

Jornadas de Hematología y Medicina Transfusional  
Sociedad Chilena de Hematología  
6 y 7 de octubre de 2011, Viña del Mar, Chile

# **Leucemia linfoblástica aguda Diagnóstico y seguimiento**

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ICO-Hospital Universitari Germans

Trias i Pujol. Badalona

Grupo PETHEMA

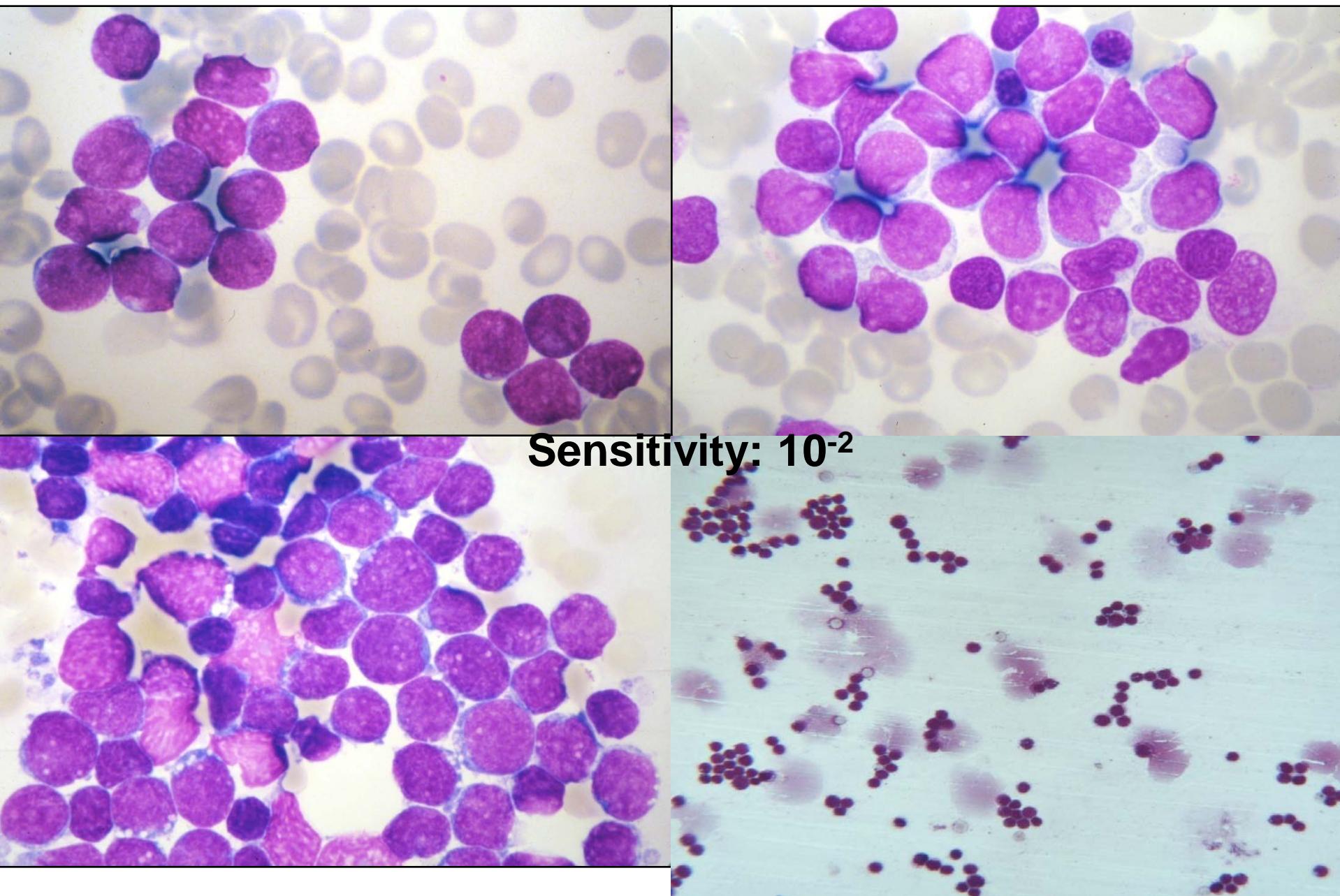
# Diagnostic work-up in ALL

- Anamnesis, physical examination
- Complete blood count , coagulation status, serum biochemical study
- EKG, LVEF (advanced age or history of cardiac disease)
- Chest X-ray film
- Bone marrow smear (morphology, cytochemistry)
- Bone marrow biopsy (only if dry tap)
- Immunophenotypic study (BM, PB)
- Cytogenetics
- FISH
- Study of molecular rearrangements (PCR)
- CSF study
- Storage: cells, DNA, RNA.

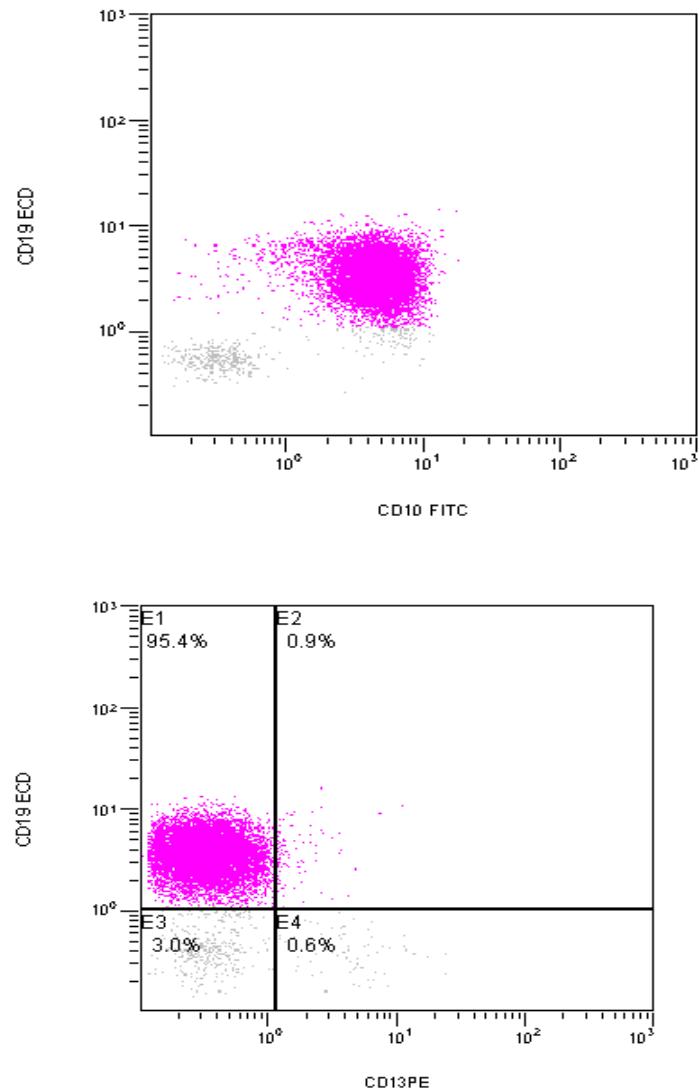
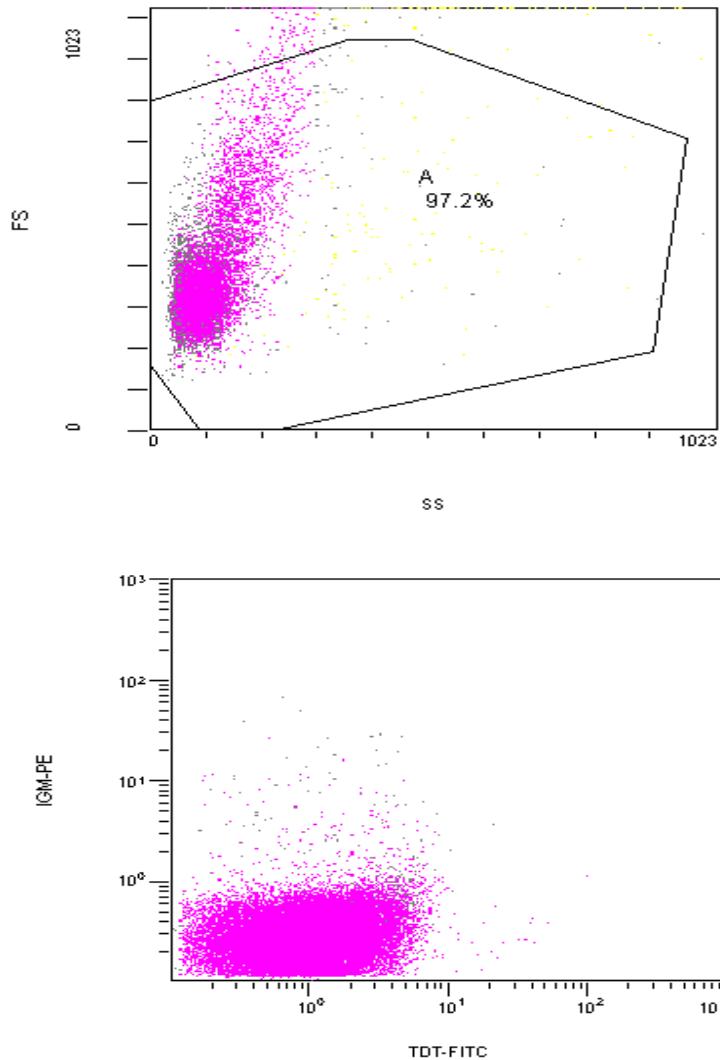
# **ALL. WHO Classification, 2008**

- **B precursor ALL**
  - t(9;22); *BCR/ABL*
  - 11q23; *MLL*
  - t(1;19); *E2A/PBX1*
  - t(12;21); *ETV/CBF alpha*
  - Hyperdiploid ALL
  - Hypodiploid ALL
- **T-ALL**
- **Burkitt-like ALL (mature B-ALL)**
  - t(8;14), t(2;8), t(8;22); *C-MYC*

