

学 位 論 文 の 要 旨

三 重 大 学

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| <p>主論文の題名</p> <p>MYD88, CD79B, and CARD11 Gene Mutations in CD5-Positive Diffuse Large B-Cell Lymphoma</p> <p>主論文の要旨</p> <p>Background</p> <p>CD5-positive (CD5⁺) diffuse large B-cell lymphoma (DLBCL) is characterized by frequent central nervous system (CNS) relapse and a predominant activated B-cell-like nature. Primary DLBCL in sanctuary sites (DLBCL-SS) also demonstrates these features, and more than 70% of patients harbor myeloid differentiation primary response 88 (<i>MYD88</i>) (L265P) and <i>CD79B</i> mutations. The objective of this study is to elucidate a possible relationship between CD5⁺ DLBCL and DLBCL-SS.</p> <p>Methods</p> <p><i>MYD88</i>, <i>CD79B</i>, <i>CD79A</i>, and caspase recruitment domain family member 11 (<i>CARD11</i>) mutations were examined in samples from 40 patients with CD5⁺ DLBCL. Mutation analysis was performed by direct sequencing.</p> <p>Results</p> <p><i>MYD88</i> and <i>CD79B</i> mutations were detected in 33% (n = 13) and 38% (n = 15), respectively, of the 40 patients with CD5⁺ DLBCL. Ten patients had these 2 gene mutations, and 1 had a <i>CD79A</i> mutation. One of 2 patients with testicular involvement had both <i>MYD88</i> and <i>CD79B</i> mutations. The other patient had a <i>MYD88</i> mutation alone. None of the 31 patients examined was found to have a <i>CARD11</i> mutation. <i>MYD88</i> and <i>CD79B</i> mutations were found to be associated with localized disease ($P = 0.038$ and $P = 0.003$, respectively). Primary extranodal lymphoma was associated with higher frequencies of mutations in <i>MYD88</i> or both <i>MYD88</i> and <i>CD79B</i> ($P = 0.008$ and $P = 0.014$, respectively). There was no significant difference in overall survival based on <i>MYD88</i> and <i>CD79B</i> mutation statuses.</p> | | | |

Conclusions

The incidence of *MYD88* and *CD79B* mutations in patients with CD5⁺ DLBCL is lower than that in patients with DLBCL-SS, suggesting that CD5⁺ DLBCL is not the same disease as DLBCL-SS in terms of gene mutation status. *CARD11* mutation is rare in patients with CD5⁺ DLBCL.