Leukaemia Section
Mini Review

\textbf{inv(16)(p13q22), t(16;16)(p13;q22), del(16)(q22)}

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\textbf{Identity}

Note

The three chromosome anomalies are variants of each other, and they share identical clinical features and genetic pathogenesis.

\textbf{Inv(16)(p13q22)} G-banding (left) - Courtesy Jean-Luc Lai and Alain Vanderhaegen; R-banding center bottom: - Courtesy Christiane Charrin, center top and FISH (top right) -Courtesy Pascale Cornillet-Lefebvre and Stephanie Struski; FISH (bottom right) - Courtesy Hossein Mossafa; commercial FISH probes, split in the inv(16). t(16;16)(p13;q22) G-banding - Courtesy Diane H. Norback, Eric B. Johnson, and Sara Morrison-Delap, UW Cytogenetic Services.

\textbf{Clinics and pathology}

\textbf{Disease}

Acute non lymphoblastic leukaemia (ANLL); myelodysplastic syndromes (MDS) at times.

\textbf{Phenotype/cell stem origin}

Nearly pathognomonic of M4eo-ANLL (all M4eo share the 16q22 anomaly -see also below-, but not all 16p13/16q22 are found in the M4eo subtype: i.e. this anomaly, although mainly found in M4-ANLL.
Patients with inv(16) usually correspond to the subclass of AML M4, with a specific abnormal eosinophil component and is considered as a distinct entity in correlation with these specific chromosomal abnormalities. These cases of AML M4 are referred as AML M4EO. In addition to the morphological features of AML M4 (excess of monocytes), bone marrow shows a variable number of eosinophils at all stages of maturation without significant maturation arrest. The most striking abnormalities involve the immature eosinophilic granules. Those are mainly evident at the promyelocyte and myelocyte stages. The abnormalities are not usually evident at later stages of maturation. These eosinophilic granules are often larger than those normally seen in immature eosinophils, purple-violet in color and in some cells so dense that they obscure the cell morphology. - Courtesy Georges Flandrin, CD-ROM AML/MDS G.Flandrin/ICG. TRIBVN

with marked eosinophilia, may (rarely) be found in: M2 or M5, M4 without eo, or in MDS; there are also known cases of chronic myelogenous leukaemia in blast crisis (BC-CML) with a M4 eo phenotype and inv(16); found at times in treatment related ANLL; 3 cases of infant leukaemia so far described; note: CD2 (T-cell marker) may be co-expressed

**Epidemiology.**
5-10% of ANLL, 20% of M4.

**Clinics**
CNS involvement is frequent, according to some authors, in particular at relapse.

**Cytology**
Most often: eosinophils > 5%, with large immature basophilic granules, NASCA+, in the bone marrow (but normal in blood: this M4 do not show the eo' characteristic in blood).

**Prognosis**
High CR rate; better prognosis than most other ANLL; median survival may be 5 years.

**Cytogenetics**

**Cytogenetics morphological**
May be overlooked, especially with R-banding; best seen without banding procedure ('giemsa') for some workers.

**Cytogenetics molecular**
With 16p13 probes: as a deletion within 16p13 often accompany the 16p13/16q22 rearrangement (in 20% of cases), the split signal may be lost.

**Additional anomalies**
None 2/3 of cases; +8, +22 in 15% each, del(7q), +2; apparently without prognostic significance.

**Variants**
Are known:
1- t(16;16)(p13;q22); - del(16)(q22): may be associated with less typical phenotype and preceding MDS, older age, complex karyotype, worse prognosis;
2- but also: translocations of 16q22 with various partners in: t(1;16)(p31-32;q22), t(3;16)(q21;q22),

inv(16)(p13q22), t(16;16)(p13;q22), del(16)(q22)
inv(16)(p13q22), t(16;16)(p13;q22), del(16)(q22)  

Genes involved and proteins  

**MYH11**  
**Location**  
16p13  

![c-MYH11 (16p13) in normal cells: PAC 1032E3 (top) and PAC 1179J13 (below) - Courtesy Mariano Rocchi.](image)

**Protein**  
Contains a N-term ATPase head responsible for actin binding and mechanical movement, and a C-term long repeat of coil-coil domain to facilitate filament aggregates; member of the myosin II family.

**CBFb**  
**Location**  
16q22  

**Protein**  
Subunit of the transcription factor complex CBF; CBFb by itself does not contain any DNA binding motif or transcriptional activation domain, but forms a dimer with CBFa: --> transcription factor.

Result of the chromosomal anomaly  

**Hybrid gene**  
**Description**  
5’ CBFb - 3’ MYH11; breakpoint in CBFb intron n°5 and in MYH11 intron A (i.e.: 5)  

**Transcript**  
At least 8 different CBFb-MYH11 fusion transcripts have been described, transcript type A (with positions at nucleotides 495 and 1921 respectively) being found in about 90% of the patients; most breakpoints in MYH11 are also clustered; no reciprocal MYH11-CBFb transcript.

**Fusion protein**  
**Description**  
N-term - the first 165 (or 133 in a few cases) amino acids of CBFb, removing only 17 or 22 amino acids fused to the tail of MYH11 C-term with its multimerization domain; also variable breakpoint in MYH11; identical fusion protein in the cases of RAEBT and BC-CML.

Expression / Localisation  
Nuclear localisation.

**Oncogenesis**  
The fusion protein seems both to diminish the quantity of active CBF and to compete with it, there is accumulation of CBFb-MYH11/CBFa multimers in the nucleus.

References  


This article should be referenced as such:  