

# Somatic Diversification and Selection of Immunoglobulin Heavy and Light Chain Variable Region Genes in IgG<sup>+</sup>CD5<sup>+</sup> Chronic Lymphocytic Leukemia B Cells

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## Summary

Chronic lymphocytic leukemia (CLL) is characterized by the clonal expansion of CD5-expressing B lymphocytes. Most studies have found that these leukemic CD5<sup>+</sup> B cells, like their normal counterparts, use immunoglobulin (Ig) variable (V) region genes that exhibit minimal, if any, somatic diversity. These and other observations have suggested that CD5<sup>+</sup> B cells may be incapable of generating Ig V gene diversity, and therefore may not be able to develop higher affinity binding sites that could be selected by antigen. However, most of the studies of CLL and normal CD5<sup>+</sup> B cells have focused on IgM-producing cells. Since somatic mutations are most often seen in B cells that have undergone an isotype class switch, we analyzed the Ig heavy (H) and light (L) chain variable region genes of seven IgG<sup>+</sup>CD5<sup>+</sup> CLL B cells to determine if somatic diversification and antigen selection had occurred. The data derived provide evidence for skewed use, somatic diversification, and antigenic selection of the Ig V region genes. Nonrandom use of both H and L chain V region genes was manifested by an overrepresentation of V<sub>H</sub>4 and V<sub>κ</sub>I family genes and the underrepresentation of the J<sub>H</sub>4 gene segment. Furthermore, V<sub>H</sub>4 gene use was restricted to only two family members (4.21 and 4.18). In four of the seven cases, the V<sub>H</sub> and V<sub>L</sub> genes displayed ≥5% difference from the most homologous known germline counterparts. Polymerase chain reaction and Southern blot analyses performed in two of these patients demonstrated that their unique V<sub>H</sub> CDR2 and adjacent sequences were not present in their germline DNA. In addition, a significant level of diversity was seen in the rearranged DJ<sub>H</sub> segments and at the V<sub>L</sub>-J<sub>L</sub> junctions of every patient that occurred both at the time of recombination and subsequently. The localization of replacement changes to complementarity determining regions of some patients suggested that antigen selection had occurred. Furthermore, the mutations identified in the V<sub>H</sub> and V<sub>L</sub> genes of each individual patient were strikingly similar, both in number and location. Collectively, the data indicate that a subset of CD5<sup>+</sup> CLL B cells can display Ig V region gene mutations. In addition, they are consistent with the notions that in some cases antigen selection of these mutations may have occurred, and that antigen stimulation may be a promoting factor in the evolution of certain CLL clones.

Chronic lymphocytic leukemia (CLL)<sup>1</sup> is characterized by an overexpansion of a clone of human B cells that al-

<sup>1</sup> Abbreviations used in this paper: CDR, complementarity determining region; CLL, chronic lymphocytic leukemia; FR, framework region; RT, reverse transcriptase.

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most invariably expresses surface membrane CD5 (for a review see reference 1). Over the years, investigators have studied these cells to understand both the normal physiology of this subset of human B cells as well as the abnormal features of the B lymphocytes expanded in this disease. Studies to date suggest that the B cells that are clonally expanded in CLL use a biased set of Ig V genes (for a review see reference 2) to code for low affinity, polyreactive autoantibodies (3–5), predominantly of the IgM class. Although numerous studies have noted that these Ig V genes rarely undergo somatic mu-

tation (2), this principle was challenged by the study of Cai et al. (6), which documented  $V_H$  gene mutations among a cohort of CLL patients whose malignant clone used the  $V_H251$  gene. Surprisingly, however, a follow-up study (7) of a larger, well-characterized group of patients whose leukemic cells used the same gene failed to confirm these findings, thus leaving this dilemma unresolved.

It is important to note, however, that most of these studies of  $CD5^+$  CLL B cells have dealt with IgM-producing cells. Since antigen stimulation resulting in somatic diversification may occur more often at the time of or among isotype-switched B cells (8),  $CD5^+$  B cells producing non-IgM antibodies may exhibit different features, both at the protein and nucleic acid levels. To test this hypothesis and to help resolve the issue of the capacity of these cells to somatically diversify their Ig V genes, we have analyzed the Ig V genes used by  $CD5^+$  CLL cells that produce IgG antibodies. The data demonstrate an overrepresentation of Ig  $V_H$  and  $V_L$  family genes and an underrepresentation of a frequently employed  $J_H$  segment. In addition, there is strong evidence that the Ig V gene segments of both the H and L chains from several of these  $CD5^+$  CLL clones have undergone somatic mutation. Finally, the location of replacement substitutions suggests that some of these mutations may have been antigen driven and selected.

## Materials and Methods

**CLL Cells and Heterohybridomas.** Seven patients with CLL whose  $CD5^+$  leukemic B cell clones produced IgG were studied. As recently reported (9), each patient exhibited clinical features typical for CLL, with stages ranging from 0 to IV (Rai classification; 10). In addition, all exhibited an expanded population of circulating IgG $^+$ CD5 $^+$  B cells as determined by immunofluorescence, although the percentages of IgG $^+$ CD5 $^+$  coexpressing cells varied among the various patients (range: 64–92%). Serologic and immunofluorescence studies demonstrated that five of these CLL clones produced IgG1 and two IgG3 (11).

Heterohybridomas made with these cells were screened for the secretion of Ig H and L chains that corresponded to the original  $CD5^+$  CLL B cell, and appropriate lines were cloned by limiting dilution to ensure monoclonality (9). V gene fingerprinting analyses (11, 12) were performed to confirm that the  $V_H$  and  $V_L$  genes used by the heterohybridomas were derived from the CLL clones overexpanded in vivo. All seven hybridomas expressed  $V_H$  CDR3 lengths identical with those of the CLL cells (9). More recent studies indicated that six of the hybridomas had identical  $V_L$  CDR3 lengths. Since the fingerprinting results for hybridoma no. 039 were equivocal, the DNA sequence of this gene was determined from the circulating CLL cells.

**Reverse Transcriptase (RT) PCR.** The primers for the  $V_H$  and  $V_L$  families and  $C_H$  and  $C_L$  amplification were as reported in references 13 and 14, respectively. Total RNA (500 ng) was reverse transcribed by use of avian myeloblastosis virus RT (GIBCO BRL, Gaithersburg, MD) and the appropriate  $C_H$  or  $C_L$  primer, and then specific amplification of the cDNA was accomplished as described (15).

**Cloning and Sequencing of PCR Products.** PCR products were force cloned into the pUC19 vector after digestion with EcoRI and HindIII. Clones were isolated and sequenced in both directions by the Sanger dideoxy chain termination method (16), either manually or by an automated sequenator (model 373A; Applied

Biosystems, Inc., Foster City, CA) using the DyeDeoxy<sup>TM</sup> terminator kit (Applied Biosystems Inc.).

