

التهجين الجينى المقارن كأداة لتشخيص سرطانات الدم

رسالة مقدمة

توطئة للحصول على درجة الماجستير فى
الباثولوجيا الأكلينيكية

من

الطبيبة/ نسرین حمدى محمود

بكالوريوس الطب و الجراحة
كلية الطب- جامعة عين شمس

تحت اشراف

أ.د/ زينب محمد توفيق

أستاذ الباثولوجيا الأكلينيكية و الكيميائية
كلية الطب- جامعة عين شمس

د/ أمال عبد الحميد محمد

أستاذ مساعد الباثولوجيا الأكلينيكية و الكيميائية
كلية الطب- جامعة عين شمس

كلية الطب

جامعة عين شمس

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LIST OF ABBREVIATIONS

aCML:	Atypical Chronic Myelogenous Leukemia.
ABL:	Acute Biphennotypic Leukemia.
ALK:	Anaplastic Lymphoma kinase.
ALL:	Acute Lymphoblastic Leukemia.
AML:	Acute Myeloid Leukemia.
AML:	Acute Myeloid Leukemia.
APL:	Acute Promyelocytic Leukemia.
ARF:	Alternative Reading Frame
ATL:	Adult T-cell Leukemia/Lymphoma.
ATM:	Ataxia Telangiectasia mutated.
BM:	Bone marrow.
BCL:	B cell CLL/ Lymphoma.
CBF:	Core binding factor.
CBT:	Chromosome Banding Technique.
CC:	Conventional cytogenetics.
CCD:	Cooled charged coupled device camera.
CD:	Cluster of Differentiation.
CDK:	Cyclin dependant kinase.
cDNA:	Complementary DNA
CGH:	Comparative Genomic Hybridization.
Cy γ :	Cyanine- γ .
CLL:	Chronic Lymphocytic Leukemia.
CML:	Chronic Myelogenous leukemia.
CMML:	Chronic Myelomonocytic Leukemia.
DAPI:	Diamino-phenyl Indole.
DF:	Double Fusion Test.
DLBCL:	Diffuse large B-cell Lymphoma.
DNA:	Deoxyribonucleic acid.
DRC:	Drug response curve.
ET:	Essential thrombocythemia.
ETO:	Eight Twenty One.
FAB:	French-American-British.
FACS:	Fluorescence Activated Cell Sorter.

FISH:	Fluorescence In Situ Hybridization.
FITC:	Fluorescein isothiocyanate
GTP:	Guanine nucleotide binding protein.
HD:	Hodgikin's disease.
HLS:	Haematopoietic-lymphoid system.
HMF:	Hyper Metaphase FISH.
Hox:	Orphan homeobox gene
Ig:	Immunoglobulin.
IL:	Interleukin.
INK ϵ a:	Inhibitor of kinase ϵ
JMML:	Juvenile Myelomonocytic Leukemia.
MCL:	Mantle Cell Lymphoma.
MDS:	Myelodysplastic syndromes.
M-FISH:	Multiple Fluorescent In Situ Hybridization.
MLL:	Myeloid Lymphoid Leukemia.
MM:	Multiple Myeloma.
MPD:	Myeloproliferative Diseases.
MRD:	Minimal residual disease.
MYC:	Myelocytoma Gene.
ng:	Nanogram.
NF-kB	Nuclear Factor kappa B
NPM:	Nucleoplasmin.
PCR:	Polymerase Chain Reaction.
PDGF:	Platelet derived growth factor.
Pg:	Pictogram.
PHA:	Phytohaemagglutinin.
PLL:	Prolymphocytic Leukemia.
PLZF:	Promyelocytic Leukemia zinc finger.
PRINs:	Primed In Situ Labeling.
PV:	Polycythemia vera.
P α :	Protein with molecular weight α .
RA:	Refractory anemia.
RAEB:	Refractory anemia with excess blasts.
RAEBT:	Refractory anemia with excess blasts in transformation.
RARS:	Refractory anemia with ringed sideroblasts.

Rb:	Retinoblastoma.
RCMD:	Refractory cytopenia with multilineage dysplasia.
RNA:	Ribonucleic acid.
RQPCR:	Real time Quantitative PCR.
RT-PCR:	Reverse Transcriptase PCR.
RXR:	Retinoic X receptor.
SKY:	Spectral Karyotyping.
SMM:	Smoldring Multiple Myeloma.
SMZL:	Splenic marginal zone lymphoma.
SSC:	Standared saline citrate.
TGF:	Transforming growth factor.
TNF:	Tumor necrosis factor.
TRITC:	Tetramethyl rhodamine isothiocyanate
TSG:	Tumor Suppressor Gene.
WHO:	World Health Organization.
WT:	Wilms' Tumor.

