

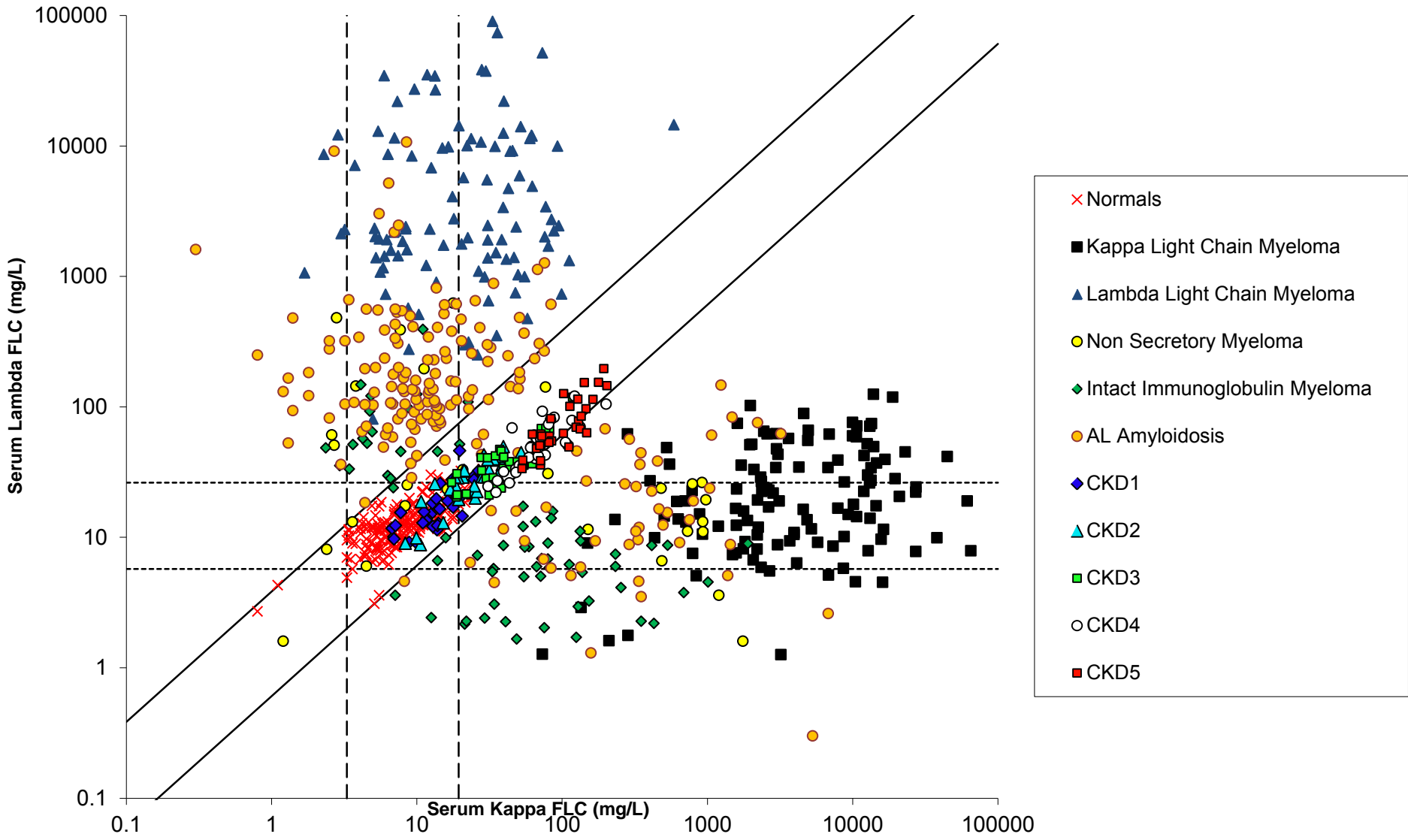
Hevylite: New strategies for Diagnosis, Monitoring and Prognosis of monoclonal gammopathies

AR Bradwell.
University of Birmingham
and Binding Site Ltd

How good are tests for monoclonal monoclonal proteins?

	FLC	Igs
1. Diagnosis – sensitive and specific	+	+
2. Monitoring – reproducible	+	+/-
3. Prognostic	+	-

Diagnosis

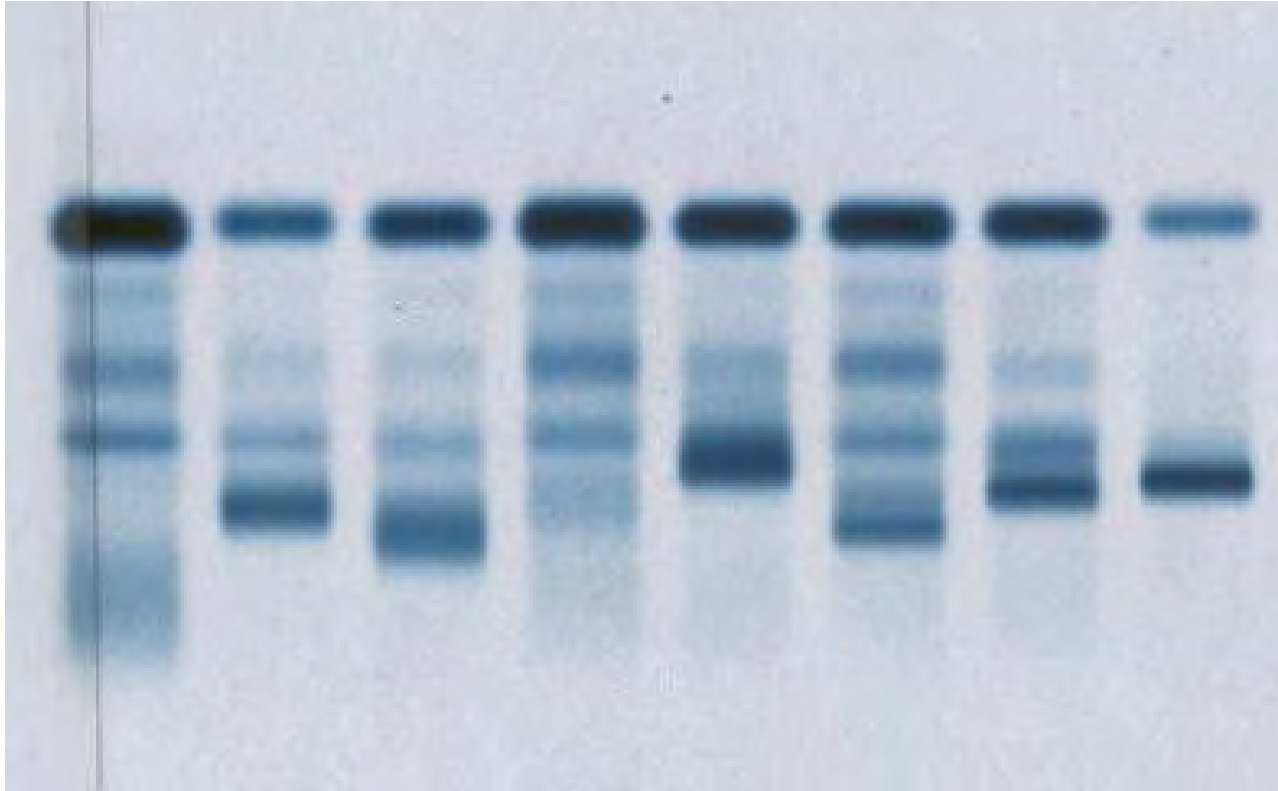


- × Normals
- Kappa Light Chain Myeloma
- ▲ Lambda Light Chain Myeloma
- Non Secretory Myeloma
- ◆ Intact Immunoglobulin Myeloma
- AL Amyloidosis
- ◆ CKD1
- ▲ CKD2
- CKD3
- CKD4
- CKD5

