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DYSFUNCTIONAL BONE MARROW AND CIRCULATING $\gamma\delta$ T CELLS WERE INDICATORS OF A HIGHER PROBABILITY OF ADVANCING FROM PRE-MALIGNANT PLASMA CELL DYSCRASIAS TO SYMPTOMATIC MULTIPLE MYELOMA

Oral

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The interplay between clonal plasma cells and the bone marrow (BM) microenvironment plays a crucial role in the development of multiple myeloma (MM). Therefore, understanding this relationship is crucial for identifying and effectively managing patients at a high risk of neoplastic progression, ultimately improving clinical outcomes. $\gamma\delta$ T cells, functioning as a link between the innate and adaptive immune systems, contribute to immune responses during cancer progression. However, their role in MM and its early phases, such as monoclonal gammopathy of undetermined significance (MGUS) or smoldering MM (SMM), remains unclear. Thus, the purpose of this study was to determinate the role of $\gamma\delta$ T cells in the immunopathogenesis of MM and its preneoplastic stages.

We conducted scRNAseq analysis on BM CD3+ cells from 3 healthy donors (HD), 5 MGUS/SMM patients, and 9 MM patients, analyzing a total of 12527 $\gamma\delta$ T cells. Next, we performed flow cytometric analysis on 11 HD, 13 MGUS, and 29 MM patients to assess their frequency, differentiation/exhaustion profile, and effector functions. Finally, we functionally validated our results in vitro by co-culturing PBMCs or sorted $\gamma\delta$ T cells from HD with MM cell lines.

Through scRNAseq analysis, we identified 7 $\gamma\delta$ T cell clusters: 2 naive subpopulations (CD4-/CD8- and CD4+), 3 GZMB effector/terminally differentiated subpopulations (CD8+/TIGIT+/LAG3+, TIM3+/CD27- and GNLY+/FTH1+) and 2 GZMK memory subpopulations (GZMK+ and CXCR3+). Moreover, as MM progressed, we observed a decrease in naive $\gamma\delta$ T cells ($p<0.05$) followed by an increase in TIM3 expression. No significant differences were observed in the frequencies of circulating and BM V δ 1+ and V δ 2+ T cells. However, effector memory V δ 2+ cells increased in MM patients compared to preneoplastic conditions and HD, where naive and central memory populations predominated ($p<0.05$). Co-culture with the cell line U266 confirmed the expansion in effector memory V δ 2+ T cells ($p<0.01$) and a decrease in central memory phenotype ($p<0.001$), indicating a MM-dependent induced phenotypic alteration. Additionally, circulating and BM $\gamma\delta$ T cells acquired an exhausted phenotype as MM progressed, mainly demonstrated by the co-expression of TIM3 and PD1. ($p<0.05$). This altered phenotype was associated with impaired functions of V δ 1+ and V δ 2+ T cell subsets, as evidenced by reduced TNF- α and IFN- γ expression upon in vitro stimulation, along with overexpression of the CD69 molecule ($p<0.05$). Notably, lower percentages of circulating and BM PD1+ V δ 2+, as well as BM effector memory V δ 2+ T cells (MGUS/SMM-like profile) were associated with improved patients' 1-year progression-free survival ($p<0.05$).

$\gamma\delta$ T cells acquire a dysfunctional phenotype during MM progression, which significantly impacts patient prognosis. Accordingly, circulating $\gamma\delta$ T cells, which mimic the BM milieu, may serve as a potentially less invasive means for follow up and prognostication of patients affected by monoclonal gammopathies.