**Southern Blot Analyses.** Genomic DNA was amplified by PCR with selected primers, electrophoresed through 1% agarose gel, transferred onto nylon membranes (Separation, Inc., Westboro, MA), and UV cross-linked as described previously (15). Blots then were hybridized with <sup>32</sup>P-labeled probes in hybridization solution (QuikHyb; Stratagene Inc., La Jolla, CA) according to the manufacturer's instructions. When appropriate, stripping was accomplished by incubation at 72°C for 1 h in 2.5 mM Tris-HCl (pH 8.0), 0.1 mM EDTA, and 0.5 mM sodium pyrophosphate. After washing, blots were exposed overnight on photographic film (XAR5; Eastman Kodak Co., Rochester, NY).

## Results

### $V_H$ Gene Segment Analyses

Fig. 1 lists the Ig  $V_H$  gene sequences determined. Computer comparisons (17) of these with their presumed germline counterparts indicated the following features.

**Biased  $V_H$  Gene Usage.** Only two gene families were used, with five patients' cells using  $V_H4$  family genes and two  $V_H3$  family genes. Of the 12 or more members of this moderately sized family (18), only 2 were represented in this group:  $V_H4.21$  ( $n = 3$ ; patients 001, 033, and 055) and  $V_H4.18$  ( $n = 2$ ; 039 and 057). Because of the small number of  $V_H3$  genes found, no conclusions about gene frequency use can be drawn.

**Different Degrees of Similarity with Germline Genes.** Two of the  $V_H4$  CLL samples (patients 039 and 057) exhibit a high degree of homology (>98.5%) with the presumed germline ancestor (Fig. 1), whereas the other three (001, 033 and 055) display considerably less identity (95, 92, and 91%, respectively). Similarly, one of the  $V_H3$  cases (040) is highly homologous with a germline gene (>98.5%), whereas much less similarity (94%) is observed in the other (030). The three  $V_H4$  CLL B cells that show significant differences from their ancestral gene (<95% homology; 001, 033, and 055) all use the  $V_H 4.21$  gene. Those patients using the  $V_H 4.18$  gene exhibit >98.5% homology to the germline.

**Differences in Distribution of Nucleotide Changes.** For certain patients (001 and 033), the differences from the ancestral genes are located throughout the  $V_H$  segment (Fig. 1), whereas for others (030 and 055), differences are nonrandomly distributed. In these latter two patients, the differences cluster predominantly within complementarity determining region (CDR)2 for patient 030 and within CDR2 and FR3 for patient 055.

**Differences in Deduced Amino Acid Sequences.** When the nucleotide differences of the patients are analyzed for their effects on the amino acid sequence of the deduced Ig H chain proteins (Fig. 2 A), there are striking differences in replacement/silent (R/S) substitution ratios for certain patients. For example, for patient 030, the R/S of CDR 1,2 is 7.0 and that of framework regions (FR) 1,2,3 is 0.6. In contrast, for patient 033, the R/S in CDR 1,2 is 0.8 and in FR 1,2,3 is 1.3. Patient 055 illustrates an overall R/S for CDR 1,2 of 1.7 and for FR 1,2,3 of 1.3, although most of these latter substitutions occur in a defined region of FR3.

## A $V_H4$

			Framework 1																													CDR 1					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
4.21	CAG	GTG	CAG	CTA	CAG	CAG	TGG	GGC	GCA	GGA	CTG	TTG	AAG	CCT	TGC	GAG	ACC	CTG	TCC	CTC	ACC	TGC	GCT	GTC	TAT	GGT	GGG	TCC	TTC	AGT	GGT	TAC	TAC	TGG	AGC		
CLL001	...	G.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CLL033	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CLL055	...	...	T...	...	A...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 2																								CDR 2											
	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67						
4.21	TGG	ATC	CGC	CAG	CCC	CCA	GGG	AAG	GGG	CTG	GAG	TGG	ATT	GGG	GAA	ATC	AAT	CAT	AGT	GGA	AGC	ACC	AAC	TAC	AAC	CGC	TCC	CTC	AAG	AGT								
CLL001	...	...	...	G.	...	C	...	...	...	...	...	...	...	...	...	...	...	...	...	C	...	G	...	T	...	...	...	T	...	...	...	...	...	...	...	...		
CLL033	...	G.	...	T...	C	...	A	...	...	...	...	...	...	...	...	...	...	...	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
CLL055	...	...	...	...	...	C	...	...	T	...	...	...	...	...	...	G	G	...	...	G	...	C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	

			Framework 3																																			
	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97						
4.21	CGA	GTC	ACC	ATA	TCA	GTA	GAC	ACG	TCC	AAG	AAC	CAG	TTC	TCC	CTG	AAG	CTG	AGC	TCT	GTC	ACC	GCC	GCG	GAC	AGC	GCT	GTG	TAT	TAC	TGT	GCG	AGA						
CLL001	...	C	...	T	...	...	...	...	...	...	A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
CLL033	...	C	...	...	...	...	...	...	...	A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
CLL055	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 1																													CDR 1						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
4.18	CAG	CTG	CAG	CTG	CAG	GAG	TGC	GGC	CCT	GCA	GGA	CTG	GTG	AAG	CCT	TGC	GAG	ACC	CTG	TCC	CTC	ACC	TGC	ACT	GTC	TCT	GGT	GGC	TCC	ATC	AGC	AGT	AGT	AGT	TAC	TAC		
CLL039	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CLL057	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 2																								CDR 2												
	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67							
4.18	TGG	GTC	CGC	CAA	GCT	CCA	GGG	AAG	GGG	CTG	GAG	TGG	ATT	GGG	AGT	ATC	TAT	TAT	AGT	GGG	AGC	ACC	TAC	TAC	AAC	CGC	TCC	CTC	AAG	AGT									
CLL039	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
CLL057	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 3																																					
	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99								
4.18	CGA	GTC	ACC	ATA	TCC	GTA	GAC	AGC	TCC	AAG	AAC	CAG	TTC	TCC	CTG	AAG	CTG	AGC	TCT	GTC	ACC	GCC	GCA	GAC	AGC	GCT	GTG	TAT	TAC	TGT	GCG	AGA								
CLL039	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
CLL057	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

## B $V_H3$

			Framework 1																													CDR 1						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
H11	GAG	GTG	CAG	CTG	GTG	GAG	TCC	GGG	GGA	GCC	TTA	GTT	CAG	CCT	GGG	GGG	TCC	CTG	AGA	CTC	TCC	TGT	GCA	GCC	TCT	GGA	TTC	ACC	TTC	AGT	AGC	TAC	TGG	ATG	CAC			
CLL030	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 2																								CDR 2											
	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66							
H11	TGG	GTC	CGC	CAA	GCT	CCA	GGG	AAG	GGG	CTG	GTG	TGG	GTC	TCA	CCT	ATT	AAT	AGT	GAT	GGG	AGT	AGC	ACA	ACG	TAC	GCG	GAC	TCC	GTG	AAG	GCC							
CLL030	...	...	...	...	...	...	A.	...	...	C.	...	...	...	...	...	...	GA	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	

