

Ekspresi CTLA-4 pada Diffuse Large B-Cell Lymphoma Subtipe Germinal Center B-cell-like dan Non-Germinal Center B-cell-like Sebagai Penanda Prognostik Dan Potensi Imunoterapi = Expression of CTLA-4 in Diffuse Large B-Cell Lymphoma Germinal Center B-cell-like and Non-Germinal Center B-cell-like Subtypes as Prognostic and Potential Immunotherapy Markers

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Abstrak

Diffuse large B-cell lymphoma (DLBCL) merupakan limfoma jenis sel B tersering pada kasus limfoma non-Hodgkin dan bersifat agresif, sehingga dibutuhkan diagnosis dan terapi yang cepat dan tepat. Terdapat beberapa kriteria prognosis untuk pasien DLBCL salah satunya klasifikasi Hans. Berdasarkan klasifikasi Hans, DLBCL dibagi menjadi subtipe Germinal Center B-cell-like (GCB) dan Non-Germinal Center B-cell-like (non-GCB). Beberapa pasien tidak menunjukkan respons yang baik terhadap terapi kombinasi dengan rituximab (R-CHOP). Para peneliti sedang mencari pengobatan terbaru DLBCL yang sulit diobati atau sering kambuh. Salah satunya menggunakan imunoterapi anti-CTLA-4. Penelitian ini bertujuan untuk menilai ekspresi CTLA-4 pada DLBCL subtipe GCB dan non-GCB. Penelitian retrospektif analitik ini menggunakan 50 sampel blok parafin yang sebelumnya telah didiagnosis sebagai DLBCL subtipe GCB dan non-GCB yang tercatat di arsip Departemen Patologi Anatomi FKUI/RSCM. Rerata ekspresi CTLA-4 pada DLBCL ditemukan lebih banyak pada subtipe non-GCB (61,66 sel/lapang pandang besar) dibandingkan subtipe GCB (40,5 sel/lapang pandang besar) ($p=0,076$). Rerata ekspresi CTLA-4 lebih tinggi pada kelompok usia \leq 60 tahun, perempuan, stadium penyakit III-IV, dan keterlibatan >1 lokasi ektranodal. Rerata ekspresi CTLA-4 lebih tinggi pada kelompok skor IPI rendah (0-2) dibandingkan skor IPI tinggi (3-5). Tidak ditemukan perbedaan ekspresi CTLA-4 yang bermakna pada DLBCL subtipe GCB dan non-GCB, meskipun terdapat tren rerata ekspresi CTLA-4 yang lebih tinggi pada kelompok non-GCB.

.....Diffuse large B-cell lymphoma (DLBCL) is the most common type of B-cell non-Hodgkin's lymphoma and is aggressive in nature, so prompt and appropriate diagnosis and treatment are needed. There are several prognostic criteria for DLBCL patients, one of which is the Hans classification. Based on Hans classification, DLBCL is divided into Germinal Center B-cell-like (GCB) and Non-Germinal Center B-cell-like (non-GCB) subtypes. Some patients do not respond well to combination therapy with rituximab (R-CHOP). Researchers are looking for new treatments for DLBCL that is difficult to treat or recurs frequently. One of them uses anti-CTLA-4 immunotherapy. This study aimed to assess the expression of CTLA-4 in GCB and non-GCB DLBCL subtypes. This analytic retrospective study used 50 samples of paraffin blocks previously diagnosed as GCB and non-GCB subtype DLBCL recorded in the archives of the Department of Anatomic Pathology FKUI/RSCM. The average CTLA-4 expression in DLBCL was found to be higher in the non-GCB subtype (61.66 cells/high power field) than the GCB subtype (40.5 cells/high power field) ($p=0.076$). The average CTLA-4 expression was higher in the age group 60 years, women, stage III-IV disease, and involvement of >1 extranodal site. The average CTLA-4 expression was higher in the low IPI score group (0-2) than in the high IPI score group (3-5). There was no significant difference in CTLA-4 expression in GCB and non-GCB DLBCL subtypes, although there was a trend of higher mean CTLA-4

expression in the non-GCB group.