Problems with IgG, IgA and IgM assays

1. There is no Ig κ /Ig λ ratio
2. Nephelometry measures the total immunoglobulin but the patient is Ig' κ or Ig' λ

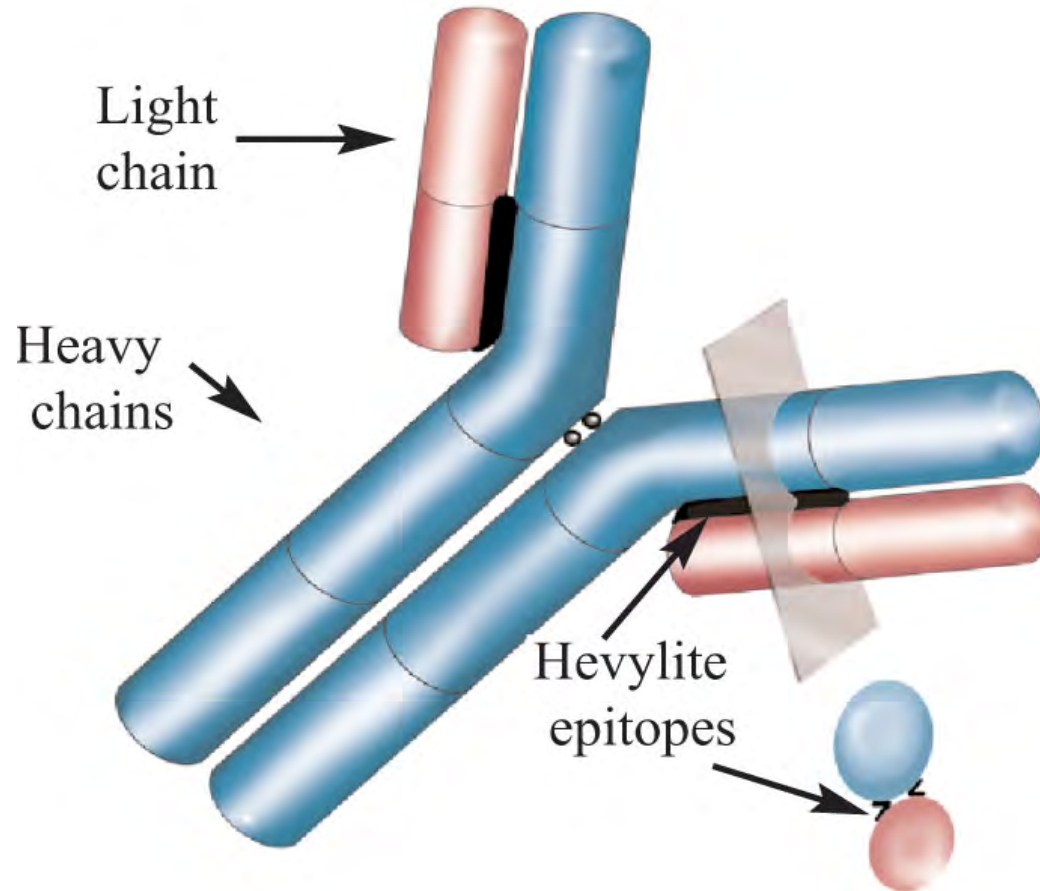
SPE Analysis of MRC MM VII Presentation Samples



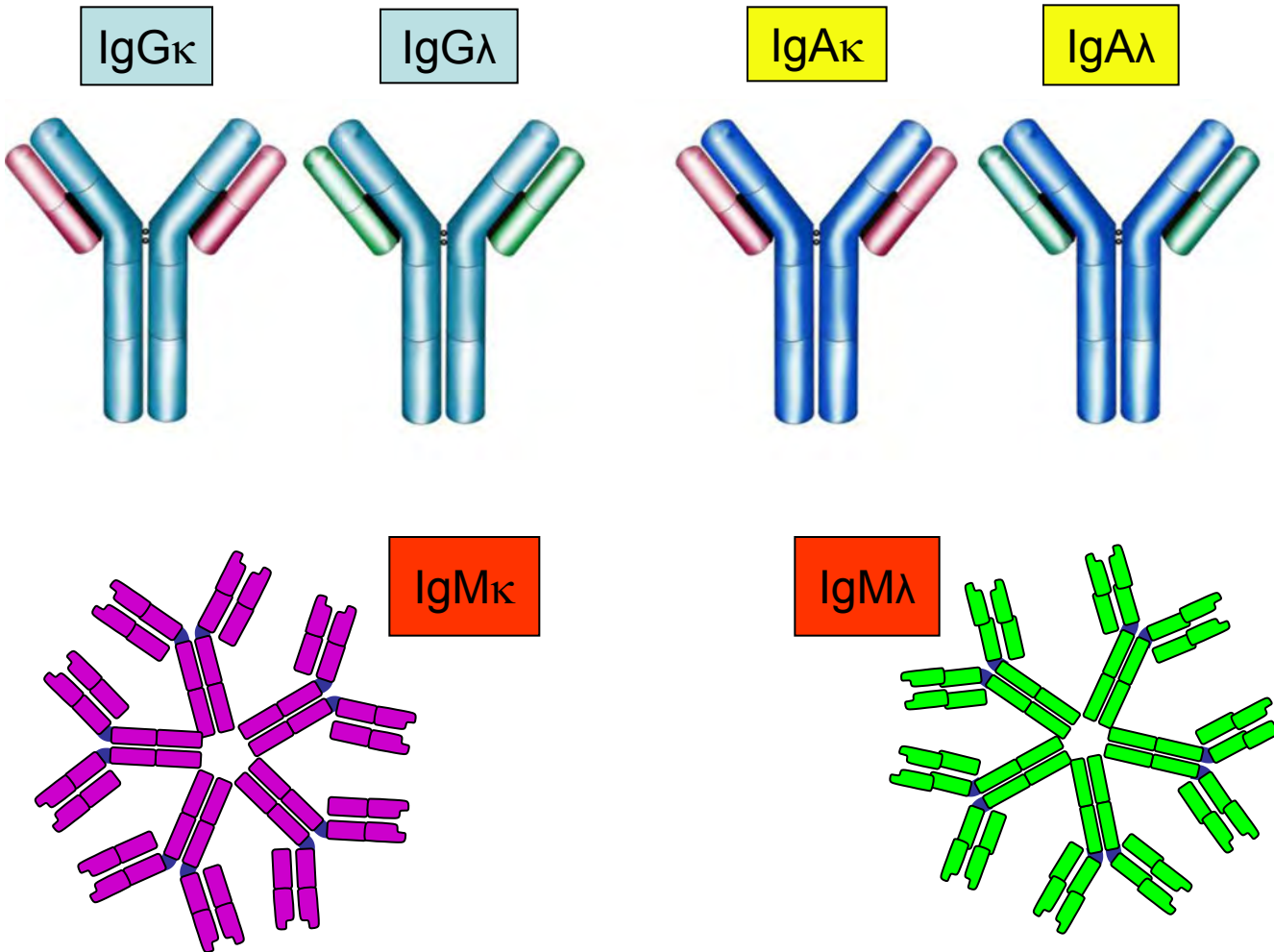
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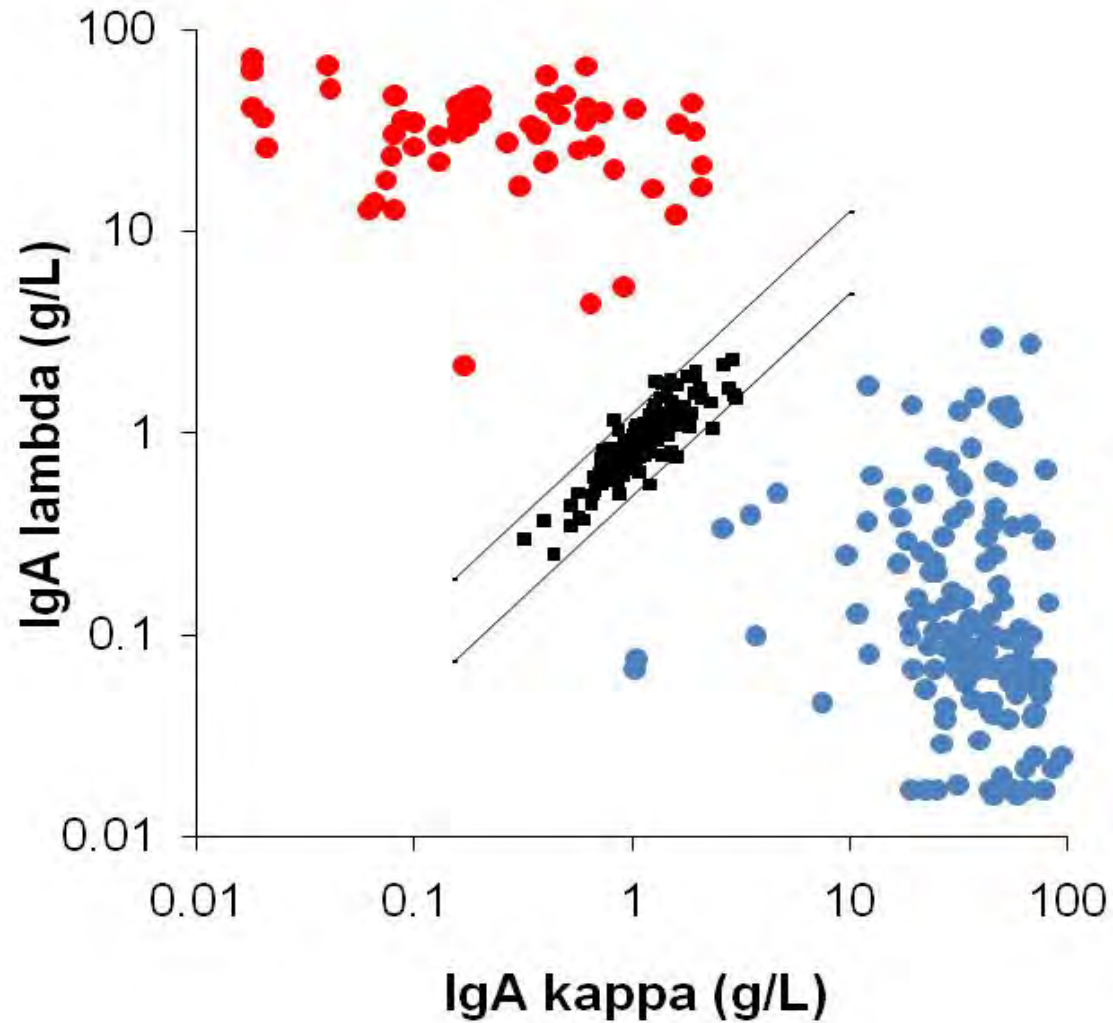
Immunoglobulin molecule and Hevylite (HLC) epitopes