			Framework 3																																			
	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98						
H11	CGA	TTC	ACC	ATC	TCC	AGA	GAC	AAC	GCC	AAG	AAC	ACG	CTG	TAT	CTG	CAA	ATG	AAC	AGT	CTG	AGA	GCC	GAG	GAC	ACG	GCT	GTG	TAT	TAC	TGT	GCA	AGA						
CLL030	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 1																													CDR 1						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35			
1.9111	CAG	GTG	CAG	CTG	GTG	SAG	TCT	GGG	GGA	GCC	GTG	GTG	CAG	CCT	GGG	AGG	TCC	CTG	AGA	CTC	TCC	TGT	GCA	GCC	TCT	GGA	TTC	ACC	TTC	AGT	AGC	TAC	GGC	ATG	CAC			
CLL040	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 2																								CDR 2											
	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66							
1.9111	TGG	GTC	CGC	CAA	GCT	CCA	GGG	AAG	GGG	CTG	GTG	TGG	GTC	GCA	GTT	ATA	TCA	TAT	GAT	GGA	AGT	AAT	AAA	TAC	TAT	GCA	GAC	TCC	GTG	AAG	GCC							
CLL040	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

			Framework 3																																			
	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98						
1.9111	CGA	TTC	ACC	ATC	TCC	AGA	GAC	AAT	TCC	AAG	AAC	ACG	CTG	TAT	CTG	CAA	ATG	AAC	AGC	CTG	AGA	GCT	GAG	GAC	ACG	GCT	GTG	TAT	TAC	TGT	GCG	AAA						
CLL040	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

**Figure 1.** Nucleotide sequences of  $V_H$  genes. The  $V_H$  germline genes most homologous to the individual CLL  $V_H$  genes are listed on top. These sequence data are available from EMBL/GenBank/DBJ under accession numbers X84333-X84339.

### Absence of the Patient-specific Sequences in Germline DNA

Next we investigated whether the differences in the  $V_H$  gene segments observed in patients 030 and 055 were somatically generated. These patients were chosen since their  $V_H$  sequences were significantly different from the presumed germline counterparts, and these differences clustered within areas of the gene that would likely influence the shape of the antigen-binding groove.

**PCR Analyses.** The first approach involved the construction of two sets of PCR primer pairs, one that would allow amplification of a region encompassing the entire CDR2 and

portions of FR2 and FR3 of all genes of the two families involved ( $V_H3$  and  $V_H4$ ), and another set for amplification of only the unique sequences from the two individual patients (CDR2 for patient 030 and CDR2 plus part of FR3 for patient 055). The former are designated G for general primers, and the latter S for specific primers. These primer pairs were used to amplify either unrearranged neutrophil DNA or rearranged lymphocyte DNA. Fig. 3 indicates the results obtained for patient 055.

Fig. 3, Lanes 1 and 2 indicate the positions in the gel of

**A H CHAIN**

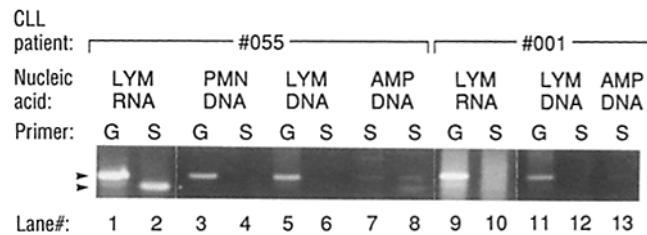
	Framework 1	CDR 1	Framework 2	CDR 2	Framework 3	CDR 3	Framework 4
4.21	QVQLQQGAGLLKPSSETLSLTCVAVYGGSF	YFWS	WIRQPPGKLEWIG	EINHSGSTNYNPSLKS	RVTISVD TSKNQFSLKLSVTAADTAVYYCAR	WYFYFDTSGYYPNRYFYMDV	WGKGTPTVTSS
CLL001	G.....F.....R.....	.....	.....I.....S.....	.....	.....L.....	.....	WGQGTPTVTSS
CLL033	.....T.....E.....	.....T.....V.....S.....	.....Q.....D.....	.....	.....K.....N.....R.....A.....	SRFYCSGETCHSSQFYVYHGLDA	WGQGTPTVTSS
CLL055	.....I.....	.....H.....	.....V.....S.....T.....T.....	.....	.....M.....SIPM.....T.....S.....	APLOGGAGLNYWDFP	WGLGLTPTVTSS
4.18	QLQLQESGPGLVKPSSETLSLTCVSGGSIS	SSSYVWG	WIRQPPGKLEWIG	SIYVSGSTNYNPSLKS	RVTISVD TSKNQFSLKLSVTAADTAVYYCAR	SSRGYSSSWSS NWFDP	WGQGTPTVTSS
CLL039	.....	.....	.....	.....T.....	.....	.....HLGYSSSWYGAANNEDP	WGQGTPTVTSS
CLL057	.....	.....	.....	.....	.....	.....	WGQGTPTVTSS
H11	EVQLVESGGGLVQPGGSLRLSCAASGFTFS	SYVMH	WVRQAPGKGLVWVS	RINSDGSSTTYADSVKG	RFTISR D NAKNTLYLQMNSLRAEDTAVYYCAR	.....	WGQGTPTVTSS
CLL030	.....D.....	.....N.....	.....E.....P.....	S.RT..G..N..A..	.....	.....AHSFHGSHYFS	WGQGTPTVTSS
1.9IIIQVQLVESGGGVQPGSRSLRLSCAASGFTFS	SYGMH	WVRQAPGKLEWVA	VISYDGSNKYYADSVKG	RFTISR D NSKNTLYLQMNSLRAEDTAVYYCAK	.....	.....RDRGIGGQNYMDV	WGKGTPTVTSS
CLL040	.....Q.....	.....	.....W.....	.....	.....	.....	WGKGTPTVTSS

**B L CHAIN**

	Framework 1	CDR 1	Framework 2	CDR 2	Framework 3	CDR 3	Framework 4
DPL8	QSVLTPPPVSCAPGQRVTISC	TGSSNIGAGYDVH	WYQLPQTAPKLLIY	GNSNRPS	GVPDRFSGSKGTSASLAITGLQAEDEADYYC	QSYDSSLG	FGGTRTLTVVG
CLL001	.....A..G.....	.....N..V.....	.....K.....V..H.....	.....	.....G.....A.....S.....	.....T.....R..NICV	FGGTRTLTVVG
L12a	DIQMTQSPSTLSASVQDRVTITC	RASQISSWLA	WYQKPGKAPKLLIY	KASSLES	GVPSRFSGSGSGTEFTLTISLQPDFAFYC	QQYNSYS	FGGTRTKVEIKR
CLL030	.....	.....VT..RM.....	.....	RG...Q.....	.....L.....	.....LN..PVT	FGGTRTKVEIKR
A27	EIVLTQSPPTLSLSPGERATLSC	RASQVSSSYLA	WYQKPGKAPKLLIY	GASSRAT	GIPDRFSGSGSGTDFTLTISRLPEDFAVYYC	QQYGSSP	FRGRTKVEIK
CLL033	.....KV.....	.....T.....	.....V.....	.....T.....	.....	.....L..ST	FRGRTKVEIK
L9	AIRMTQSPSFSASVQDRVTITC	RASQISSYLA	WYQKPGKAPKLLIY	AASLQGS	GVPSRFSGSGSGTDFTLTISLQSEDFATYYC	QQYYSYP	FGGTRTKVEIK
CLL040	.....	.....	.....	.....	.....	.....QT	FGGTRTKVEIK
L19	DIQMTQSPSFSASVQDRVTITC	RASQISSWLA	WYQKPGKAPKLLIY	AASLQGS	GVPSRFSGSGSGTDFTLTISLQSEDFATYYC	QQANSFP	FGGTRTKVEIFP
CLL055	.....S.....	.....H..T.....	.....R.....S.....	G.....G.....	.....H.....TG.....F.....	.....IT	FGGTRTKVEIFP
O2	DIQMTQSPSLSASVQDRVTITC	RASQISSYLN	WYQKPGKAPKLLIY	AASLQGS	GVPSRFSGSGSGTDFTLTISLQSEDFATYYC	QQSYSTP	FGGTRTKVEIKR
CLL039	.....	.....	.....	.....	.....	.....RS	FRGTRTKVEIKR
CLL057	.....	.....	.....	.....	.....	.....RT	FRGTRTKVEIKR

