

MLL gene in adults T-ALL is recurrent, with an incidence of more than 8%. In view of these results and the fact that lymphoblastic leukemia with *MLL* translocation seems to constitute a distinct disease with a poor prognosis, we would recommend that adults with T-ALL be screened by FISH analysis for *MLL* abnormalities.

Sandrine Hayette, Isabelle Tigaud, Véronique Maguer-Satta, Laurent Bartholin, Xavier Thomas, Christiane Charrin, Mylène Gadoux, Jean-Pierre Magaud, and Ruth Rimokh

Correspondence: Ruth Rimokh, INSERM U453, Centre Léon Bérard, Lyon, France; e-mail: rimokh@lyon.fnclcc.fr

References

1. Armstrong SA, Staunton JE, Silverman LB, et al. *MLL* translocations specify a distinct gene expression profile that distinguishes a unique leukemia. *Nature Genet.* 2002;30:41-47.
2. McCabe NR, Kipiniak M, Kobayashi H, et al. DNA rearrangements and altered transcripts of the *MLL* gene in a human T-ALL cell line Karpas-45 with a t(X;11)(q13;q23) translocation. *Genes Chromosom Cancer.* 1994;9:221-224.
3. Chervinsky DS, Sait SNJ, Nowak NJ, Shows TB, Aplan PD. Complex *MLL* rearrangement in a patient with T-cell acute lymphoblastic leukemia. *Genes Chromosom Cancer.* 1995;14:76-84.
4. Andersen MK, Christiansen DH, Jensen BA, Ernst P, Hauge G, Pedersen-Bjerggaard J. Therapy-related acute lymphoblastic leukaemia with *MLL* rearrangements following DNA topoisomerase II inhibitors an increasing problem; report on two new cases and review of the literature since 1992. *Br J Haematol.* 2001;114:539-543.
5. Gu Y, Alder H, Nakamura T, et al. Sequence analysis of the breakpoint cluster region in the *ALL-1* gene involved in acute leukemia. *Cancer Res.* 1994;54:2327-2330.
6. Hjorth-Sorensen B, Pallisgaard N, Gronholm M, Hokland P, Clausen N, Jorgensen P. A novel *MLL*-*AF10* fusion mRNA variant in a patient with acute myeloid leukemia detected by a new asymmetric reverse transcription PCR method. *Leukemia.* 1997;11:1588-1593.
7. Prasad R, Gu Y, Alder H, et al. Cloning of the *ALL-1* fusion partner, the *AF-6* gene, involved in acute myeloid leukemias with the t(6;11) chromosome translocation. *Cancer Res.* 1993;53:5624-5628.
8. Tkachuk DC, Kohler S, Cleary ML. Involvement of *Drosophila trithorax* by 11q23 chromosomal translocations in acute leukemias. *Cell.* 1992;71:691-700.
9. Lochner K, Siegler G, Fuhrer M, et al. A specific deletion in the breakpoint cluster region of the *ALL-1* gene is associated with acute lymphoblastic T-cell leukemias. *Cancer Res.* 1996;56:2171-2177.

To the editor:

Implication for how the single nucleotide polymorphism (SNP) of Fc receptor, FcγRIIIa alters the interaction with anti-CD20 monoclonal antibody

We read a recent interesting article by Cartron et al.¹ The article indicated that the single nucleotide polymorphism (SNP) of IgG Fc receptor FcγRIIIa (FCGR3A) molecule affects clinical outcome of anti-CD20 monoclonal antibody therapy for follicular non-Hodgkin lymphoma.¹ We created homology models of variant FCGR3A molecules based on homology between variant FCGR3A and known 3-dimensional structure of soluble CD16.² Each model was superimposed onto a 1:1 complex of soluble CD16 and Fc fragment of human IgG1 (Figure 1A-B). These models indicate that the position of variation 158Val/Phe exists at the F-G loop of the molecules that serves as binding interface and is surrounded by both chains of Fc fragments of IgG1 (Figure 1C). Since the side chain of Phe is hydrophobic and quite bigger than that of Val, the polymorphism can affect the major conformation or the hydrophobicity of the surface of the binding interface. These findings are compatible with previous observations that suggested FCGR3A binding interface^{3,4} and may help in understanding the way the SNP affects the binding with Fc portion of human IgG1.