# LAL. Morphology



# Phenotypic study

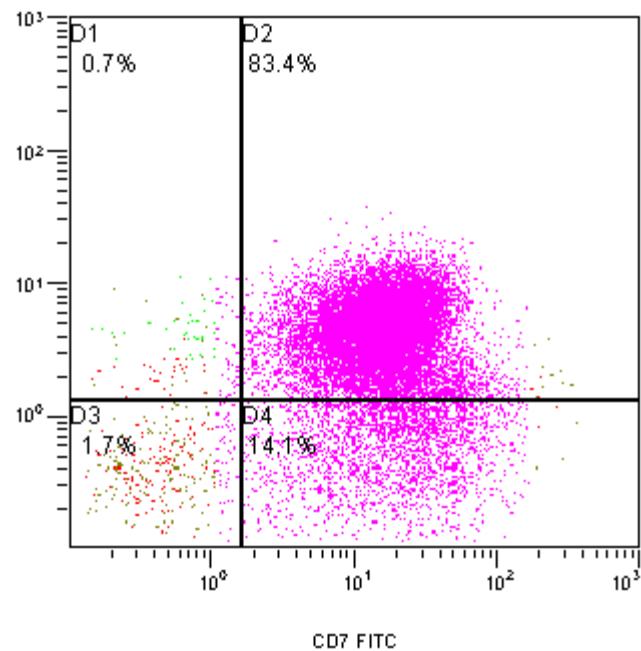


**Sensitivity:** 10<sup>-4</sup> (4 colors), ≥10<sup>-5</sup> (>4 colors)

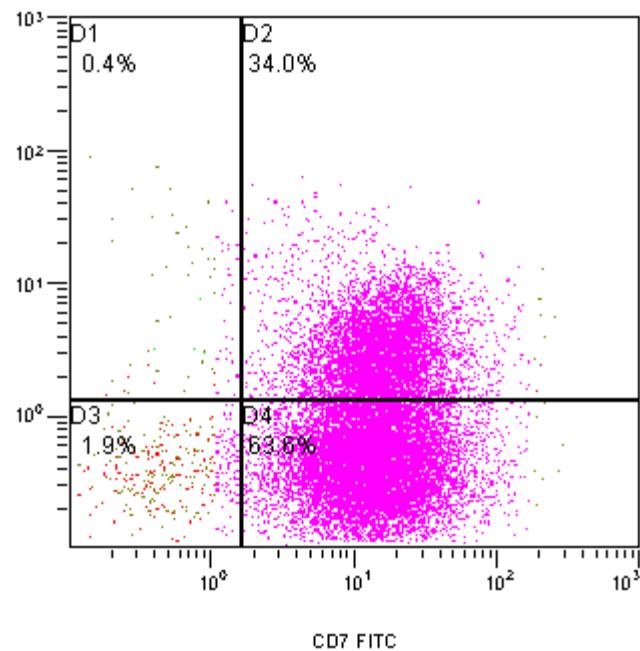
# Phenotypic classification. Precursor B-ALL

	cCD22	CD19	CD79a	CD34	CD10	TdT	sCD22	CD20	CD38	CD45	Cμ	Slg
<b>Pro-B</b>	+	±	+	+	-	+	±	-	++	±	-	-
<b>Common</b>	+	+	+	±	++	+	+	±	+	±	-	-
<b>Pre-B</b>	+	+	+	-	+	+	+	+	±	+	+	-/+
<b>Mature B</b>	+	±	+	-	±	±	±	+	±	+	-	+

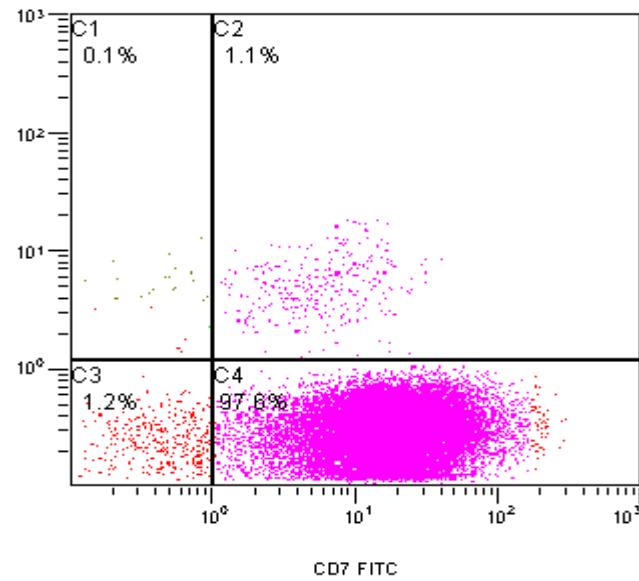
CD34 PCS



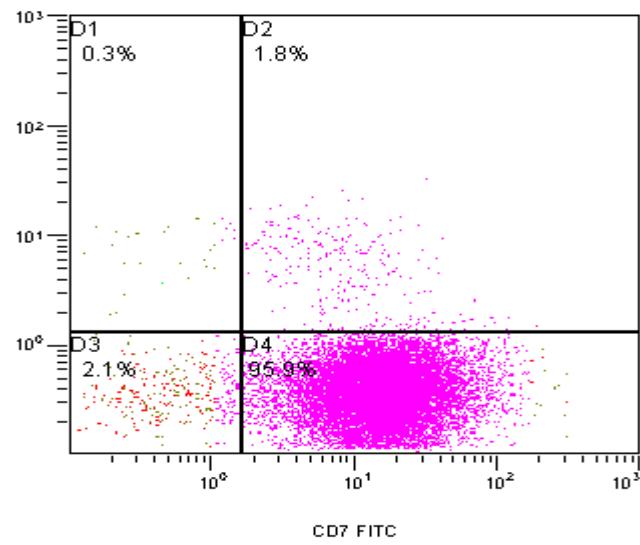
CD5 PCS



CD3ECD



CD2 PCS

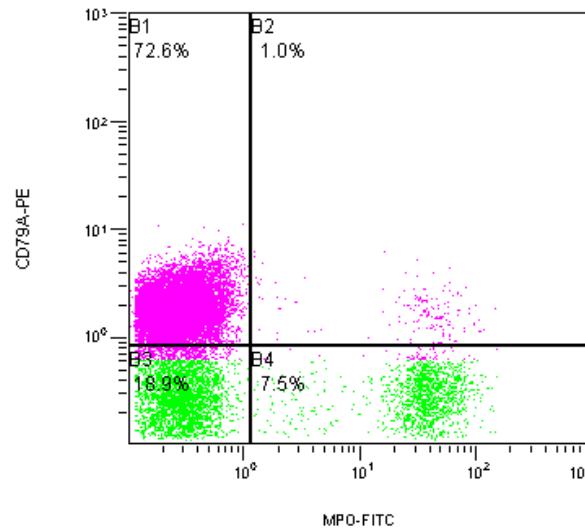
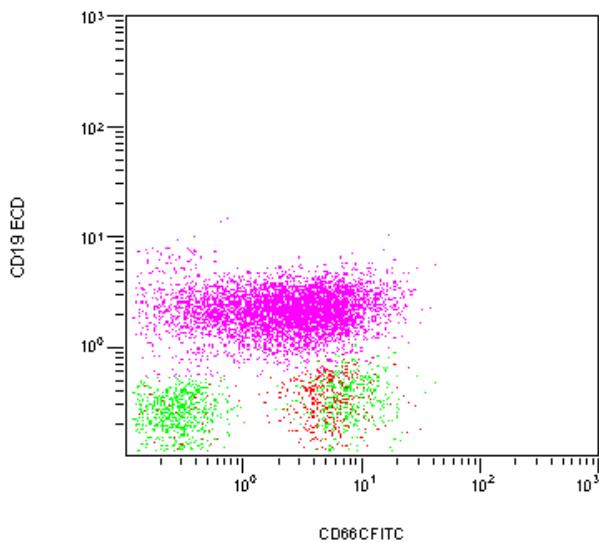
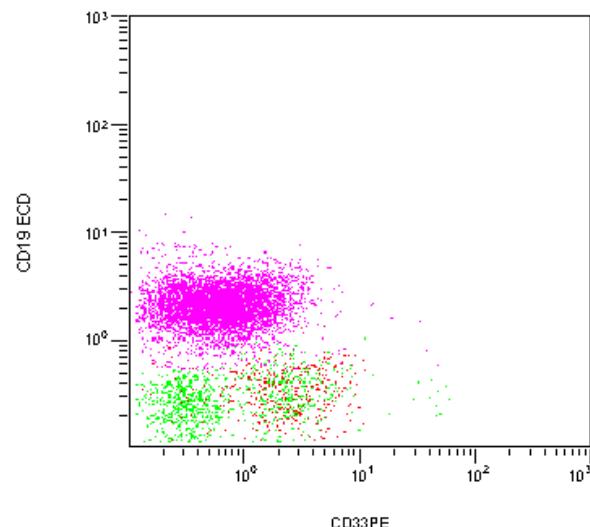
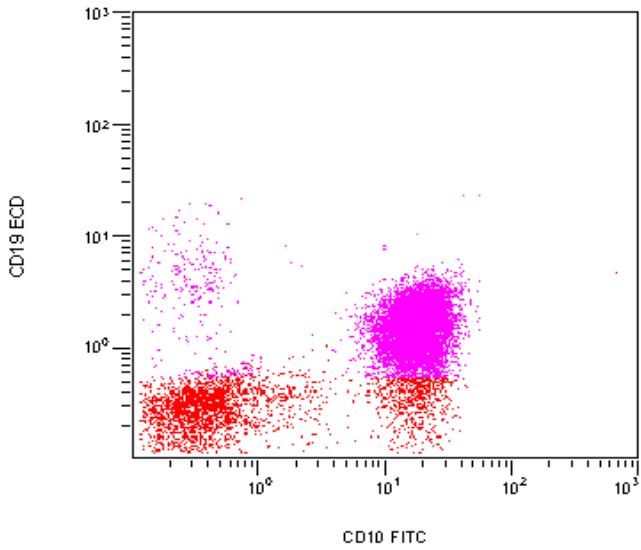


