chioato L et al. Clinicopathologic and molecular features of 122 Brazilian cases of nodal and extranodal NK/T-cell lymphoma, nasal type, with EBV subtyping analysis [Internet]. Am J Surg Pathol. 2011;35(8):1195-1203.
- Pombo de Oliveira MS, Matutes E, Schulz T et al. T-cell malignancies in Brazil. Clinico-pathological and molecular studies of HTLV-I-positive and -negative cases. Int J Cancer. 1995;60(6):823-827.
- Luminari S, Federico M. Other peripheral T-cell lymphomas; in *The Lymphoid Neoplasms*. *Third Edition.*, Magrath IT (ed). London, Edward Arnold Ltd, 2010, pp.1400-1420.
- Su IJ, Wang CH, Cheng AL et al. Characterization of the spectrum of postthymic T-cell malignancies in Taiwan. A clinicopathologic study of HTLV-1-positive and HTLV-1-negative cases. Cancer. 1988;61(10):2060-2070.
- 24. Pombo-de-Oliveira MS, Carvalho SM, Borducchi D et al. Adult T-cell leukemia/lymphoma and cluster of HTLV-I associated diseases in Brazilian settings. Leuk Lymphoma. 2001;42(1-2):135-144.

- 25. Morton LM, Wang SS, Devesa SS et al. Lymphoma incidence patterns by WHO subtype in the United States, 1992-2001. Blood 2006;107(1):265-276.
- 26. Federico M, Bellei M, Pesce E et al. T-Cell Project: an international, longitudinal, observational study of patients with aggressive peripheral T-cell lymphoma. Rev Bras Hematol Hemoter. 2009b;31(2):21-25.
- 27. Federico M, Bellei M, Pesce EA, et al. T-Cell Project: an International, Prospective, Observational Study of Patients with Aggressive Peripheral T-cell lymphoma. Analysys of first 524 patients. Ann Oncol. 2011;22(Suppl 4):Abs 241.
- Federico M, Bellei M, Pesce EA et al. T-Cell Project: an international, prospective, observational study of patients with aggressive Peripheral NK/T-Cell Lymphoma: Lesson from the first 1308 patients. Hematol Oncol. 2015;33(Suppl1):100-180 Abstract 070.
- 29. Horwitz SM, Bellei M, Marcheselli L et al. The role of transplant in the treatment of Peripheral T-cell Lymphomas (PTCLs): an analysis from the T-cell Project database. Hematol Oncol. 2015;33(Suppl 1):181-243 Abstract 247.
- Bellei M, Marcheselli L, Pesce EA et al. Clinical Characteristics and Patterns of Care of Patients (pts) with Peripheral T-cell Lymphoma (PTCLs) according to age at time of diagnosis: A T-Cell Project snapshot. Hematol Oncol. 2015;33(Suppl 1):181-231 Abstract 231.