Different heavy chain/light chain immunoglobulins



IgA Multiple Myeloma



Monitoring

Problems with IgG, IgA and IgM assays

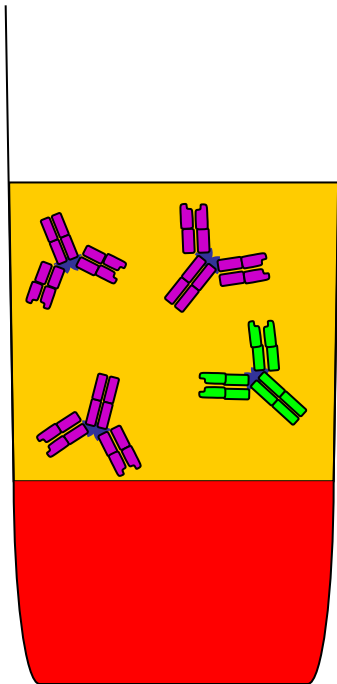
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Effect of volume changes on Ig' measurements

IgG κ - 50g/L

Ig' κ /Ig' λ

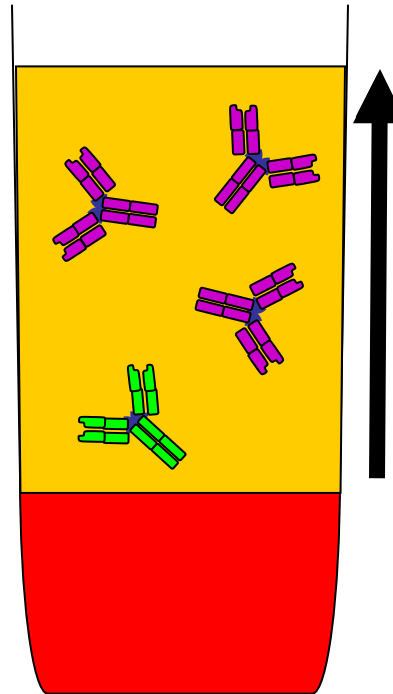
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IgG κ - 30g/L

Ig' κ /Ig' λ

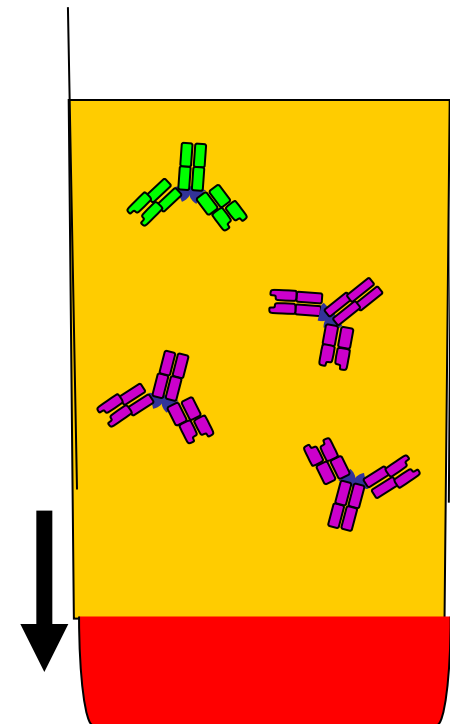
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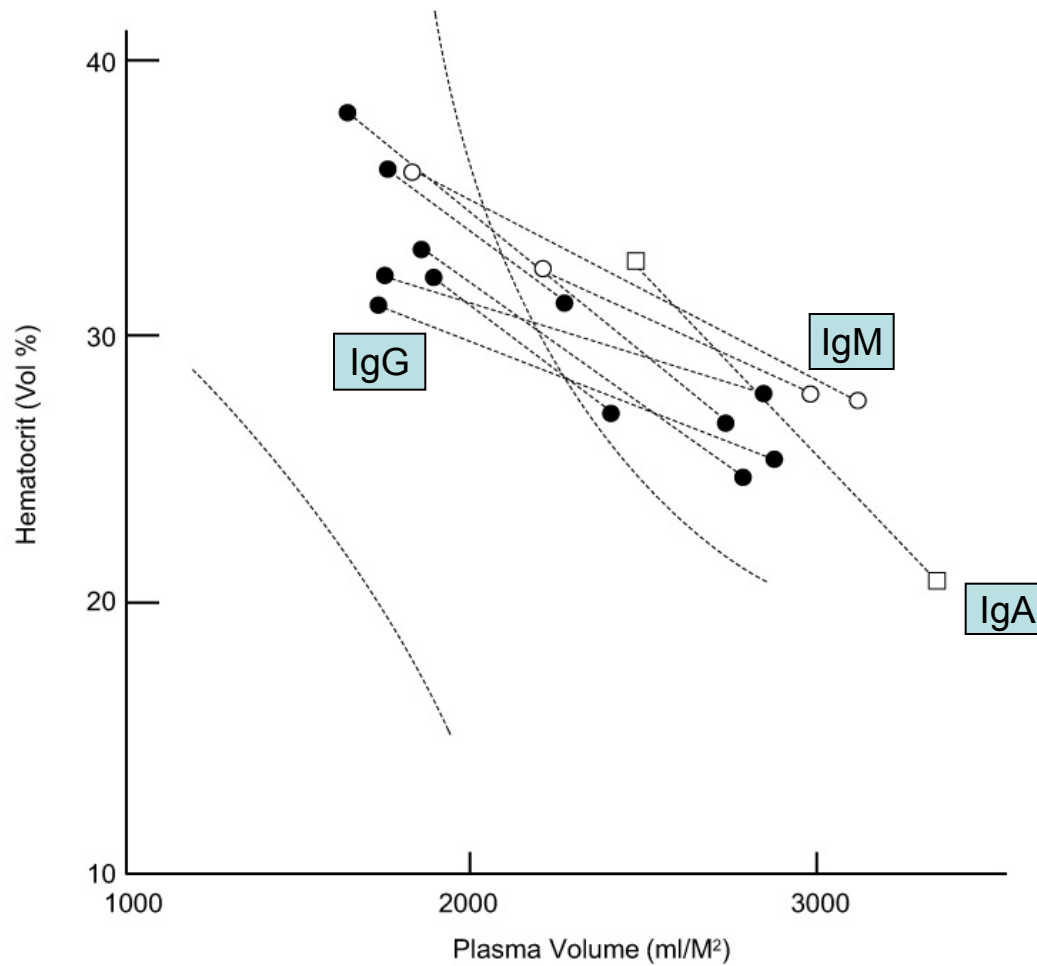
IgG κ - 20g/L

