

Mantle cell lymphoma - Section 1

Pathology and molecular pathogenesis of mantle cell lymphoma

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For a long time, mantle cell lymphoma (MCL) was viewed as a malignant lymphoid neoplasm with strikingly unique morphological, genetic and biological features and a uniformly aggressive clinical behavior. More recently, however, this attitude has changed. In the Istanbul Lymphoma Workshop jointly organized by the European Association of Haematopathology and the Society of Hematopathology, the cases presented illustrated MCL as a lymphoma with a broad spectrum from indolent to very aggressive, and with varying biological and genetic features, the most important seems to be proliferation.¹ The existence of Cyclin D1 negative MCL was now firmly established, and these cases can now reliably be identified by the recognition of SOX11 overexpression and frequently harbor Cyclin D2 translocations.² The rare occurrence of MCL with a long-term indolent behavior is a new

concept^{3,4} and the indolent behavior of MCL in these cases was linked to downregulated expression of the transcription factor SOX11 and confers particular morphological and biological traits to tumors.⁵ More interesting, SOX11 has now been identified as an important partner to CyclinD1 overexpression in inducing the malignant phenotype via downregulation of PAX5 expression mediated by BCL6 and blocked of terminal B cell differentiation.^{6,7} Finally, next generation sequencing studies begun to unravel the nature and impact of genetic aberrations in this type of lymphoid cancer.⁸ Mantle cell lymphoma, therefore, represents a malignant lymphoma with discrete primary genetic alterations, cooperating mechanisms in disease progression and a limited spectrum of genetic alterations ultimately defining the fate of the patient (Figure 1).

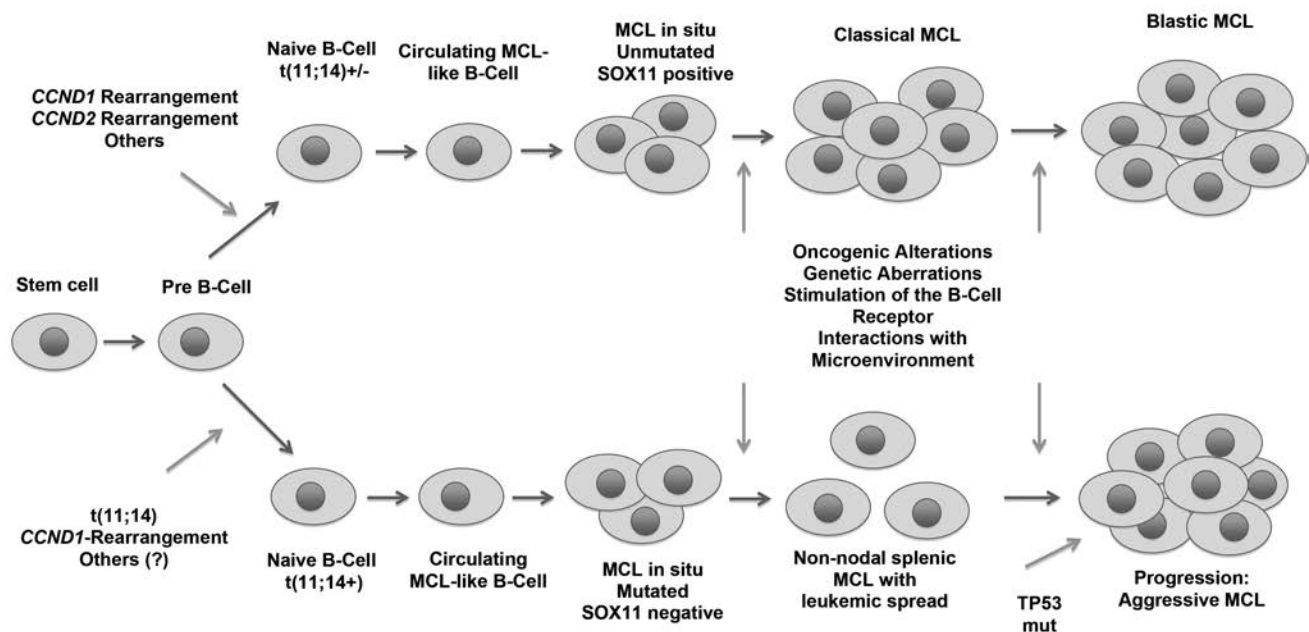


Figure 1. A hypothetical scheme of MCL development and evolution.

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