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AIM OF THE WORK

To overview the role of molecular techniques in diagnosis of haematological malignancies laying stress on comparative genomic hybridization.

Introduction:

Cytogenetics has contributed significantly to the understanding of the genetics of leukemia and lymphoma over the last 40 years. Chromosomal rearrangements result in the movement of a gene to a new chromosomal location, thus bringing it under the influence of another gene, which may control its expression (*Grimwade, 2001*).

Chromosomal findings are important for the classification and diagnosis of haematological disorders, even the outcome of bone marrow transplantation can be determined by cytogenetics (*Harrison and Foroni, 2002*).

Chromosomal banding techniques are useful for identifying chromosomal aberrations and imbalances but are less helpful for recognizing potentially amplified regions. Furthermore, this technique requires analysis of metaphases after cell culture, which is time-consuming and may select subclones that had a growth advantages in vitro. Comparative genomic hybridization (CGH) allows rapid analysis of chromosomal imbalances without the requirement of cell culturing and is more reliable than cytogenetic studies for recognizing potentially amplified regions (*Tsukasaki et al., 2001*).

Comparative genomic hybridization (CGH) is especially useful in scanning for deletions and duplications of chromosome material in cancer cells, where detection of such

alterations may help to predict the severity of the cancer (*Jarosova et al., 2007*).

However, its utility is limited by its resolution and technical difficulty. Current limits of resolution are 10 mega bases (10 Mb) for losses and 2 Mb for gains, which provides a starting point for positional cloning but not precise localization of genes involved in tumor development (*Woolf, 2009*).

The application of microarray comparative genomic hybridization has extended from cancer cytogenetics to the detection of any type of gain/ loss, including the detection of subtelomeric deletion in patients with unexplained mental retardation. A further development is array painting, which extends the concept of reverse painting (*Staal et al., 2007*).

Aim of the study:

To overview the role of molecular techniques in diagnosis of haematological malignancies laying stress on comparative Genomic hybridization.

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ساهم علم الوراثة الخلوى بشكل فعال فى فهم التركيب الوراثى للوكيميا و الأورام اللمفاوية خلال الأربعين سنة الماضية.

وقد وجد أن الخلل الكروموسومى قد يؤدى إلى نقل الجينات لتشغل أماكن جديدة على كروموسومات مختلفة مما يؤدى إلى وقوعها تحت تأثيرات مختلفة.

و تعد الدراسات الكروموسومية هامة فى تصنيف و تشخيص أمراض الدم و كذلك نتائج زرع نخاع من الممكن أن تتحدد بعلم الوراثة الخلوى.

وقد يفيد تحليل الكروموسومات بالطرق العادية فى إثبات إنحراف و إختلال التوازن الكروموسومى ولكنها أقل فائدة فى التعرف على المناطق الكامنة المكبرة و علاوة على ذلك هذه التقنية تتطلب تحليل الإنقسام الميتافيزى بعد زرع الخلية و هذا يستغرق وقتاً طويلاً و قد يختار مجموعات متجانسة ثانوية لها مميزات فى النمو خارج الجسم.

و قد ساعد التهجين الجينى المقارن فى الفحص السريع لإختلال التوازن الكروموسومى بدون الإحتياج لزراعة الخلية و هو أكثر مصداقية من علم الوراثة الخلوى فى التعرف على المناطق الكامنة المكبرة و أيضاً هو مفيد فى فحص نقص أو تضاعف المادة الكروموسومية فى الخلايا السرطانية مما يساعد فى التنبؤ بشدة المرض السرطانى ، و مع ذلك فإن إستخدامه مقيد بعامل الدقة و الصعوبات التقنية، أما عامل الدقة فيقيد بعشره مليون قاعدة فى فقد الكروموسومى و اثنان مليون قاعدة فى الإكتساب الكروموسومى و التى تعمل كنقطة بداية لعملية الإستنساخ الموضعى ولكنها لا تعطينا الموقع الفعلى للجين المسؤول عن نمو الورم السرطانى.

و قد توسعت تطبيقات التهجين الجينى المقارن بإستخدام المصفوفة المجهرية من الورااثيات الخلوية السرطانية إلى أى نوع من الكسب أو فقد الكروموسومى مشتملة على تحديد ما تحت القسم الطرفى للكروموسوم فى المرضى الذين يعانون من التخلف العقلى غير المفسر، و يعتبر تلوين المصفوفة تطوراً إضافياً حيث يتم فيه توسيع مفهوم التلوين العكسى.

الهدف من الدراسة:

تهدف الدراسة إلى استعراض دور المعالجة الجزيئية فى تشخيص سرطانات الدم مع التركيز على التهجين الجينى المقارن.