IGHV Repertoire in Israeli CLL Patients Reveals Markedly Low Frequency of Stereotyped Subsets



Yotam Bronstein¹ • Shlomo Tsuriel² • Shai Levi¹ • Tamir Lotan³ • Yamit Shorer Arbel¹ • Liron Yitzhak¹ • Lior Rokach⁴ • Yair Herishanu^{1,3}



- 1. Department of Hematology, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel. 2. Clinical Pathology Laboratory, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel.
- 3. Gray School of Medicine, Tel Aviv University, Tel Aviv, Israel. 4. Department of Software & Information System Eng, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

Introduction

- lymphocytic leukemia Chronic İS clinical characterized by molecular heterogeneity, with immunogenetic features playing a key prognostic role.
- Stereotyped BcRs occur in ~30-40% of CLL patients globally and are associated with shared antigenic selection and distinct clinical outcomes.
- The Israeli population has distinct ethnic and genetic characteristics, yet data on IGHV gene usage and BcR.

Objectives

- To characterize IGHV gene usage and BcR stereotypy in an Israeli CLL cohort.
- To compare the distribution of stereotyped subsets to global reference datasets.

Methods

- IGHV Analysis: IGHV sequencing performed via next-generation sequencing (NGS) in an ERICcertified laboratory.
- Mutation Classification: Sequences with <98% homology to germline were classified as mutated (M-IGHV); ≥98% as unmutated (UM-IGHV).
- Subset Assignment: BcR stereotypy determined using ARResT/AssignSubsets and IMGT/V-QUEST platforms.
- Statistical Comparison: Subset distribution compared with Agathangelidis et al. (Blood 2021) using the Fisher-Freeman-Halton test.

Results

- A total of 435 CLL patients were analyzed.
- 52.4% M-IGHV, 47.6% UM-IGHV.
- Most frequently used IGHV genes: IGHV4-34 (14.0%, predominantly mutated), IGHV1-69 (10.1%, predominantly unmutated), followed by IGHV3-30, IGHV3-23, and IGHV3-7 (Figure 1).
- Stereotyped BcR subsets were identified in only 10.3% of patients, markedly lower than the ~30–40% reported in large international cohorts.
- O Subsets identified were predominantly major ERIC-defined subsets (e.g., #1, #3, #4); minor or satellite subsets were rarely observed (Table 1).
- Subset #1 was the most frequent (13 patients, all UM-IGHV), followed by subset #4 (10 patients, all M-IGHV4-34).
- o Interestingly, subset #2—commonly reported in international cohorts—was detected in only a single case in our cohort.
- Statistical comparison with Agathangelidis et al. (Blood 2021) showed a significant difference in subset distribution between cohorts (p < 0.001).

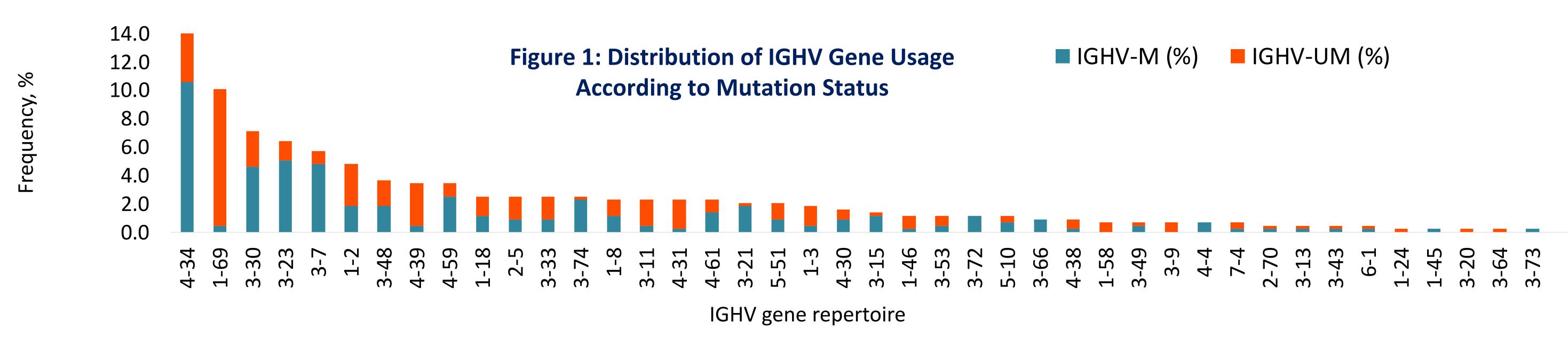
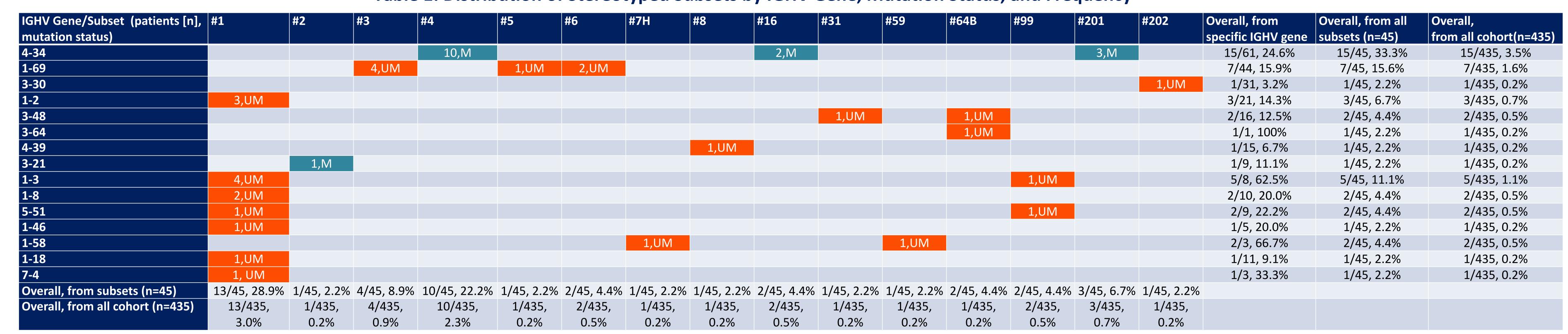


Table 1: Distribution of Stereotyped Subsets by IGHV Gene, Mutation Status, and Frequency



Conclusions