# T-ALL

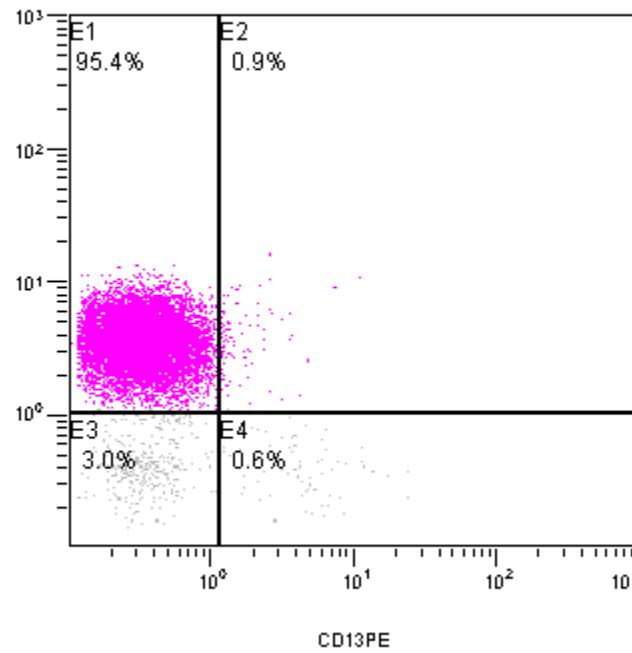
	<b>cyCD3</b>	<b>SCD3</b>	<b>CD7</b>	<b>CD1a</b>	<b>TdT</b>	<b>CD2</b>	<b>CD5</b>	<b>CD4/CD8</b>
<b>Pro-T</b>	+	-	+	-	+/ $\pm$	-	-	-/-
<b>Pre-T</b>	+	$\pm$	+	-	+/ $\pm$	+	+	-/- or +/+
<b>Cortical</b>	+	+	+	+	$\pm$	+	+	$\pm/\pm$
<b>Mature</b>	+	+	+	-	$\pm/-$	+	+	+/- or -/+

# Flow Cytometry

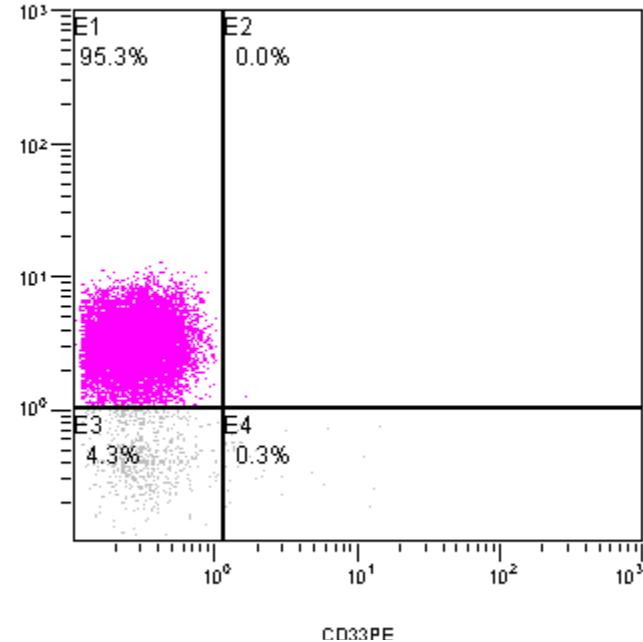
## CD20+ ALL with My: CD33+; CD66C++



CD19 ECD

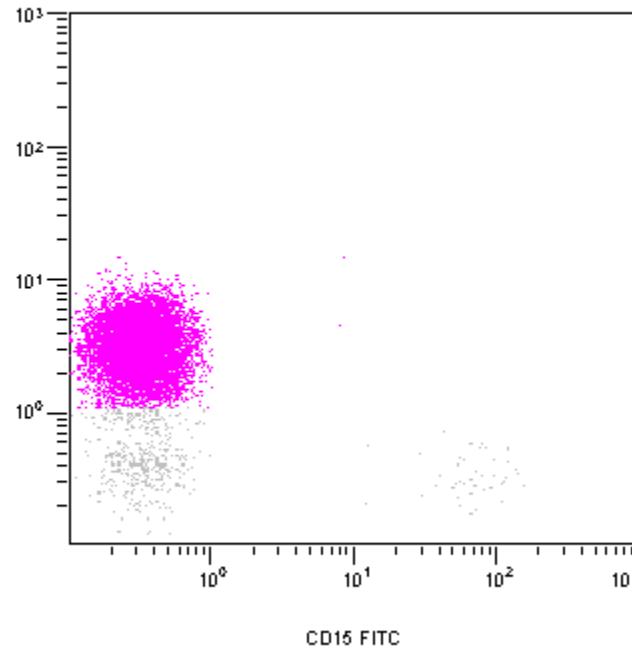


CD19 ECD

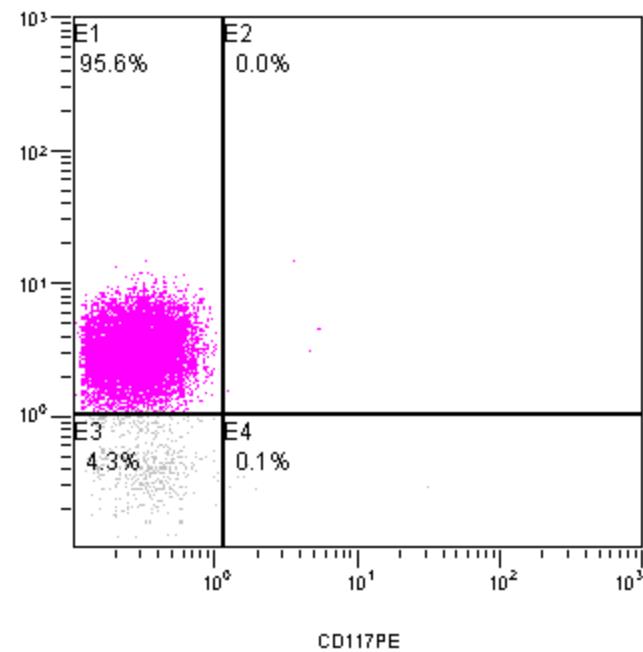


ALL My -

CD19 ECD



CD19 ECD



# Biphenotypic leukemias

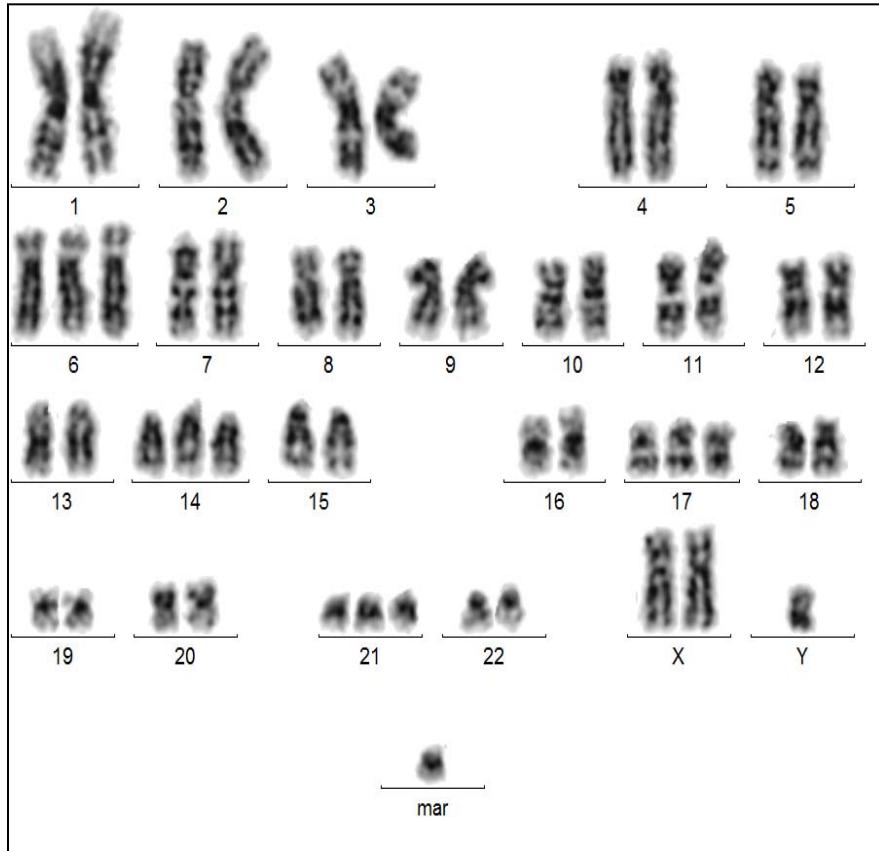
Score	B lin	T lin	Myeloid lin
2	CD79a	CytCD3/CD3s	Anti-MPO
	Cyt IgM	anti-TcR α/β	
	Cyt CD22	anti TcR γ/δ	
1	CD19	CD2	CD117
	CD10	CD5	CD13
	CD20	CD8	CD33
		CD10	CD65
0,5	TdT	TdT	CD14
	CD24	CD7	CD15
		CD1a	CD64

Score ≥2 for lineage assignment (myeloid, B or T)

