

Proteomic analyses in Waldenstrom's Macroglobulinemia (WM).

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Proteomic technologies have become powerful tools for the molecular classification of human neoplasias. However, gene expression profiling, while indicative of potential functional interactions, cannot serve to fully characterize them, in part because of multi-factorial regulation of protein expression function at post-transcriptional and post-translational levels. A prime example of this concept is the regulation of cell signaling pathways: their key role in mediating interactions of tumor cells with their milieu and modulating their growth/survival is dictated by post-transcriptional modifications (e.g. phosphorylation) of its components, which cannot be directly monitored with transcriptional profiling. To gain further insight into the biology and pathophysiology of WM, we have therefore performed proteomic analysis of the signaling state of WM cells using multiplex immunoblotting arrays, which has allowed the characterization of levels and/or phosphorylation state of >100 kinases and kinase targets implicated in signaling cascades with key roles in cell growth, survival, migration, transcriptional/translational control. In particular, we performed comparative proteomic studies of the signaling state of WM vs. multiple myeloma (MM) cells at baseline, as well as in the setting of treatment of these tumor cells with conventional (e.g. dexamethasone) or novel anti-tumor agents. Through these studies, we found that the proteomic profiles WM and MM cells share significant overlap, which presumably reflects the presence, in both diseases, of key components of a proteomic signature of the B-cell lineage. On the other hand, there are also important qualitative and/or quantitative differences in respect to several individual signaling proteins. These findings may reflect putative molecular differences of WM vs MM, related to their distinct ontogeny. This dual picture is also evident in comparative studies of drug-treated proteomic profiles, which reveal both proteomic targets with comparable patterns of drug-induced modulation across both these 2 plasma cell dyscrasias, as well as other proteins which are differentially affected by drug treatment. These differential molecular events may provide insight into the variable degrees of sensitivity of WM vs MM cells to certain anti-tumor agents. Importantly, these findings reinforce the notion that, at the molecular level, WM and MM share significant common denominators, but also have key differences. While the former ones may explain the overlap in the therapeutic options available for these diseases, the latter ones indicate that novel therapies rationally designed to capitalize on the distinct molecular features of WM may be required to improve the outcome of patients with this presently incurable disease.