**Figure 2.** Deduced amino acid sequences of the H and L chains. The amino acid sequence of the germline gene is given through FR 3, with the CLL sequences listed below. Sequences of each CLL CDR3 and FR4 are presented. (A) H chain. (B) L chain.

the V<sub>H</sub> 4.21 segment amplified from RNA by RT/PCR with the G and S primer pairs, respectively. Amplification of both germline (lane 3) and rearranged (lane 5) DNA with the G primer set resulted in appropriately sized products. Amplification of the same DNA with the S primer pair (lanes 4 and 6) failed to reveal readily detectable bands. Since the inability to consistently amplify a product may be due to gene copy number, aliquots (1 μl) of the products of the G primer



**Figure 3.** Absence of CLL 055-specific sequences in germline DNA as assessed by PCR. Gel indicating PCR fragments amplified from various nucleic acids by use of the general primer pairs (G: 55.G.Fwd. 5'AGG-GTCTGGAGTGGATTGGG and 55.G.Rev. 5'ACTTCAGGGAGAAGT-GGTTC) and specific (S: 55.S.Fwd. 5'GAGGTCAGTCATACTGGAAC and 55.S.Rev. 5'GAACGGTTCATTGGAATGC). Note the absence of a CLL 055-specific fragment in lane 7 containing the products of the reamplified neutrophil DNA from lane 3. In contrast, an appropriately sized product is detected in lane 8 after reamplification of the CLL DNA from lane 5.

amplifications from both unrearranged and rearranged DNA, which should have increased specifically the frequency of all V<sub>H</sub>4 CDR2 regions, were reamplified with the S primers. After reamplification, only the rearranged DNA yielded an appropriate product (lane 8). Products corresponding in size to the specific mutated sequence never were detected with germline DNA (lane 7). Faint bands corresponding to the G products can be seen for each sample (lanes 7 and 8) because of the transfer of G primers from the original reactions of lanes 3 and 5. Most importantly, DNA sequence analyses of the isolated G and S bands from lanes 7 and 8, respectively, revealed identity with those presented in Fig. 1 (data not shown).

As a further specificity control, these primers were used to amplify the G and S sequences from another patient whose CLL B cells used the same Ig V<sub>H</sub> gene (4.21; patient 001). An appropriately sized product was obtained from rearranged DNA with the G primers (lane 11), but not with the S primers (lane 12). In addition, products could not be found when the G product was reamplified with the S primers (lane 13), indicating that the S sequence was uniquely expressed only in CLL 055 B cells and not in a patient using the same ancestral V<sub>H</sub>4 gene. Identical results were obtained by performing similar studies with patient 030 (data not shown).

**Southern Blotting Analyses.** A second approach involved the probing of unrearranged DNA with radiolabeled oligonucleotides specific for the mutation-specific or conserved se-

quences of each patient. In these studies, germline and rearranged DNA were amplified with the same sets of general G primers described above and then exposed to probes complementary to either the unique CDR2 sequence or the conserved FR sequence as a positive control. Fig. 4 indicates the results of these experiments for patient 030. Hybridization with the mutation-specific probes occurred only with the rearranged DNA, whereas hybridization of the conserved probe was seen with both the unrearranged and rearranged DNA. These differences in binding of the mutation-specific probes occurred despite the use of longer incubation times (16 vs. 2 h) and less stringent hybridization buffers and washing regimens (2 vs.  $0.1 \times$  SSC; room temperature vs.  $40^\circ\text{C}$ ) than those used for the conserved probes.

#### D and J<sub>H</sub> Gene Segment Analyses

The sequences of the D and J<sub>H</sub> segments expressed by the CD5<sup>+</sup> CLL B cells are listed in Fig. 5, A and B.

**Nonrandom J<sub>H</sub> Gene Usage.** J<sub>H</sub>5 and J<sub>H</sub>6 gene segments were used by six of the seven patients. Surprisingly, there were no examples of J<sub>H</sub>4 gene use in this cohort, even though this is the most commonly used J<sub>H</sub> segment in healthy adults (19). D gene use appeared random, although homologous germline D segments could not be accurately defined in two patients (030 and 055).

**Somatic Diversification of D and J<sub>H</sub> Segments.** Among those CLL B cells with clearly definable D segments, varying degrees of identity with the germline gene segments existed (Fig. 5A), with patients 001 and 057 being the most homologous (92.8 and 90.5%) and patients 033, 039, and 040 being the least (67.7, 58.8, and 47.7%, respectively). Ancestral germline D segments could not be assigned for patients 030 and 055. Indeed, in these cases, it appeared that the majority (030) or the entire (055) D segment was deleted at the time of recombination and replaced by N addition. It is noteworthy

that the V<sub>H</sub> genes of these patients were two of the most divergent from their germline counterparts (Fig. 1).

The J<sub>H</sub> segments also show significant alterations from the germline, with examples of both trimming at the D–J joints and internal deletion (Fig. 5B). Furthermore, significant numbers of N additions were identifiable for all patients except 040.

Finally, presumptive nucleotide substitutions were found in the J<sub>H</sub> and D segments of all patients in whom likely germline progenitor D segments could be identified. Patients 039 and 040 are noteworthy since in both cases the level of V<sub>H</sub> gene diversification was negligible, whereas the levels of DJ<sub>H</sub> mutation were considerable.

**Deduced Amino Acid Differences in CDR3.** The nucleotide changes in the D and J<sub>H</sub> segments resulted in CDR3 lengths that were quite disparate, ranging from 11 to 23 amino acids (Fig. 2A). A dramatic similarity in amino acid sequence was found in the CDR3 of patients 039 and 057. This sequence similarity includes an identical stretch of 6 amino acids that is separated by four mismatches from another identical stretch of 5 amino acids.

#### Reidentification of CLL-unique Sequences in Freshly Isolated CD5<sup>+</sup> CLL B Cells

Since this study spanned 3 yr, attempts were made to determine if new mutations had occurred in vivo over this time frame. Patients 001, 030, 033, 039, and 057 were reanalyzed. Patients 055 and 040 could not be included in this evaluation since the former was treated with fludarabine that essentially eliminated circulating CLL B cells, and the latter had died. The unique V gene arrays that had been created by mutation, N addition, and D/J segment substitution and deletion served as unequivocal signatures of the CLL clones.