# Cytogenetics

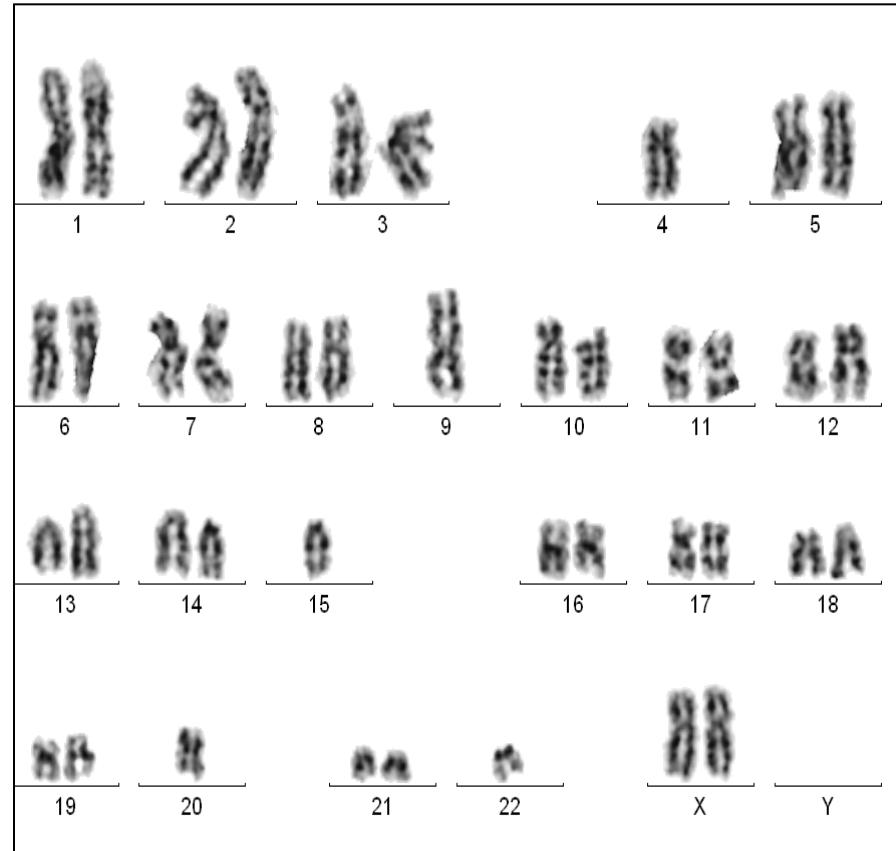
## Hiperdiploidy

52,XY,+X,+6,+14,+17,+21,+mar



## Hipodiploidy

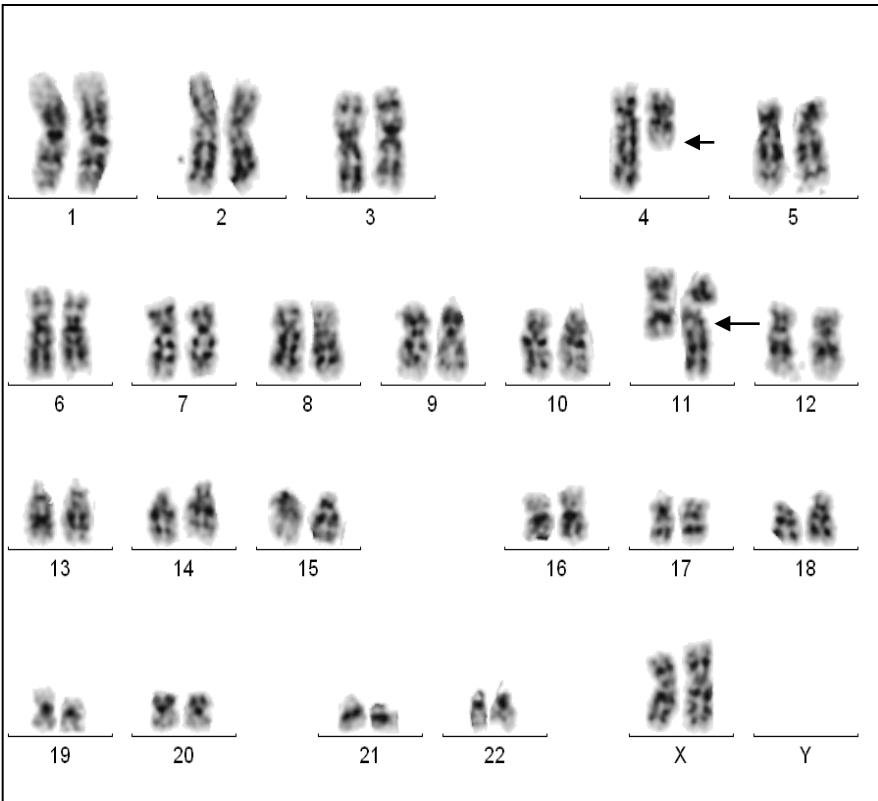
41,XX,-4,-9,add(9)(p21),-15,-20,-22



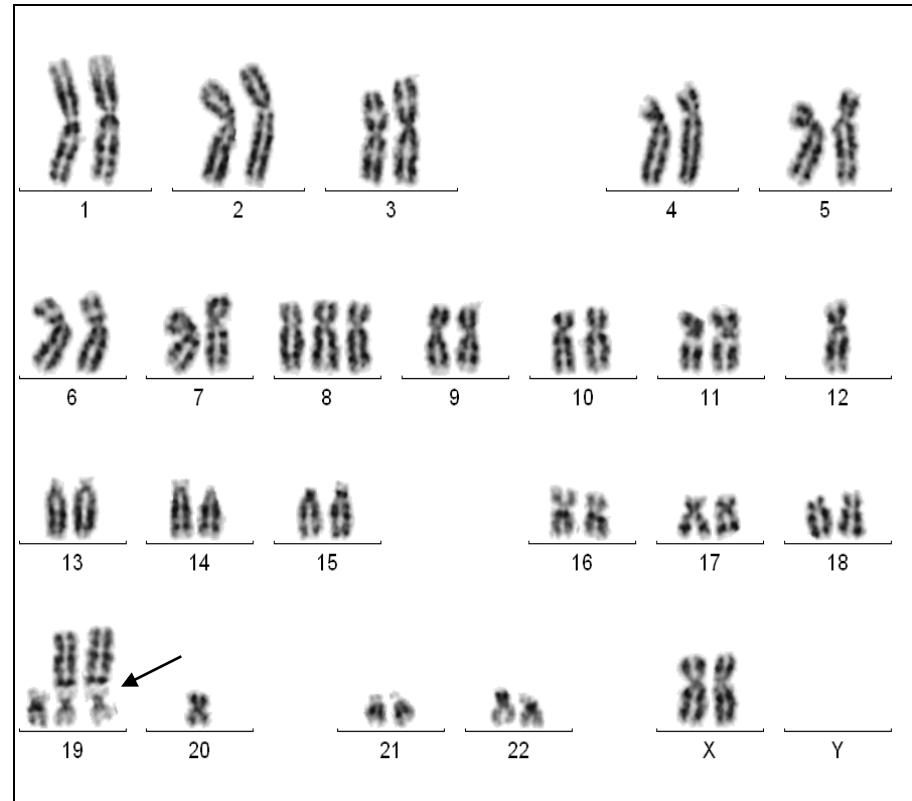
Sensitivity:  $10^{-2}$

# Pseudodiploidy

46,XX,t(4;11)(q21;q23)



46,XX,+8,-12,der(19)t(1;19)(q23;p13.3),  
+der(19)t(1;19)(q23;p13.3),-20

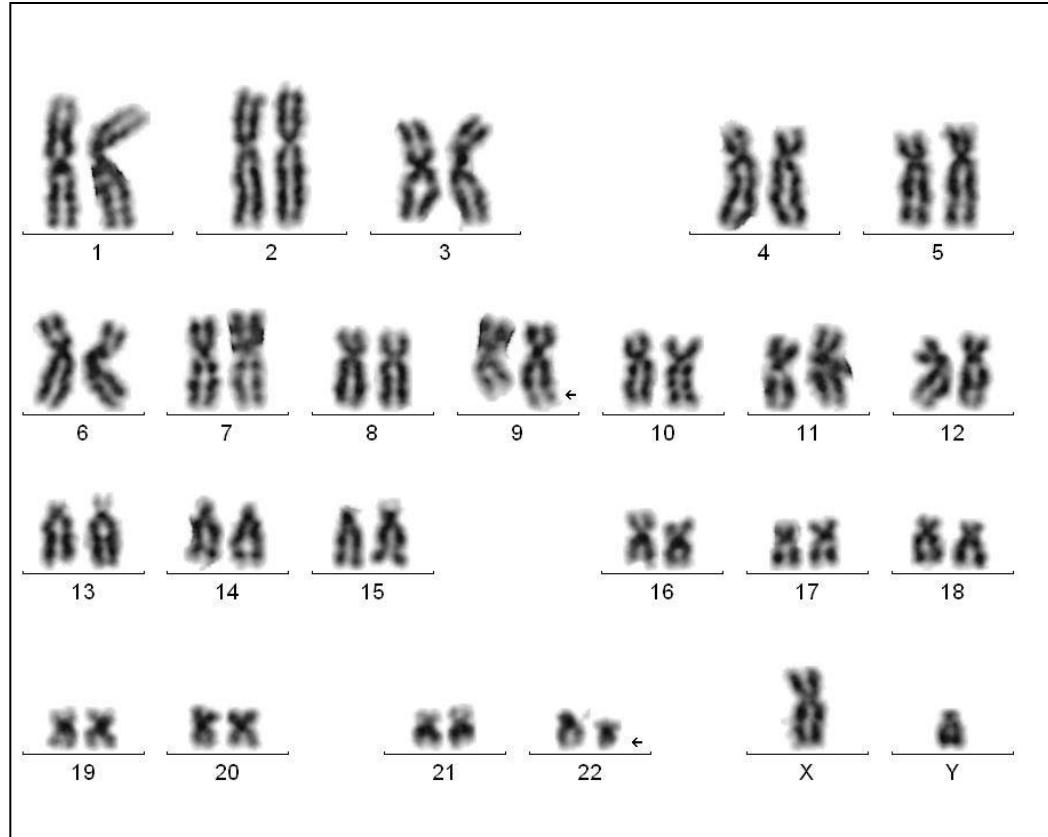
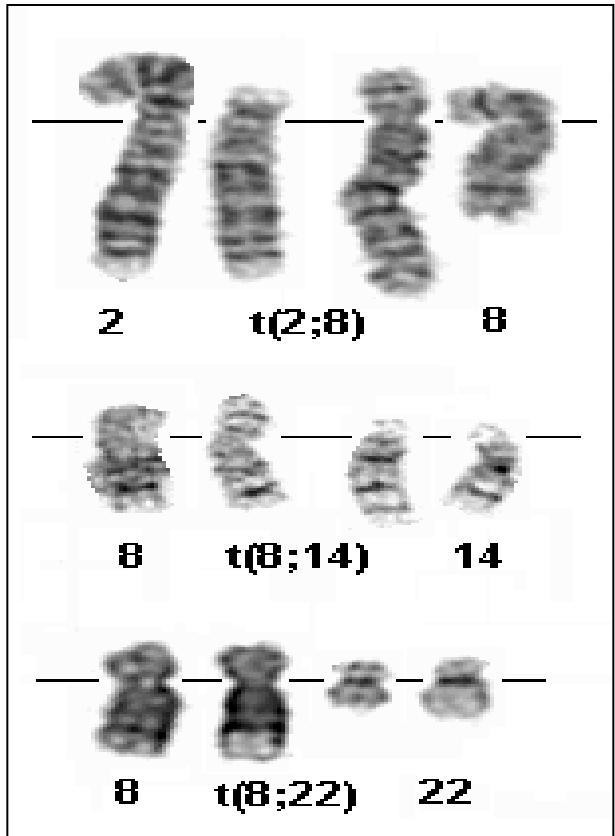


Sensitivity:  $10^{-2}$

# Pseudodiploidy

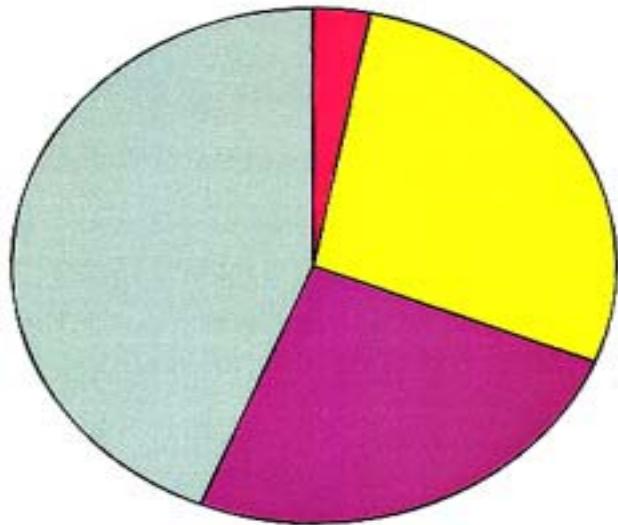
Burkitt's leukemia

46, XY, t(9;22)(q34.1;q11.2)