Yasuo Oshima and Akio Fujimura

Correspondence: Yasuo Oshima, Dept of Clinical Pharmacology, Jichi Medical School, 3311 Yakushiji, Minamikawachimachi Kawachigun 3290298 Tochigiken, Japan; e-mail: oshima@jichi.ac.jp

References

1. Cartron G, Dacheux L, Salles G, et al. Therapeutic activity of humanized anti-CD20 monoclonal antibody and polymorphism in IgG Fc receptor FcγRIIIa gene. *Blood.* 2002;99:754-758.
2. Sondermann P, Huber R, Oosthuizen V, Jacob U. The 3.2-Å crystal structure of the human IgG1 Fc fragment-FcγRIII complex. *Nature.* 2000;406:267-273.
3. Tamm A, Schmidt RE. The binding epitopes of human CD16 (FcγRIII) monoclonal antibodies. Implications for ligand binding. *J Immunol.* 1996;157:1576-1581.
4. Tamm A, Kister A, Nolte KU, Gessner JE, Schmidt RE. The IgG binding site of human FcγRIIIb receptor involves CC' and FG loops of the membrane-proximal domain. *J Biol Chem.* 1996;271:3659-3666.

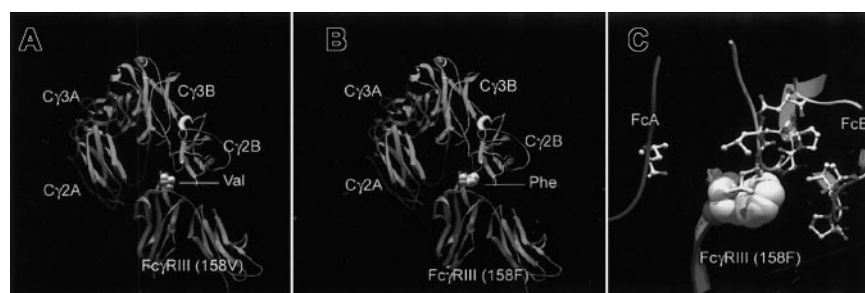


Figure 1. Homology models of the Fc fragment of hlgG1. The homology model has been developed using 1e4k.pdb in Brookhaven Protein Data Bank as a template.² The modeling has been done with SwissPdbViewer and the SwissProt modeling server. The raytracing of the figure has been done using the program PovRay in SGI computer at Human Genome Center, Institute of Medical Science, the University of Tokyo. The models are superimposed onto 1e4k.pdb based on homology. Models are shown in β -strand, α -helical presentation connected with α -carbon trace. The side chains of Val158 and Phe158 are shown in space filling model. (A) Docking between FCGR3A-Val and hlgG1. (B) Docking between FCGR3A-Phe and hlgG1. (C) Details of amino acid residues close to 158F of FCGR3A-Phe molecules. The side chains of IgG1 molecule within 10Å from 158 Phe are shown in balls and sticks model.

Response:

Implication for how the single nucleotide polymorphism (SNP) of Fc receptor Fc γ RIIIa alters the interaction with anti-CD20 monoclonal antibody

The 2 available crystal structures of the extracellular part of CD16 in complex with IgG1 Fc^{1,2} are derived from the Fc γ RIIIb receptor, which is a glycosyl-phosphatidyl-anchored receptor expressed by neutrophils and eosinophils. However, due to 96% identity in the extracellular domains, it is assumed that the described structures can be used as a template to model the Fc γ RIIIa transmembrane receptor expressed by monocytes and natural killer (NK) cells. The Fc γ RIIIb receptor has a valine residue at position 158, like the Fc γ RIIIa-158Val allotype. We agree with Oshima and Fujimoro that a phenylalanine residue at position 158 of Fc γ RIIIa could alter the binding of human IgG1 Fc, notably by modifying the hydrophobic core involved in the binding to one of the CH2 domain of the antibody. The model provided by Oshima and Fujimoro supports our own results, and we thank them for this additional information.

Guillaume Cartron, Laurent Dacheux, Gilles Salles, Philippe Solal-Celigny, Pierre Bardos, Philippe Colombat, and Hervé Watier

Correspondence: Hervé Watier, Laboratoire d'Immunologie, Faculté de Médecine, 2 bis boulevard Tonnellé, 37032 Tours cedex, France; e-mail: watier@med.univ-tours.fr

References

1. Sondermann P, Huber R, Oosthuizen V, Jacob U. The 3.2-Å crystal structure of the human IgG1 Fc fragment-Fc γ RIII complex. *Nature*. 2000;406:267-273.
2. Radev S, Motyka S, Fridman WH, Sautes-Fridman C, Sun PD. The structure of a human type III Fc gamma receptor in complex with Fc. *J Biol Chem*. 2001; 276:16469-16477.
3. Cartron G, Dacheux L, Salles G, et al. Therapeutic activity of humanized anti-CD20 monoclonal antibody and polymorphism in IgG Fc receptor Fc γ RIIIa gene. *Blood*. 2002;99:754-758.