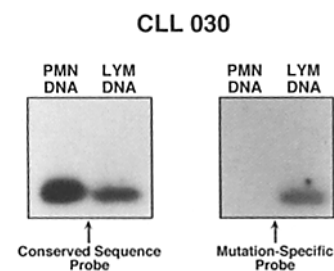
RNA was obtained from freshly isolated B cells, reverse transcribed, amplified with appropriate patient-specific FR2 upstream primer and the C<sub>γ</sub> downstream primer, and sequenced. In three patients (001, 033, and 039), the newly defined sequences were identical to those listed in Fig. 1 (data not shown). A single-point alteration that was not productive of an amino acid change was found in patient 030. The most significant differences were found in patient 057, in whom three point mutations in CDR 2 and 3 were detected among two clones; one of these (G → A) resulted in an amino acid change (Ser → Asn) at codon 52 of CDR2.

#### V<sub>L</sub> Gene Segment Analyses

Fig. 6 lists the Ig V<sub>L</sub> gene sequences determined and the computer comparisons with the presumed germline counterparts.

**Nonrandom V<sub>L</sub> Gene Family Use.** Of the six CLL clones expressing κ chains, five used a V<sub>κ</sub>I family gene (patients 030, 040, 055, and 057). However, unlike the Ig V<sub>H</sub>4 gene use, which was restricted to only two individual family members, four different V<sub>κ</sub>I family genes were represented (Fig. 6 and Table 1).

**Different Degrees of Similarity with Germline V<sub>L</sub> Genes That Parallel Those of the Corresponding V<sub>H</sub> Gene.** The V<sub>κ</sub>I genes



**Figure 4.** Absence of CLL 030-specific sequences in germline DNA as assessed by Southern blotting. Genomic DNA from either B cells or neutrophils was amplified by PCR by use of the general primer pairs for patient 030 (G: 30.G.Fwd. CCGCCA-AGCTCCAGAGAAGG and 30.G.Rev. 5'GGCATGTCTCTGGAGATGG) and transferred onto nylon membranes. Blots

were hybridized first with a mutation-specific <sup>32</sup>P-labeled probe (5'CAG-TATTAGAACTGATGGGG), and after stripping by incubation at  $72^\circ\text{C}$  for 1 h in 2.5 mM Tris-HCl (pH 8.0), 0.1 mM EDTA, and 0.5 mM sodium pyrophosphate, were hybridized with the conserved sequence probe (5'GTGAAGGCCGATTCA). For the mutation-specific probe, hybridization was carried out at  $42^\circ\text{C}$  overnight; for the conserved sequence probe, hybridization was performed at the same temperature for 2 h. For the conserved sequence probe, blots were washed twice at room temperature for 15 min with  $2 \times$  SSC, 0.1% SDS, and then once at  $40^\circ\text{C}$  for 30 min with  $0.1 \times$  SSC, 0.1% SDS. For the mutation-specific probe, washes were performed under less stringent conditions with  $2 \times$  SSC, 0.1% SDS, at room temperature for 15 min.

**A D GENE SEGMENTS AND N REGION ADDITIONS**

Patient	FR3	N	D Segment	N
			<b>DLR2</b>	
CLL033	GCG	TCFCGCTTT	AGGATATTGTAGTGGTGGTAGCTGC TACTCC .....AA.CT.... C....A	TCACAGTTTT
CLL040	GCGAGA		.....G.A.GG.AAT...G....GCAA...A.	
			<b>D21/9</b>	
CLL001	GCGAGG	TG	GTATTACTATGATAGTAGTGGTTATTAC .....T.....C.....	CCCCG
			<b>DM1</b>	
CLL039	GCGAGC	TCCAGAG	GGTATAACTGGAATAC .....G.A.C.GC.GG	TGGTCATCT
			<b>DM1</b>	
CLL057	GCGAGA	CATCTG	GGTATAGCAGCAGCTGGTAC ..A.....T	GGGGCAGCC
			<b>UNASSIGNABLE</b>	
CLL030	GCAAGA		GCTCACTCGCCTCACGGCAGCCACTATCC	
CLL055	GCGAGA		GCCCTCTGGGGGTGGGGCGGGCTTT	

**B J<sub>H</sub> GENE SEGMENTS**

Patient	CDR3	Framework 4
J <sub>H</sub> 2	TACTGGTACTTCGATCTC	TGGGGCCGTGGCACCCCTGGTCACTGTCTCTCTCA
CLL039	A.....C.C.	.....AG..A.....C.....
J <sub>H</sub> 5	ACAACGGTTCGACTCC	TGGGGCCAAAGGACCCCTGGTCAACCGTCTCTCTCA
CLL057	.....C..	.....G.....
CLL055	.....C..	.....TG.....T.....
CLL030	...T	.....G.....
J <sub>H</sub> 6	TACTACTACTACGGTATGGACGTC	TGGGGCCAGGGACCAGGTCACCGTCTCTCTCTCA
CLL001	.A...T...TAC	.....CA.G.....C.....
CLL033	.....C.....T.....C.	.....C..G.....
CLL040	.....	.....CA.....

**Figure 5.** Nucleotide sequences of the CDR3 and FR4 regions of the H chains. (A) Sequences of the CLL D gene segments compared with their most likely germline counterpart. Those listed as "unassignable" were not sufficiently similar to 24 reported sequences to make a comparative ancestral assignment. (B) Comparison of germline and CLL J<sub>H</sub> gene segments.

used by patients 040, 039, and 057 displayed complete identity with the germline genes L9 and O2, respectively, and therefore are not listed on Fig. 6. In contrast, the V<sub>L</sub> genes used by patients 001, 030, 033, and 055 exhibited ≥5% divergence from the most homologous germline counterparts. These levels of difference parallel those seen among the Ig V<sub>H</sub> genes of each patient.

*Differences in Distribution of Nucleotide and Amino Acid Changes Also Parallel Those of the Corresponding V<sub>H</sub> Gene.* For patients 001 and 033, nucleotide changes were distributed throughout the V<sub>L</sub> segment, whereas for patients 030 and 055 these clustered either within CDR 1, 2, and 3 for patient 030 or in CDR 1, 2, and 3 and FR 2 for patient 055. The deduced amino acid V<sub>L</sub> sequence of patient 030 exhibits