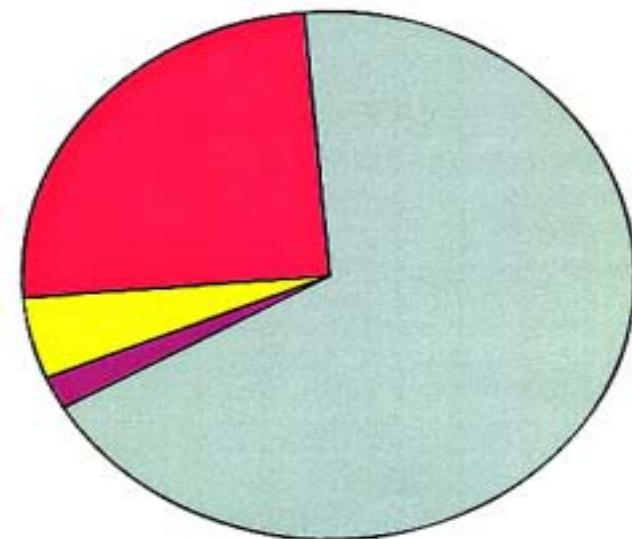


# Main cytogenetic differences between ALL in children and adults

Children



Adults

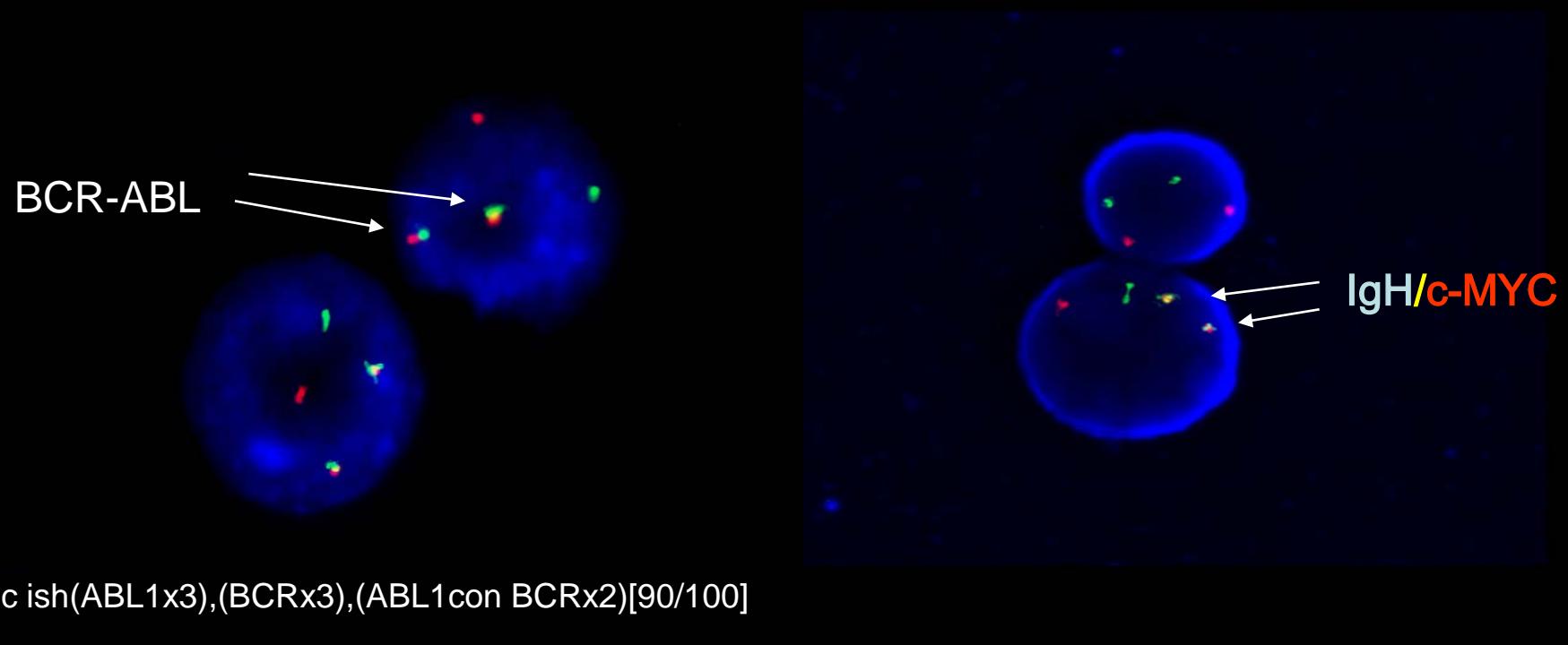


Incidence (%)

	Children	Adults	Cure (%)
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Philadelphia chromosome	< 5	20-30	< 5 (adults) 25 (children)
Hyperdiploid	28	< 5	50-80
TEL-AML1	25	< 5	80-90