Ig' κ /Ig' λ

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Relationship of monoclonal immunoglobulin changes to plasma volume and haematocrit

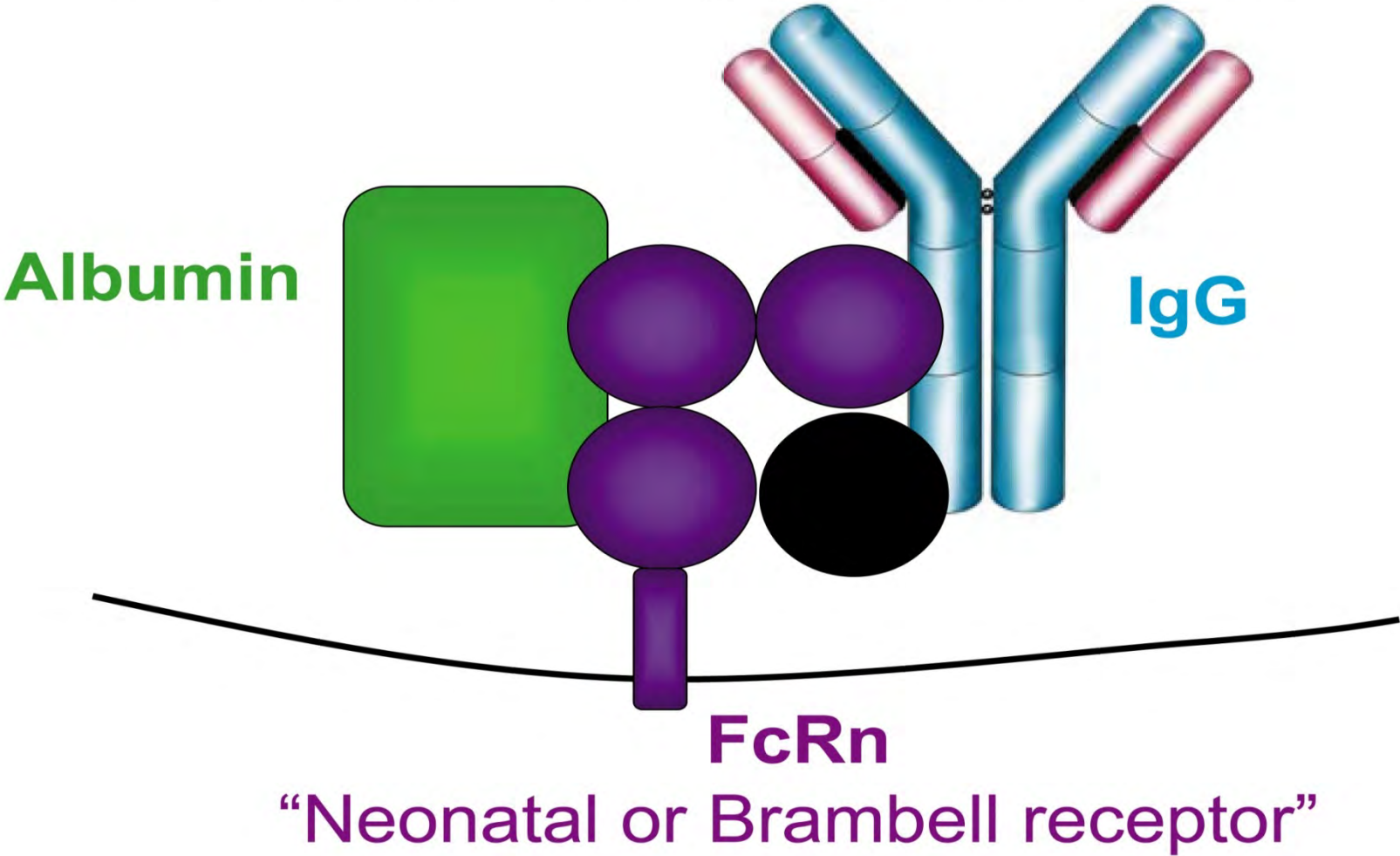


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6. IgG metabolism is variable

IgG metabolism is controlled by
cellular recycling receptors

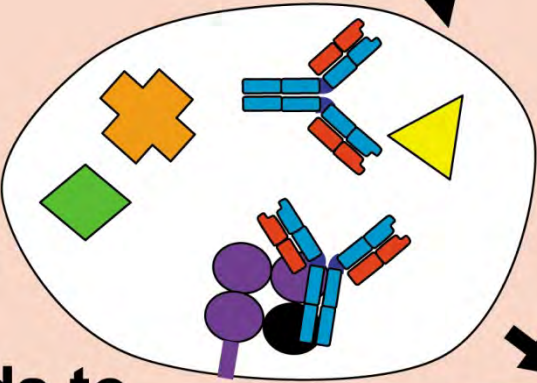
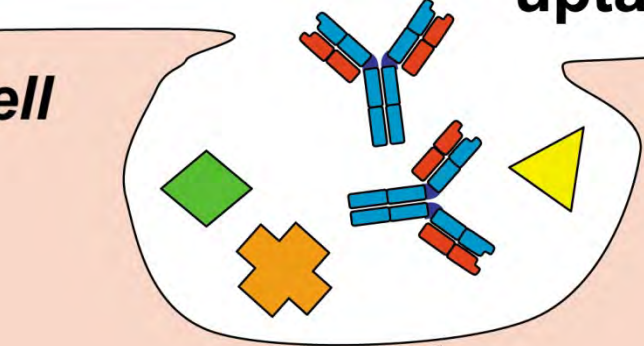
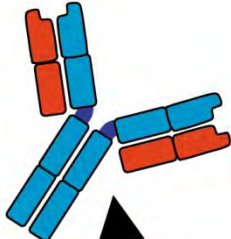
FcRn binds IgG and albumin