Patient	Framework 1										CDR 1																											
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	27A	27B	27C	28	29	30	31	31A	32		
DPL8	CAG	TCT	GTC	CTG	ACG	CAG	CCG	CCC	TCA	GTG	TCT	GCG	GCC	CCA	GGC	AGG	ATC	ACC	ATC	TCC	TGC	ACT	GCG	AGC	AGC	TCC	AAC	ATC	GCG	GCA	GCT	TAT	GAT					
CLL001	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
L12a	GAC	ATC	CAG	ATG	AAC	CAG	TCT	CCT	TCC	ACC	CTG	TCT	GCA	TCT	GTA	GGA	GAC	AGA	GTC	ACC	ATC	ACT	TGC	GCG	GCC	AGT	CAG	AGT	ATT	AGT	AGC	TGG						
CLL030	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
A27	GAA	ATT	GTG	TTG	ACG	CAG	TCT	CCA	GGC	ACC	CTG	TCT	TTG	TCT	CCA	GGG	GAA	AGA	GCC	ACC	CTC	TCC	TGC	AGG	GCC	AGT	CAG	AGT	ATT	AGC	AGC	AGC	TAC					
CLL033	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L19	GAC	ATC	CAG	ATG	AAC	CAG	TCT	CCA	TCT	TCT	GTG	TCT	GCA	TCT	GTA	GGA	GAC	AGA	GTC	ACC	ATC	ACT	TGT	GCG	GCG	AGT	CAG	AGT	ATT	AGC	AGC	TGG						
CLL055	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Patient	Framework 2										CDR 2																											
	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
DPL8	GTA	CAC	TGG	TAC	CAG	CAG	CTT	CCA	GGA	ACA	GCC	CCC	AAA	CTC	CTC	ATC	TAT	GGT	AAC	AGC	AAT	CAG	CCC	TCA	GCG	GTC	CCT	GAC	GGA	TTC	TCT	GCC	TCC	AAG	TCT	GCC		
CLL001	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L12a	TTG	GCC	TGG	TAT	CAG	CAG	AAA	CCA	GGG	AAA	GCC	CCT	AAG	CTC	CTG	ATC	TAT	AAG	GCG	TCT	AGT	TTA	GAA	AGT	GCG	GTC	CCA	TCA	AGG	TTC	AGC	GGC	AGT	GGA	TCT	GGG		
CLL030	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
A27	TTA	GCC	TGG	TAC	CAG	CAG	AAA	CCT	GCC	CAG	GCT	CCC	AGG	CTC	CTC	ATC	TAT	GST	GCA	TCC	AGC	AGG	GCC	ACT	GCC	ATC	CCA	GAC	AGG	TTC	AGT	GCC	AGT	GGG	TCT	GGG		
CLL033	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L19	TTA	GCC	TGG	TAT	CAG	CAG	AAA	CCA	GGG	AAA	GCC	CCT	AAG	CTC	CTG	ATC	TAT	GCT	GCA	TCC	AGT	TTG	CAA	AGT	GCG	GTC	CCA	TCA	AGG	TTC	AGC	GCC	AGT	GGA	TCT	GGG		
CLL055	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Patient	Framework 3										CDR 3																												
	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	95A	95B										
DPL8	ACC	TCA	CCC	TCC	CTG	GCC	ATC	ACT	GGG	CTC	CAG	GCT	GAG	GAT	GAG	GCT	GAT	TAC	TAC	TTC	TCC	TAC	GAC	AGC	AGC	CTG	AGT	GGT											
CLL001	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L12a	ACA	GAA	TTC	ACT	CTC	ACC	ATC	AGC	AGC	CTG	CAG	GCT	GAT	GAT	TTT	GCA	ACT	TAT	TAC	TGC	CAA	CAG	TAT	AAT	AGT	TAT	TCT												
CLL030	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
A27	ACA	GAC	TTC	ACT	CTC	ACC	ATC	AGC	AGA	CTG	GAG	CCT	GAA	GAT	TTT	GCA	GTG	TAT	TAC	TGT	CAG	CAG	TAT	GCT	AGC	TCA	CCT												
CLL033	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
L19	ACA	GAT	TTC	ACT	CTC	ACT	ATC	AGC	AGC	CTG	CAG	CCT	GAA	GAT	TTT	GCA	ACT	TAC	TAT	TGT	CAG	CAG	GCT	AGC	AGT	GGT	CCT												
CLL055	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Figure 6.** Nucleotide sequences of V<sub>L</sub> genes. Since the V<sub>L</sub> gene sequence for patient 040 is identical to the L9 germline gene and those of patients 039 and 057 are identical to the O2 germline gene, they are not listed. These sequence data are available from EMBL/GenBank/DBJ under accession numbers X84340-X84346.

**Table 1.** Serologic and Genetic Characteristics of IgG<sup>+</sup>CD5<sup>+</sup> CLL B Cells\*

H chain										
Patient	C <sub>H</sub>	CRI <sup>†</sup>	V <sub>H</sub> family	Most homologous germline V <sub>H</sub> gene	V <sub>H</sub> gene difference	Likely germline D segment	J <sub>H</sub>	Types of diversification		
								N addition/trimming <sup>§</sup>	Somatic <sup>  </sup> mutation V <sub>H</sub> /DJ <sub>H</sub>	Possible antigenic selection
					%					
CLL 001	γ1	-	4	4.21	5	D21/9	6	+ / +	+ + / + +	-
CLL 033	γ1	F4	4	4.21	8	DLR2	6	+ + + / +	+ + + / + + +	-
CLL 055	γ1	F4	4	4.21	9	?	5	+ + + / -	+ + + / +	+ / -
CLL 039	γ3	-	4	4.18	1	DM1	2	+ + / -	- / + + +	+
CLL 057	γ3	-	4	4.18	1	DN1	5	+ + / +	- / +	+
CLL 030	γ1	F4	3	H11	6	?	5	+ + + / + + +	+ + / +	+
CLL 040	γ1	-	3	1.9III	2	DLR2	6	- / + + +	- / + + +	+
L chain										
Patient	C <sub>L</sub>	CRI <sup>†</sup>	V <sub>L</sub> family	Most homologous germline V <sub>L</sub> gene	V <sub>L</sub> gene difference	J <sub>L</sub>	Types of diversification			
							N addition/trimming <sup>§</sup>	Somatic <sup>  </sup> mutation V <sub>L</sub> /J <sub>L</sub>	Possible antigenic selection	
					%					
CLL 001	λ	-	λI-c	DPL8	6	Jλ2/3	- / +	+ + / +	-	
CLL 033	κ	3I	κIIIb	A27	5	Jκ1	- / +	+ + / +	-	
CLL 055	κ	3I	κI	L19	7	Jκ4	+ / +	+ + + / +	+ / -	
CLL 039	κ	-	κI	O2	0	Jκ2	+ / + +	- / +	+	
CLL 057	κ	-	κI	O2	0	Jκ1	+ / +	- / +	+	
CLL 030	κ	3I	κI	L12a	7	Jκ4	- / +	+ + + / +	+	
CLL 040	κ	3I	κI	L9	0	Jκ1	- / +	- / +	-	

\* Adapted, in part, from references 9 and 22.

† Cross-reactive idiotypic (CRI) determinants detected by solid-phase RIA as described (33, 34).

§ Notations preceding the slash (/) relate to the relative numbers of N additions; notations after the slash relate to degrees of trimming at joints.

|| Notations preceding the slash relate to the relative number of mutations in V<sub>H</sub> or V<sub>L</sub>; those after the slash relate to DJ<sub>H</sub> and J<sub>L</sub> segments.

R/S substitution ratios >3 for the CDR and <1 for the FR (Fig. 2 B). These patterns closely resemble those seen for the corresponding H chain gene in almost every case.