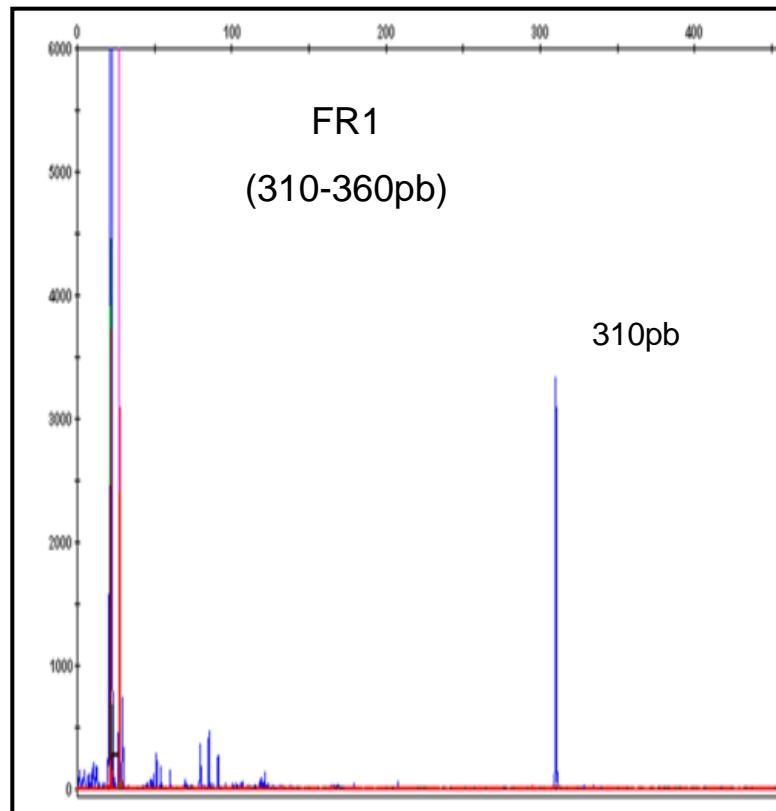
# ALL. FISH



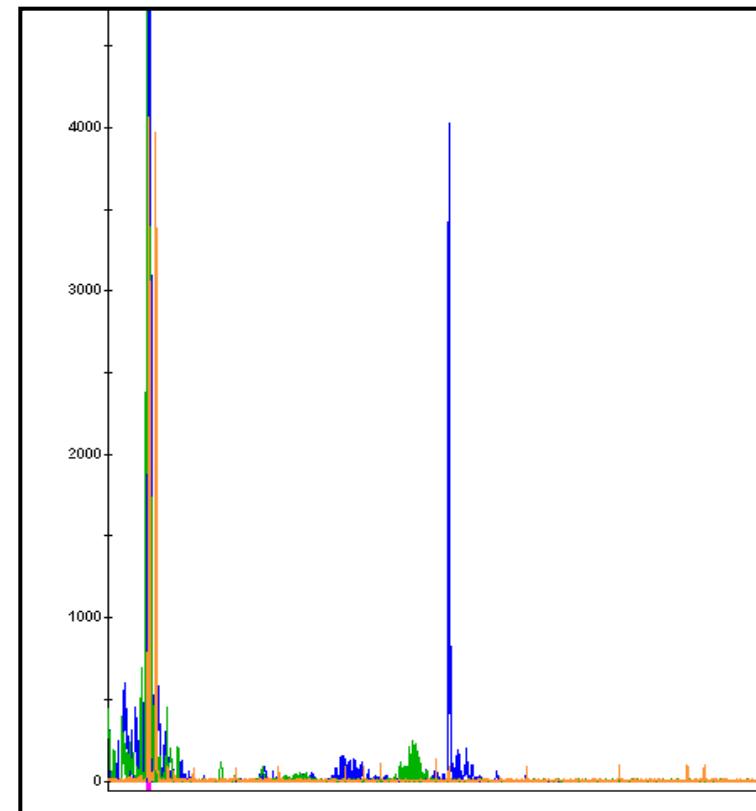
**Sensitivity:**  $5 \times 10^{-2}$

# Ig & TCR rearrangements

IgH clonal



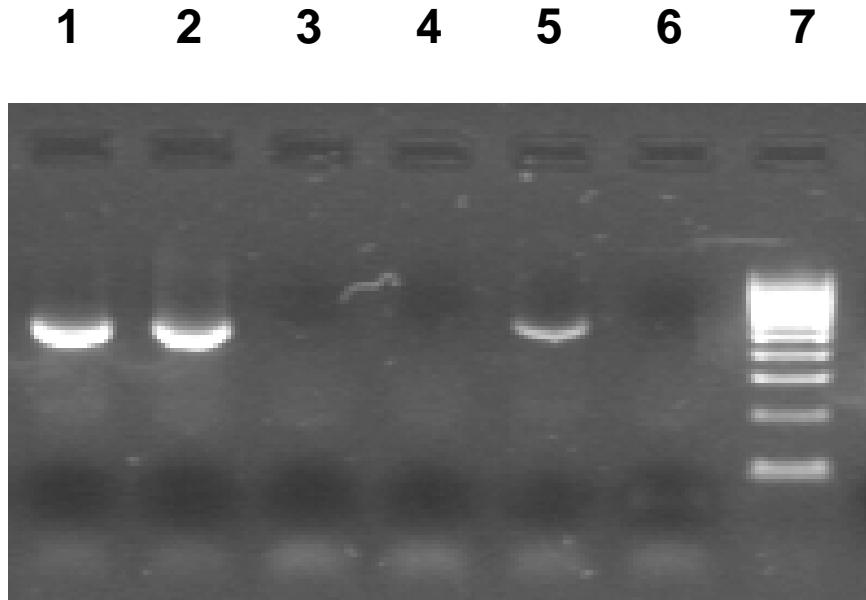
TCR clonal



**Sensitivity:**  $10^{-4} - 10^{-5}$  (RQ-PCR)

# Quantification of the amount of mRNA transcripts

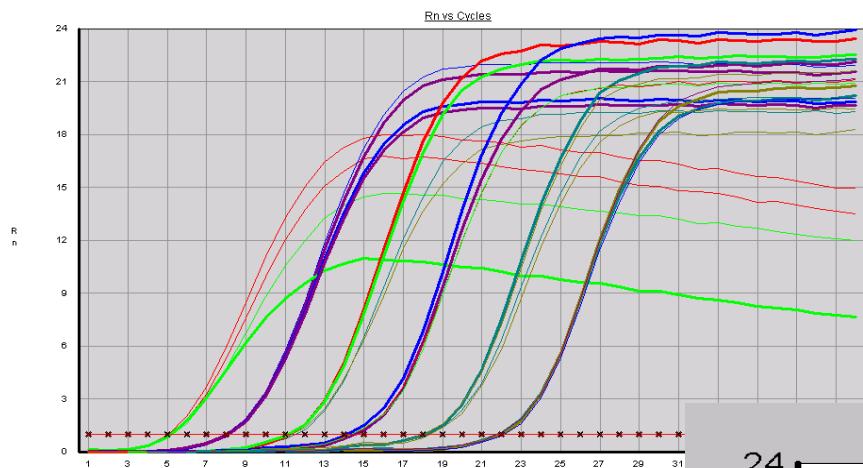
## BCR/ABL - t(9;22)(q34.1;q11.2)



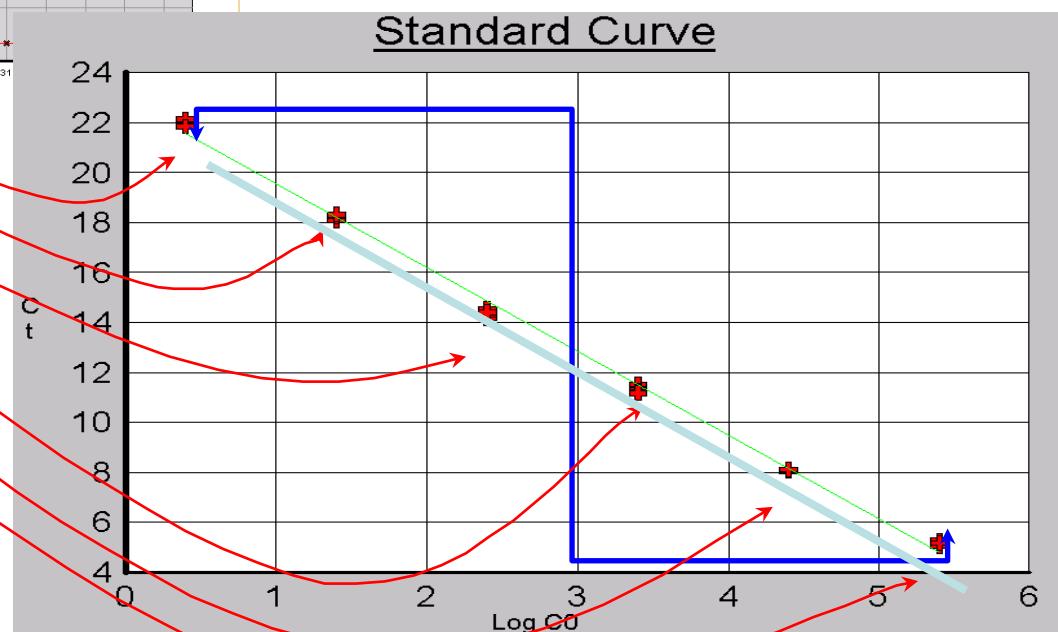
- 1 & 2: Patient 1 (positive p190)
- 3 & 4: Patient 2 (negative p190)
- 5: Positive control p190
- 6: Negative control
- 7: Marker of molecular weight

# RQ-PCR

Standard curve



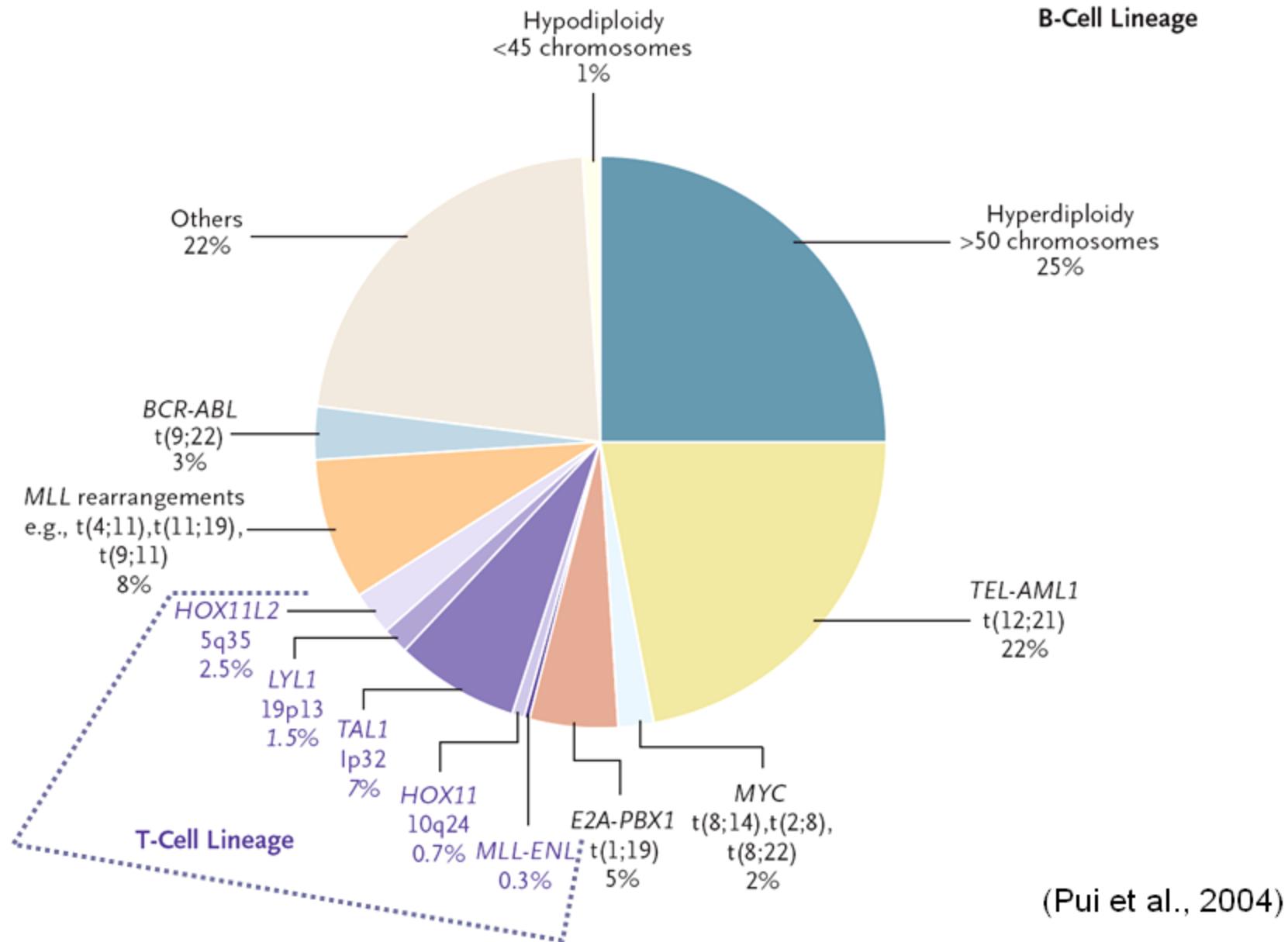
Linear dynamic range (5 Logs)