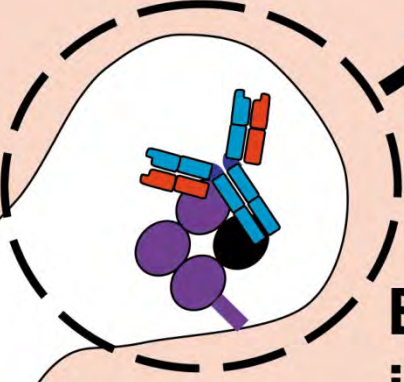
Recycling of IgG

Endothelial cell

Non-specific uptake

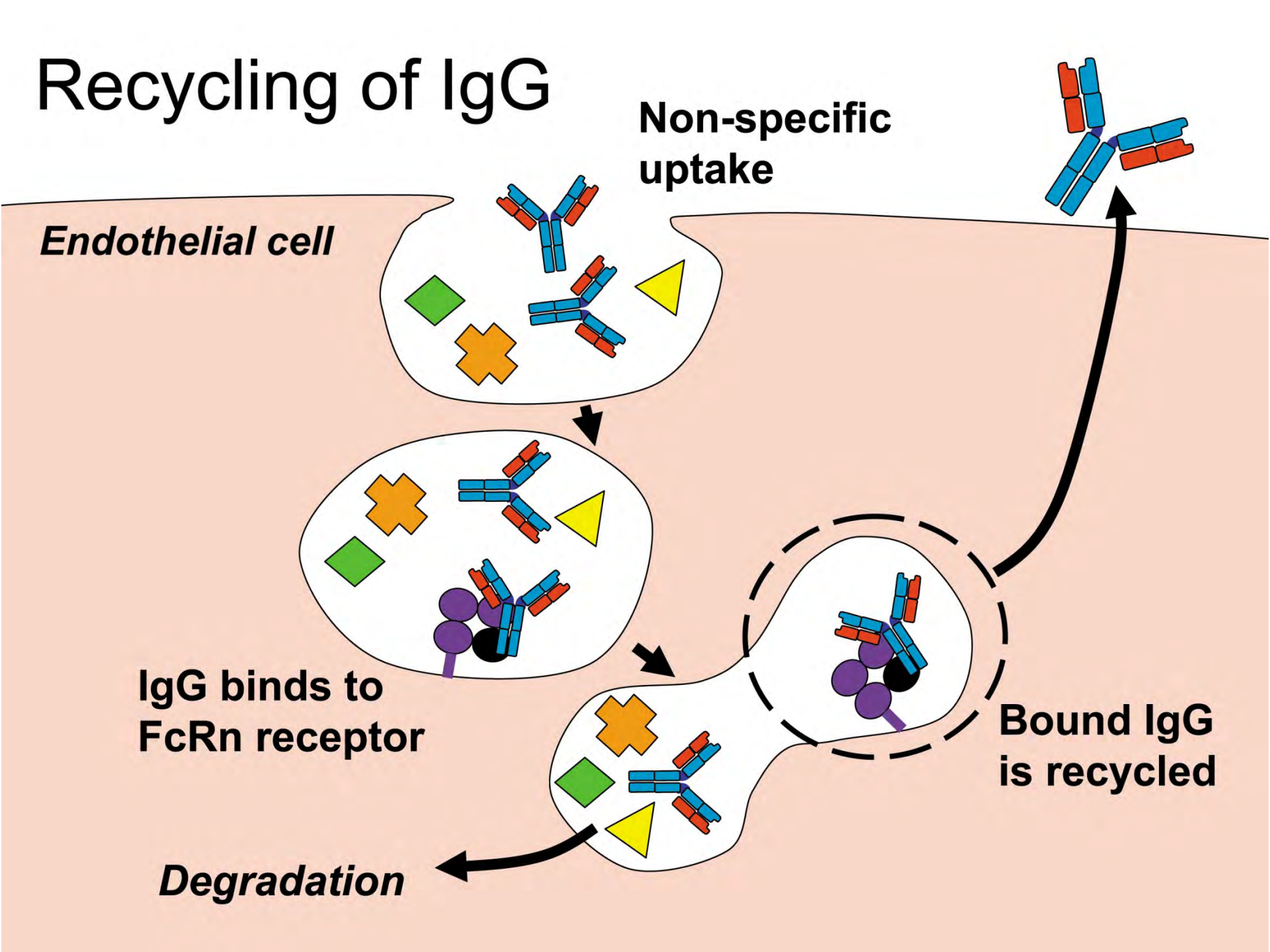
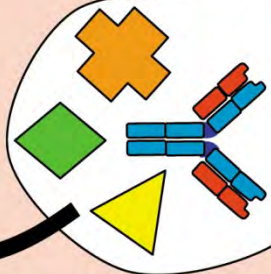


IgG binds to FcRn receptor



Bound IgG is recycled

Degradation

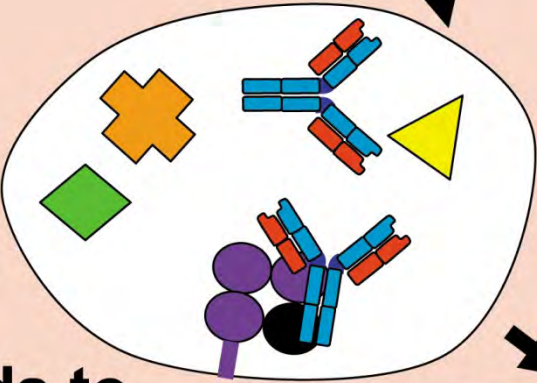
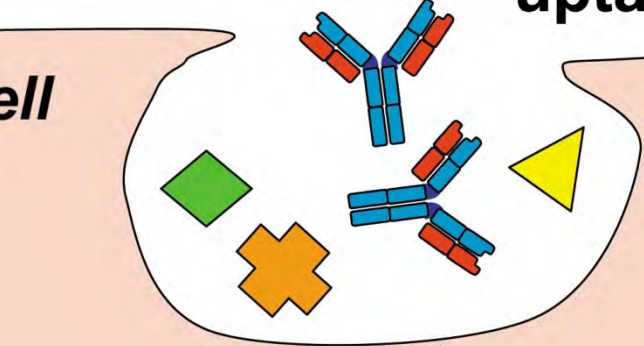
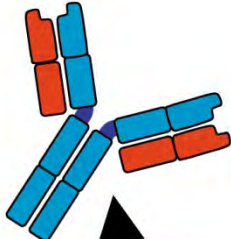


IgG FcRn receptors are saturated
at normal IgG concentrations

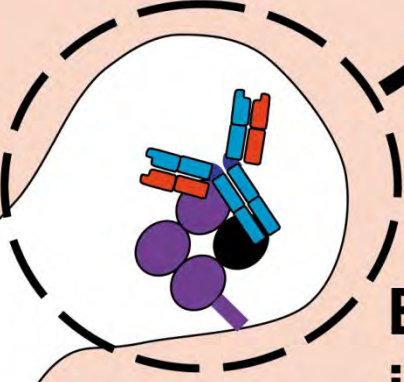
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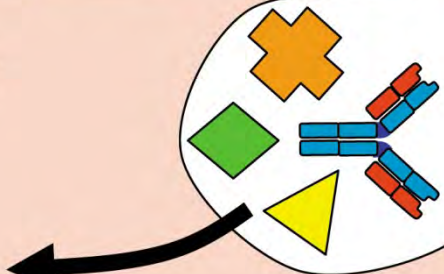