**Random Use of J<sub>L</sub> Gene Segments.** Unlike the nonrandom use of J<sub>H</sub>, J<sub>L</sub> families are used in an apparently stochastic fashion (Fig. 7). In every case, there is evidence for trimming of the J<sub>L</sub> segments as well as examples of a limited number of N additions in patients 039, 040, and 057 (Fig. 7). The combination of trimming and N addition has resulted in V<sub>L</sub>-J<sub>L</sub> junctional diversity in each case.

### Discussion

The preceding data demonstrate that certain CD5<sup>+</sup> CLL B cells display skewed use, somatic diversification, and evi-

dence consistent with antigenic selection of their Ig H and L chain V region genes. Table 1 collates the genetic data from this study and the serologic data from a companion study (9) to provide a comprehensive view of the characteristics of these cells.

**Gene Segment Use.** Evidence for nonrandom use of both H and L chain V region genes was manifested as an overrepresentation of V<sub>H</sub>4 and JκI family genes and underrepresentation of the J<sub>H</sub>4 gene segment. V<sub>H</sub>4 gene use was restricted further to only two (4.21 and 4.18) of the 12-16 members of the family (18). A restriction to specific gene members was not seen for JκI, although the O2 gene was expressed in two patients.

The frequency of V<sub>H</sub>4 gene use among our patients is

Patient	CDR3		Framework 4									
	-----V <sub>L</sub> -----	N	-----J <sub>L</sub> -----									
CLL 001	... .. AAT ATT	-	TG TG GTA	TTC GGC GGA GGG ACC AAG CTG ACC GTC CTA G	[J <sub>L2/3</sub> ]							
			..C ..G	... .. .G . . . . . . .G. . . . . . .G. . . . .								
CLL 033	... .. TFA CCT	-	G TGG ACG	TTC GGC CAA GGG ACC AAG GTG GAA ATC AAA C	[J <sub>L2</sub> ]							
CLL 040	... .. TAC CCT	CA	.C. . . .	... .. .G. . . . . . . . . . . . . . . . .								
CLL 057	... .. ACC CCT	C	.A . . .	... .. . . . . . . . . . . . . . . . . . . .								
CLL 039	... .. ACC CCT	CGG	TG TAC ACT	TTT GGC CAG GGG ACC AAG CTG GAG ATC AAA C	[J <sub>L2</sub> ]							
			.G. . . .	... .. . . . . . . . . . . . . . . . . . . .								
CLL 030	... .. TAC CCG	-	G CTC ACT	TTC GGC GGA GGG ACC AAG GTG GAG ATC AAA C	[J <sub>L4</sub> ]							
CLL 055	... .. TTC CCG	-	G. . . .	... .. . . . . . . . . . . . . . . . . . . .								
			A. . . .	... .. . . . . . . . . . . . . . . . . . . .								

Figure 7. Comparison of the nucleotide sequences of the J<sub>L</sub> gene segments.

significantly different from the potential repertoire available in the germline (exact goodness of fit test;  $p < 0.005$ ; 20) but not from a composite of the available CLL V gene sequences (21). Nevertheless, the overexpression of the specific V<sub>H</sub>4 genes 4.21 and 4.18 is striking considering that two prior studies failed to document such a restricted use of individual genes within a V<sub>H</sub> family in CLL B cells (23, 24). Furthermore, the absence of J<sub>H</sub>4 use by our patients' B cells is significantly different not only from healthy adult blood B cells ( $p < 0.003$ ; 19) but also from most CLL patients ( $p < 0.002$ ; 21). In addition, the overrepresentation of V<sub>H</sub>I family genes in our patients differs from that of the V<sub>H</sub>IIIb gene humkv325/A27 reported in other cohorts with CLL (25), although one of our patient's (033) CLL cells did use this gene. Finally, the biased use of Ig genes by our CLL patients extends to C<sub>H</sub> and involves the restricted use of IgG1 and IgG3 and the absence of IgG2 (9, and Table 1). The lack of IgG2 expression is striking since in healthy adults, B cells producing this subclass are of equal frequency to those producing IgG1 (26).

Thus our data support the principle that CD5<sup>+</sup> CLL B cells demonstrate biased use of Ig H and L chain gene segments. Those biases observed in our patients that differ from those reported previously may indicate different selective pressures in these IgG-producing CLL cells compared with most CLL patients that develop a clonal expansion of IgM-bearing B cells (92–95%; 27). These findings favor the concept that the V gene biases in CD5<sup>+</sup> B cells can result from antigen selection (28, 29) rather than inherent processes programmed before antigen receptor expression (30).

**Somatic Diversification.** Some level of somatic diversification was found in every case. These diversification events occurred both at the time of gene segment recombination as well as after the attainment of a competent B cell antigen-receptor complex. For example, at the times of D–J<sub>H</sub> and V<sub>H</sub>–DJ<sub>H</sub> joining and V<sub>L</sub>–J<sub>L</sub> joining, varying levels of N addition and trimming occurred in the H and L chains of most patients. It is noteworthy that the combined effects of trimming and N addition in V<sub>L</sub>, however, conserved CDR3 lengths of nine amino acids. It is now known that ~20% of normal human

B cells exhibit additions of nucleotides at the V<sub>L</sub>–J<sub>L</sub> junction that can alter CDR3 length (31), although longer CDR3 lengths appear to be more frequent in patients with inflammatory diseases like rheumatoid arthritis (32).

Multiple somatic changes not related to the recombination process also occurred in regions of these genes. Four patients showed significant variations of their H and L chain V genes from the reported germline counterparts. The level and location of these differences in the H and L chains were quite similar within an individual patient's leukemic clone. The possibility that these differences reflected the presence of heretofore unreported gene segments was ruled out for the two patients studied in detail (030 and 055). Interestingly, a cross-reactive idotype found almost exclusively on mutated IgG autoantibodies and not within the germline (F4; 33) was expressed by these two IgG molecules as well as that produced by patient 033 (9 and Table 1), providing serologic corroboration of the molecular data obtained.

However, mutations were not seen in the V<sub>H</sub> genes of all patients studied. Specifically the two patients using the V<sub>H</sub> 4.18 gene demonstrated very minor differences from the germline counterpart. In contrast, the three patients that used the V<sub>H</sub> 4.21 gene demonstrated significant somatic diversification. This observation confirms those recently reported (21, 35) on the discordant occurrence of mutations in these two gene segments in CLL.

The diversification detected in the IgG-producing B cells of these patients is not restricted to the V<sub>H</sub> or V<sub>L</sub> segments. Essentially all of the patients demonstrated differences from the germline D and J<sub>H</sub> segments, and every patient showed diversity at the V<sub>L</sub>–J<sub>L</sub> junctions. These latter changes are striking since they result in the acquisition of a positively charged arginine residue at the joints in two patients (039 and 057) and the creation of a threonine residue one position downstream from the joints in five patients (030, 033, 040, 055, and 057).