Sensitivity: 10<sup>-5</sup> - 10<sup>-6</sup>

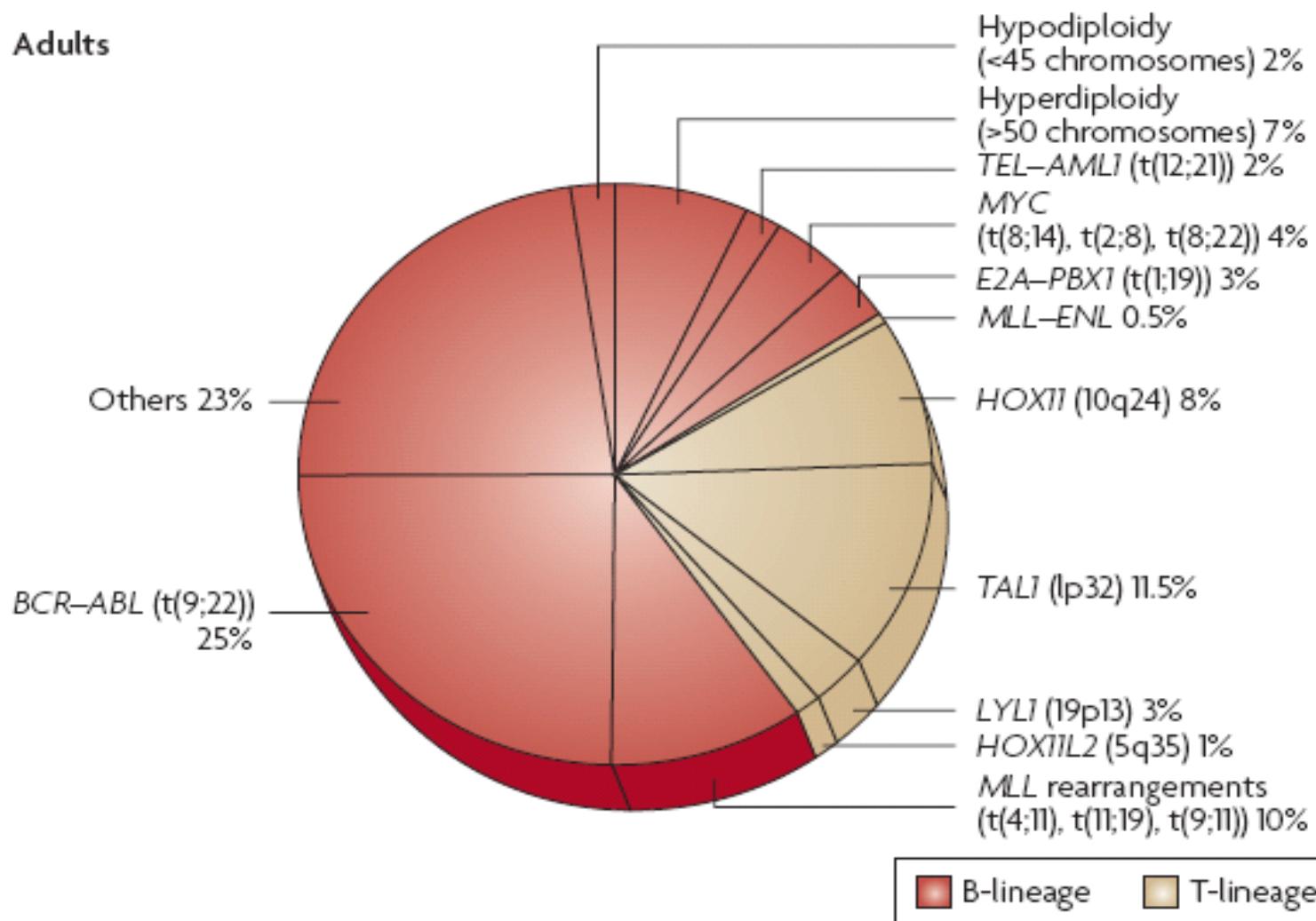
## **Molecular follow-up (RQ-PCR)**

# molecular subgroups in childhood ALL



# Genetic Heterogeneity in Adult ALL

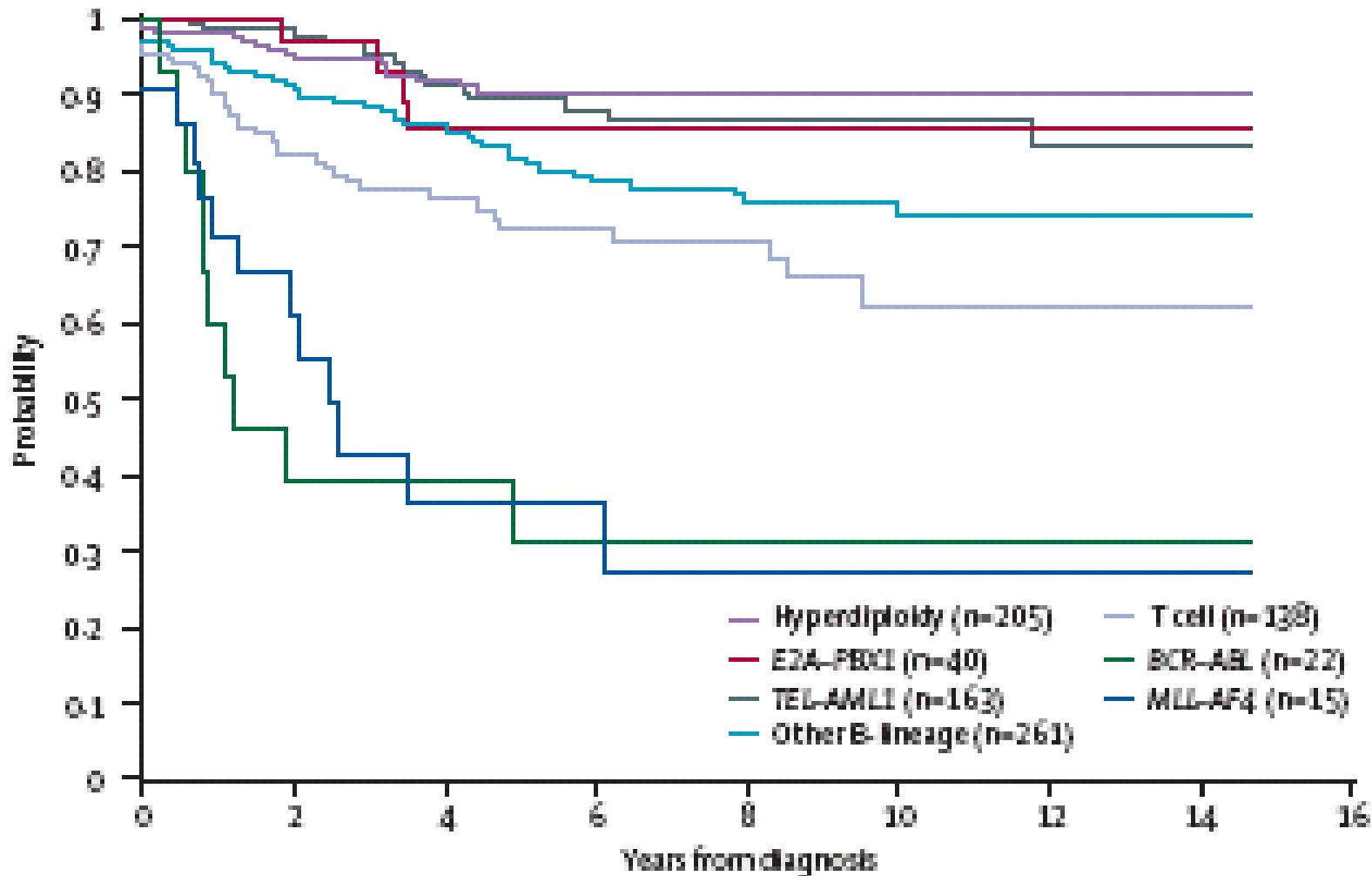
b Adults



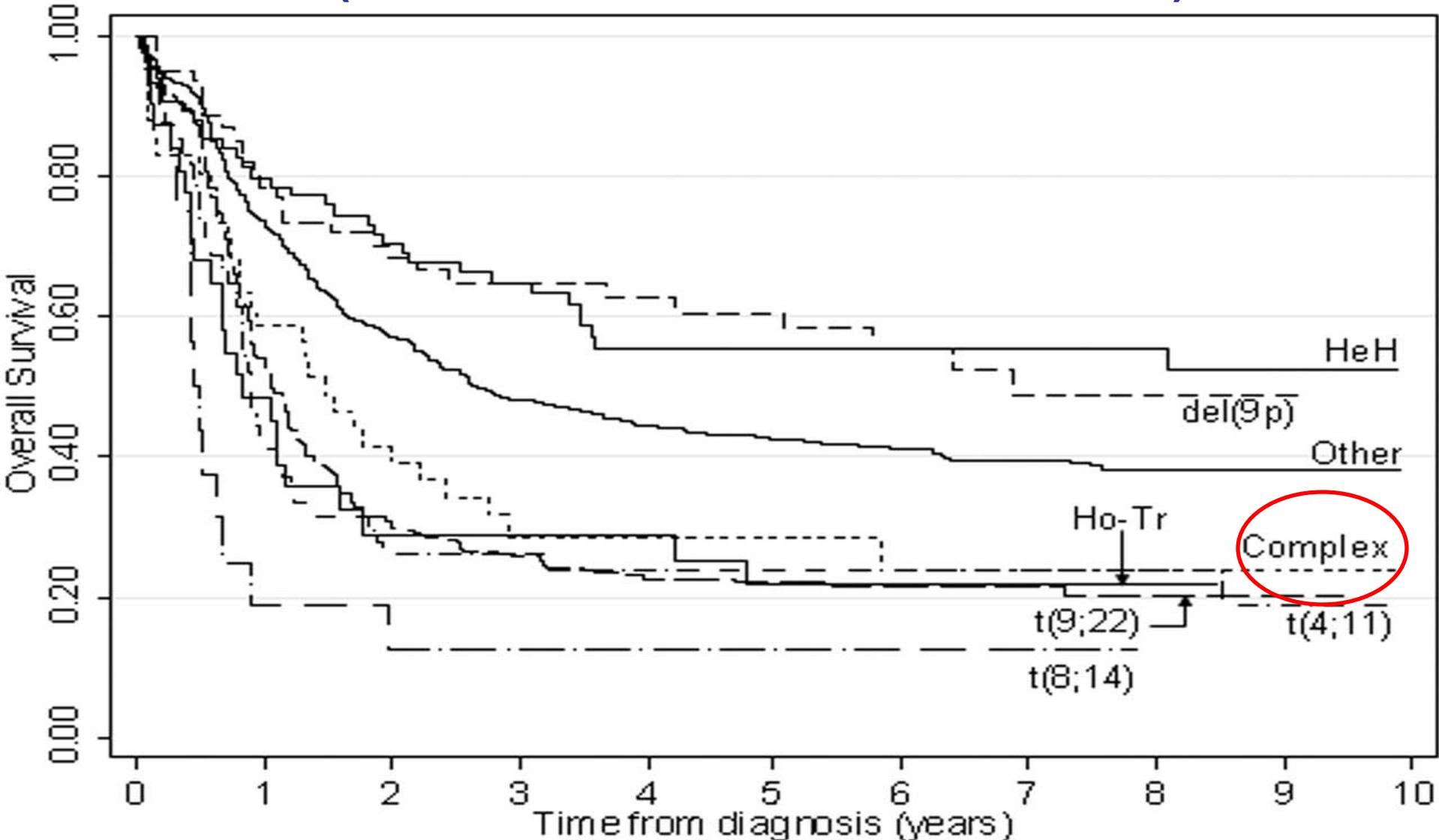
# **Usefulness of diagnostic work-up**

- Diagnosis
- **Prognosis**
- MRD evaluation and follow-up
- Early detection of relapses