IgG binds to FcRn receptor

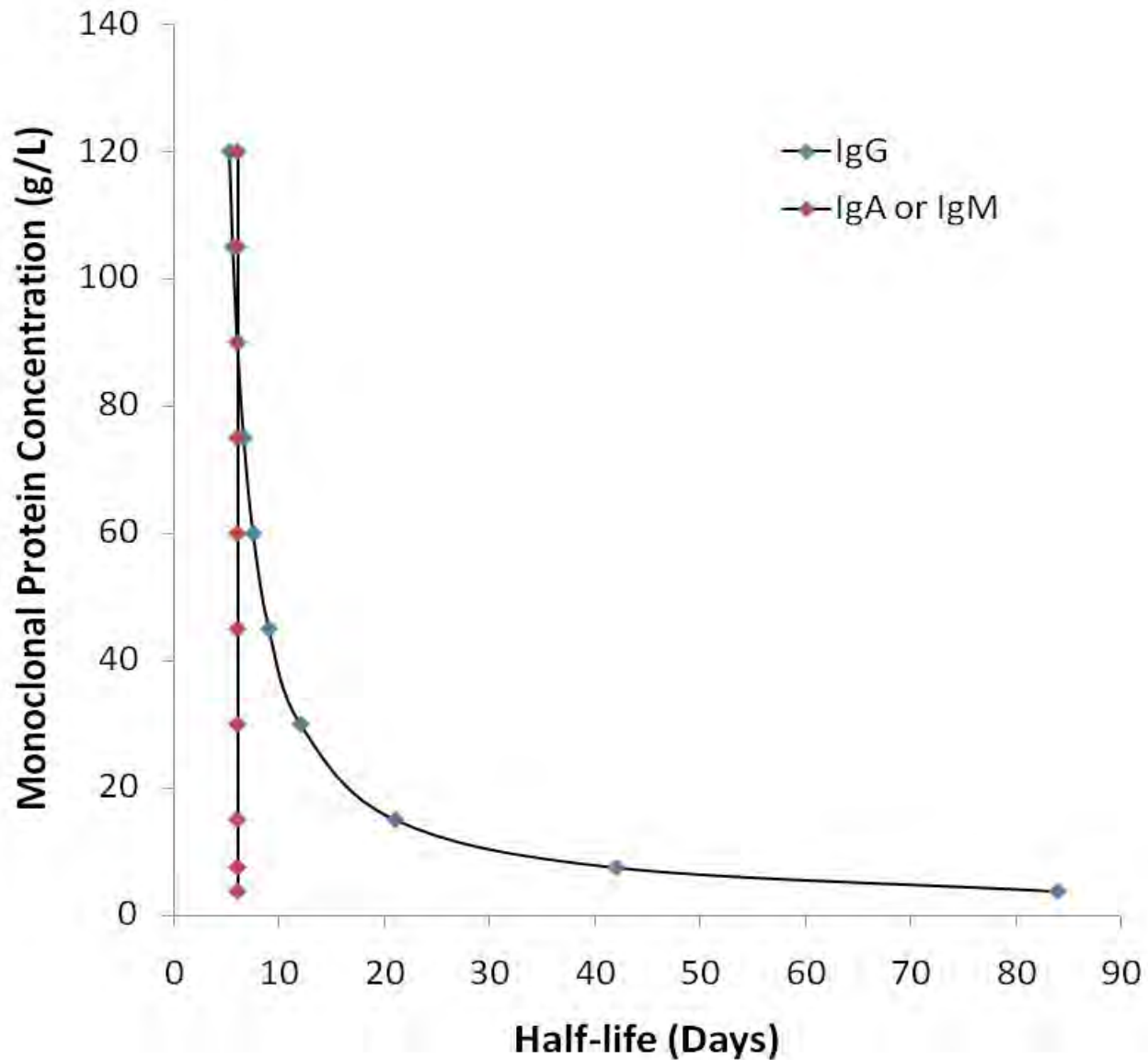


Bound IgG is recycled

Degradation



Relationship between immunoglobulin concentrations and serum half-life



Hence, % changes in IgG measurements depend upon the initial concentrations

For example:-

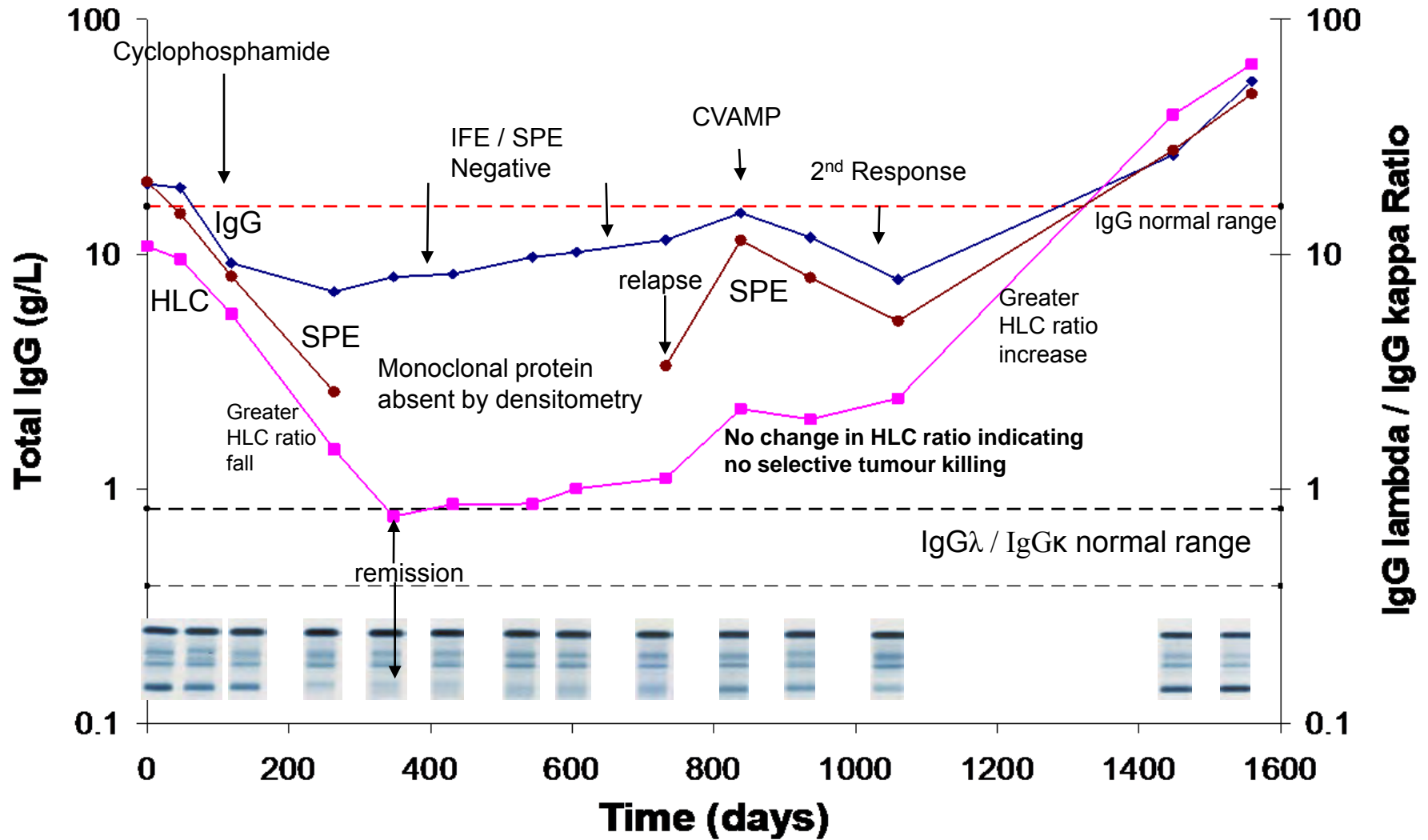
A patient with 100g/L of IgG and 100% tumour kill by chemotherapy has an 80% fall of IgG in 15 days (100 to 20g/L)

A patient with 10g/L of IgG and 100% tumour kill by chemotherapy has only a 20% fall of IgG in 15 days (10 to 8g/L)

Thus, comparison of reductions in IgG concentrations in patients is not reliable

What does a partial response really mean?

What does a partial response really mean?