Most previous reports suggest that CD5<sup>+</sup> CLL B cells undergo little somatic diversification (2), although certain studies have contained occasional patients whose V genes diverge from the presumed germline counterparts (for review



see reference 21). The most striking study of  $V_H$  gene mutation in CLL is that of Cai et al. (6), who documented extensive and selected mutations in IgM-producing CLL B cells that used the  $V_H251$  gene. This group of patients was somewhat atypical, however, since  $\sim 30\%$  of the patients studied used this gene segment, a frequency not in line with most other studies. Since neither the frequency of  $V_H251$  use nor the presence of extensive mutations could be corroborated by Rassenti and Kipps (7), these investigators suggested that the patients studied by Cai et al. (6) might not be representative of the disease or that subsets of patients' CLL B cells might differ in their ability to develop somatic mutations. In support of the latter possibility are reports of  $V_H$  (36) and  $V_L$  (37) gene mutations in CLL patients whose B cells lacked CD5 expression. Although our patients display typical features of CLL and their expanded leukemic clones express CD5, they do comprise a subset defined by the production of IgG antibodies (9). Thus, our data are compatible with both the studies of Cai et al. and Rassenti and Kipps, providing clear evidence for somatic diversification of V region genes in a subset of leukemic CD5<sup>+</sup> B cells that have undergone an isotype class switch. Furthermore, our studies indicate that mutations can occur in the V genes of both the H and L chains and that the numbers and locations of these changes are closely paralleled in individual patients. However, it should be noted that the extent of mutation documented in these leukemic CD5<sup>+</sup> B cells is not as extensive as that observed in CD5<sup>+</sup> B cells from sites of chronic inflammation (38).

**Antigen Selection.** The diversification detected in this study is distributed differently among the V region genes of the various patients. In some cases (e.g., patients 001 and 033), nucleotide differences are randomly distributed, whereas in others (e.g., patient 030) these are clustered in the CDR. In contrast, patients 039, 040, and 057 demonstrate virtually no changes in their  $V_H$  or  $V_L$  segments, but exhibit extensive changes in D and  $J_H$  and unique changes at the  $V_L$ - $J_L$  junctions. Although the H chain disparities could have arisen by  $V_H$  gene replacement, the lack of mutation seen in the corresponding  $V_L$  segments of these same patients suggests that this mechanism is a less likely explanation.

These somatic changes result in significant and differing numbers of replacement changes at the amino acid level. It is accepted that the presence of an R/S ratio  $\geq 3$  in the CDR with lower ratios in the FR suggests antigen selection of the somatically generated substitution (39). These criteria are met for the  $V_H$  of patient 030 (R/S  $>7$  in CDR and 0.6 in FR). In addition, the clustering of replacement substitutions in CDR2 and between amino acids 73 and 76 of FR3 of patient 055 suggest antigen selection, since this portion of FR3 of the  $V_H$  is known to affect antibody binding to DNA (40, 41) and the conformation of the antigen-binding site (42). Similarly, the  $V_L$  of patient 030 has an R/S substitution ratio clearly compatible with antigen selection (CDR, 3.3; FR, 0.3), and the  $V_L$  of patient 055 has an R/S ratio and pattern similar to that in  $V_H$ , again with involvement of the amino acids in the CDR and FR3, at or around position 76 of the L chain.

However, the most striking indications of selection are

the amino acid changes that have occurred in the CDR3 of the H and L chains of patients 039 and 057. Indeed, despite the use of different germline D and  $J_H$  genes, the addition of different numbers and types of nucleotides at the joints, and the difference in levels of trimming or deletion, identity at 11 of 17 amino acid positions has been achieved by somatic processes (Fig. 2 A). In addition, a basic arginine residue has been created at the  $V_L$ - $J_L$  joints in each case (Fig. 2 B). This also is striking since these two B cells used different  $J_K$  genes and exhibited different levels of trimming and N addition at these joints. Considering that both patients' CLL cells use the same, virtually nonmutated  $V_H$  (4.18) and  $V_L$  (O2) genes, the amino acid structure of their two antigen receptors is  $>95\%$  similar. Thus, there appear to be selective pressures, presumably antigenic, to mutate the CDR3 of  $V_H$  and the V-J junctions of  $V_L$  to yield remarkably similar amino acid sequences and maintain the identity of the rest of the combining sites in these two patients. Finally, since both patients' CLL cells use  $\gamma 3$  H chains, one must consider strongly that a similar type of antigenic drive and cellular help has been involved in their diversification and selection processes.

**Implications for CLL and Its Evolution.** These data demonstrate conclusively that somatic mutations of Ig V region genes can be found in certain CLL clones. However, the data do not indicate when these mutations occurred in relation to the leukemogenic event(s). If they occurred before, then our data would be consistent with the notion that transformation renders these cells/genes less "mutable." In addition, they would indicate that the transformation event need not occur in a relatively immature B cell whose V genes still have a germline-like sequence, as has been suggested recently (21). In contrast, if these mutations are ongoing, this would suggest that these cells behave more like their normal counterparts. Our 3-yr follow-up study of the accumulation of only limited numbers of mutations between FR2  $\rightarrow J_H$  in five patients is relevant here. However, this issue needs more extensive study in more patients.

Our data also are consistent with the idea that antigenic stimulation may be involved in the clonal amplification in this disease. Studies of other lymphoid malignancies are compatible with this view (43-45). Considering the known propensity of CD5<sup>+</sup> CLL cells to be autoreactive (3-5), autoantigenic drive through the B cell antigen receptor is an attractive possibility. However, surprisingly, the IgG antibodies secreted by these CD5<sup>+</sup> CLL cells did not react significantly with a panel of six classical autoantigens (9). This observation appears to relate at least in part to antibody valency (9). However, in addition, the somatic mutations documented here may have sufficiently altered their binding sites away from reactivity with an original (auto)antigen in favor of another or of an exoantigen (46, 47).

Finally, these studies suggest that our understanding of the triggering capabilities and requirements for CLL cells may be too simplistic. Somatic diversification of normal CD5<sup>-</sup> B cells appears to be initiated by antigen, require T cell help, and occur in germinal centers, whereas CD5<sup>+</sup> B cells are considered to be triggered by T cell-independent antigens, presumably in the mantle zones of lymph nodes (for review

see reference 48). However, although studies in humans support this general view (49), others also indicate that human CD5<sup>+</sup> B cells, both normal and leukemic, can respond to T cell–derived stimuli (50, 51). Indeed, the preferential use by our patients' CD5<sup>+</sup> B cells of  $\gamma 1$  and  $\gamma 3$  subclass genes and the absence of  $\gamma 2$  (Table 1; 9) might favor the latter mechanism, since studies suggest that, in general, T cell–dependent protein antigens induce switching to IgG1 and IgG3, while switching to IgG2 frequently can be a function of T cell–independent polysaccharide antigens (for a review see reference 52). Finally, since at least in the murine system it is thought that CD5<sup>+</sup> B cells may represent a different cellular

lineage (53) that follows a distinct differentiation pathway, such cells might use different mechanisms or anatomic sites to achieve somatic diversification. Similarly, diversification might occur in a distinct subset of these cells, due either to inherent subset differences or differences in accessory cell or T cell helper function. The latter might be especially relevant since we have shown previously that most IgM-producing CLL patients have diminished T cell helper function (54). The surface phenotypes of these IgG<sup>+</sup>CD5<sup>+</sup> CLL B cells and their T cell functions are being evaluated to determine whether unique features exist for these particular cases.

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