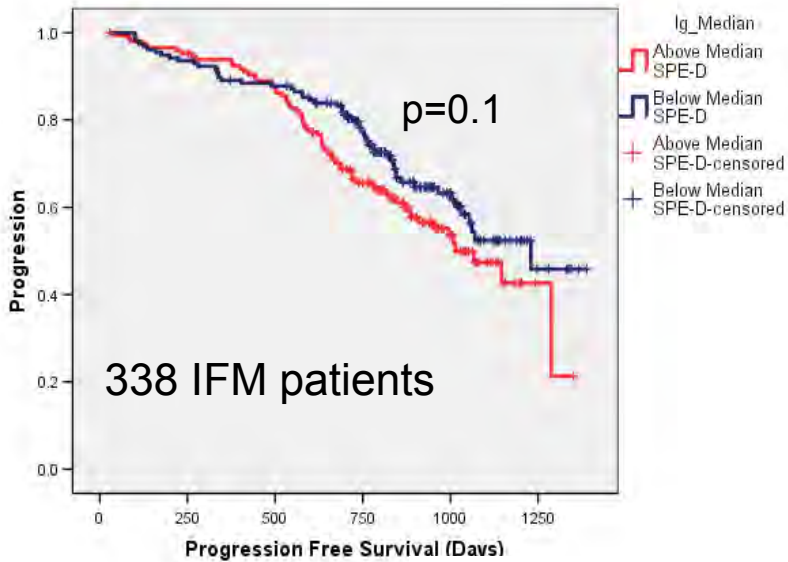


Prognosis

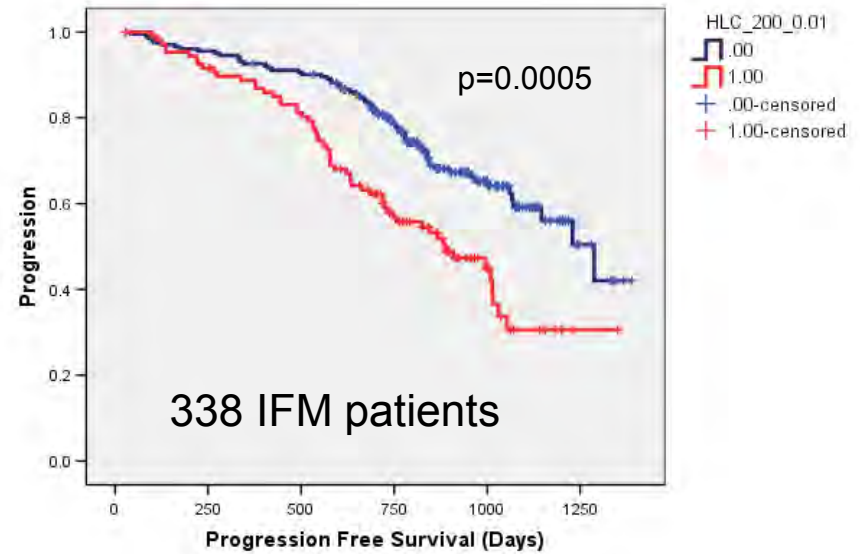
Problems with IgG, IgA and IgM assays

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2. Nephelometry measures the total immunoglobulin but the patient is Ig κ or Ig λ
3. Scanning densitometry is not accurate
4. IgA bands may be hidden with transferrin
5. Haematocrit and plasma volume changes affect Immunoglobulin measurements
6. IgG metabolism is variable
7. Monoclonal IgG, IgA and IgM measurements have no prognostic value and are not in any guidelines

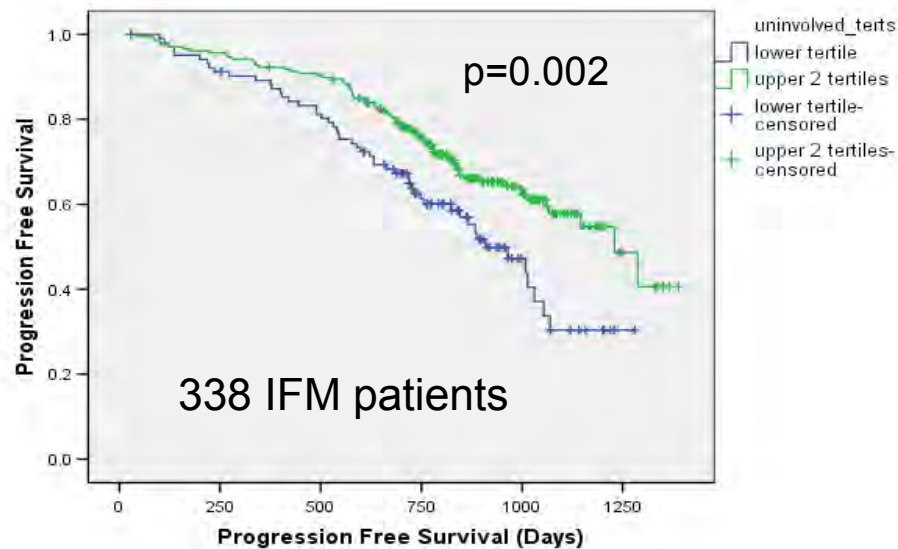
Monoclonal immunoglobulin concentrations



Hevylite ratios - 0.01>HLCr>200



Un-involved immunoglobulins



Comparison of prognostic factors in MM

Covariates	Univariate Analysis	Multivariate Analysis (n=242)
Del_13	0.03* (n=283)	0.546
T4_14	0.05* (n=252)	0.515
Del_17p	0.08 (n=277)	0.457
β_2 M>5.5mg/L	0.51 (n=308)	0.407
β_2 M>3.5mg/L	0.001* (n=308)	0.045*
Albumin<35g/L	0.153 (n=302)	0.828
FLC Tertiles	0.589 (n=307)	0.689
Monoclonal Tertiles**	0.16 (n=300)	0.748
200<HLC<0.01	0.017* (n=308)	0.001*

* p<0.05 is considered significant

**SPE densitometry measurement

Conclusions for Hevylite

1. **Diagnosis:** More sensitive than SPE and IFE in patients at presentation and with residual disease
2. **Monitoring:** Provides more accurate quantitation than SPE and IFE, particularly at low concentrations
3. **Prognosis:** Better than current markers

Acknowledgements

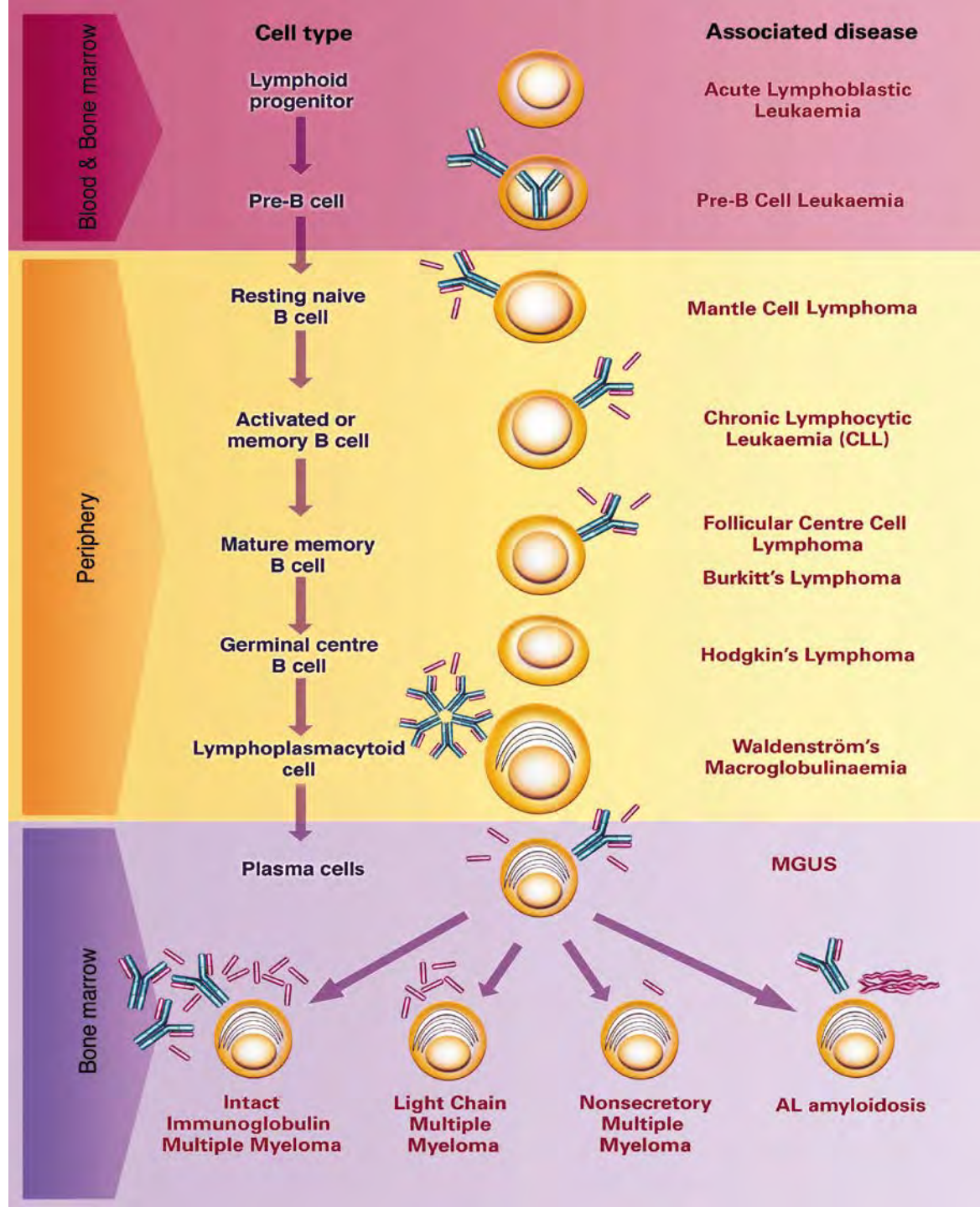
J Katzmann, RA Kyle, Mayo Clinic.

Herve Avet-Loiseau , Ladan Mirbahai, Jean-Luc Harousseau, IFM, France

C Hutchison, P Cockwell, Birmingham University, UK

S Harding, H Carr-Smith, G Mead, P Showell,

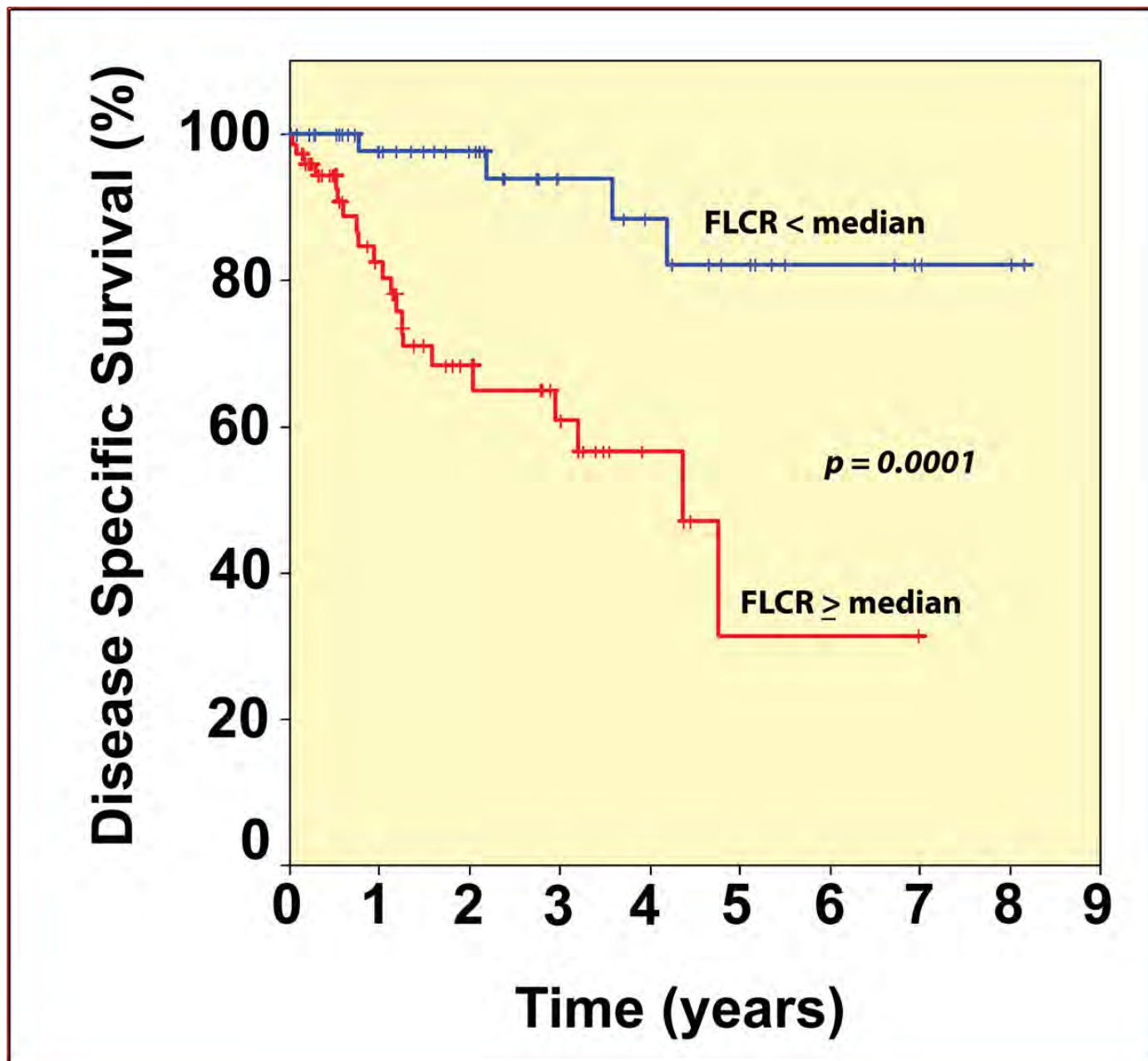
J Overton and others at The Binding Site



What makes a good cancer test?

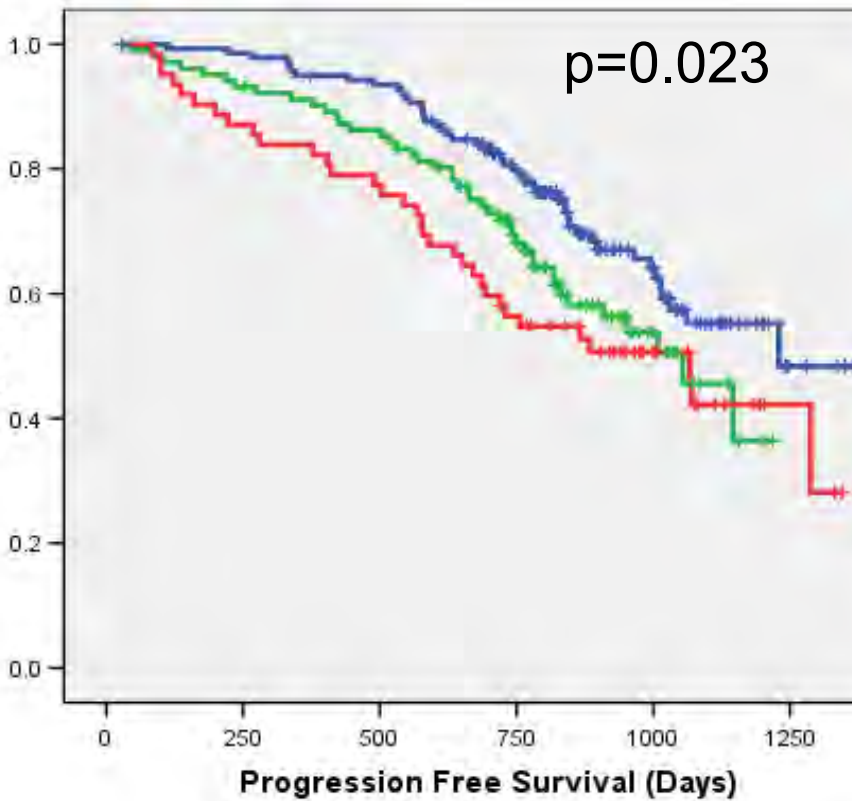
1. Diagnosis – sensitive and specific
2. Monitoring – quantitative and reproducible
3. Prognostic

sFLCs at myeloma presentation are prognostic



ISS for progression in 338 IFM patients

$\beta 2m + albumin$



$\beta 2m + hevylite$ ratio