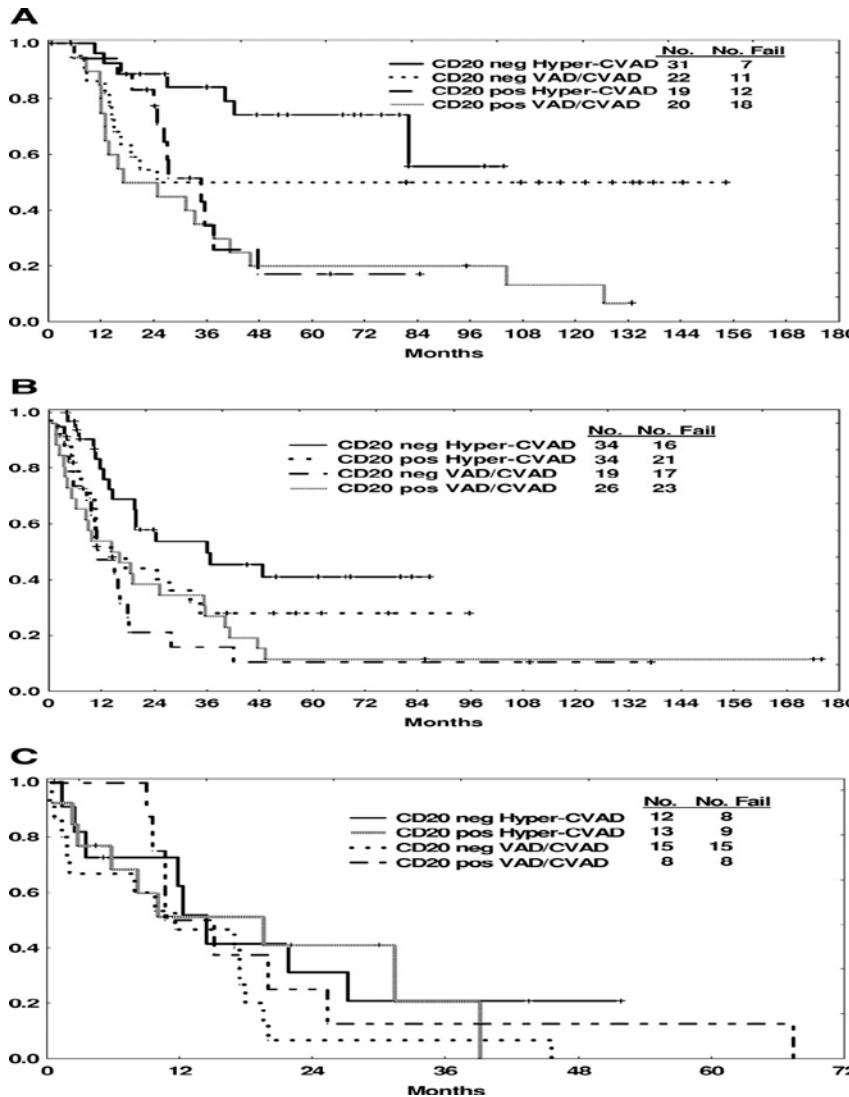
# Prognostic impact of genetic and molecular classification of childhood ALL



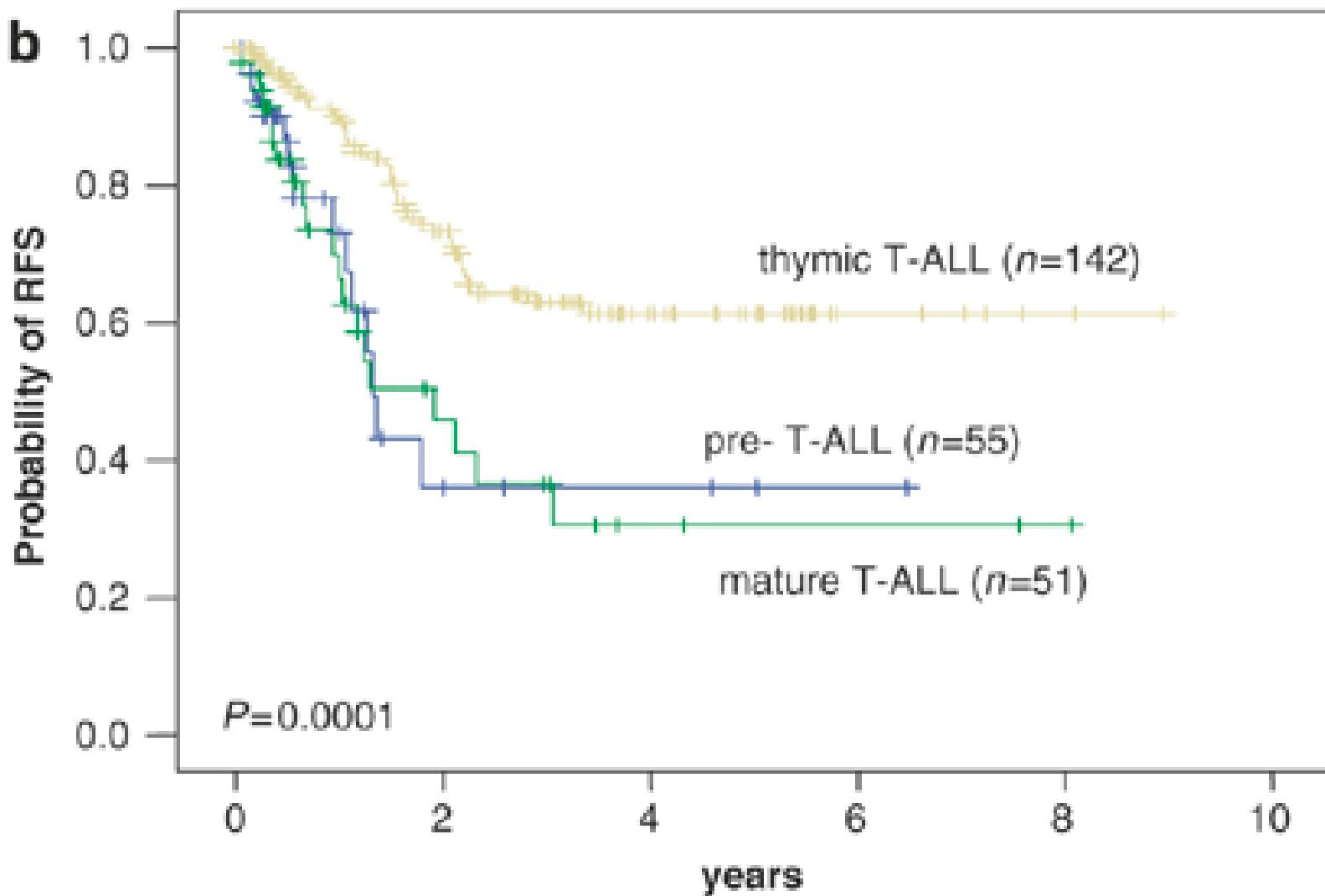
## Genetics and prognosis in adult ALL. (MRC UKALLXII/ECOG 2993, n= 1522)



# Outcome by CD20 expression and therapy according to age subgroups



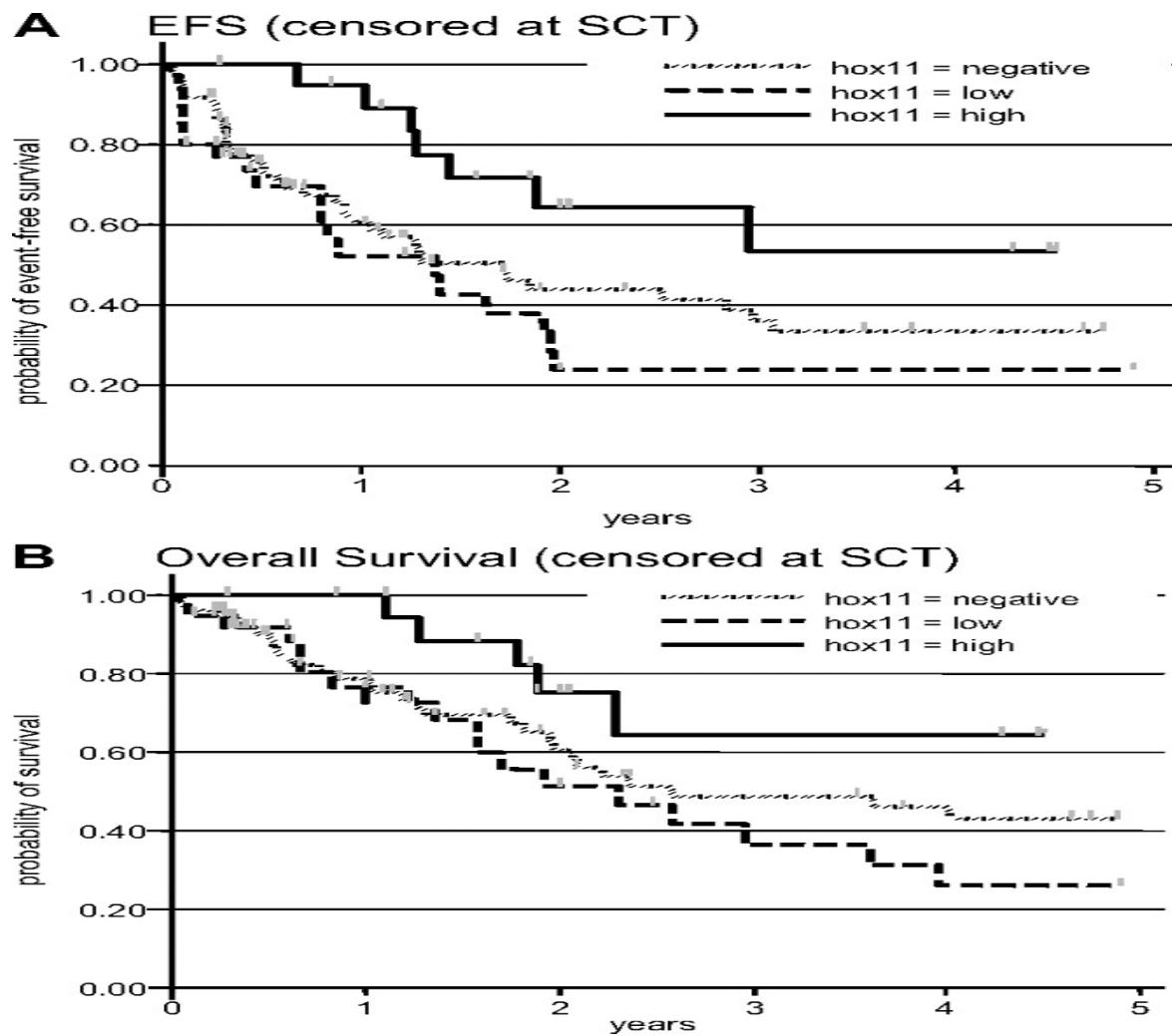
# T-ALL: prognostic value of differentiation stage/phenotype



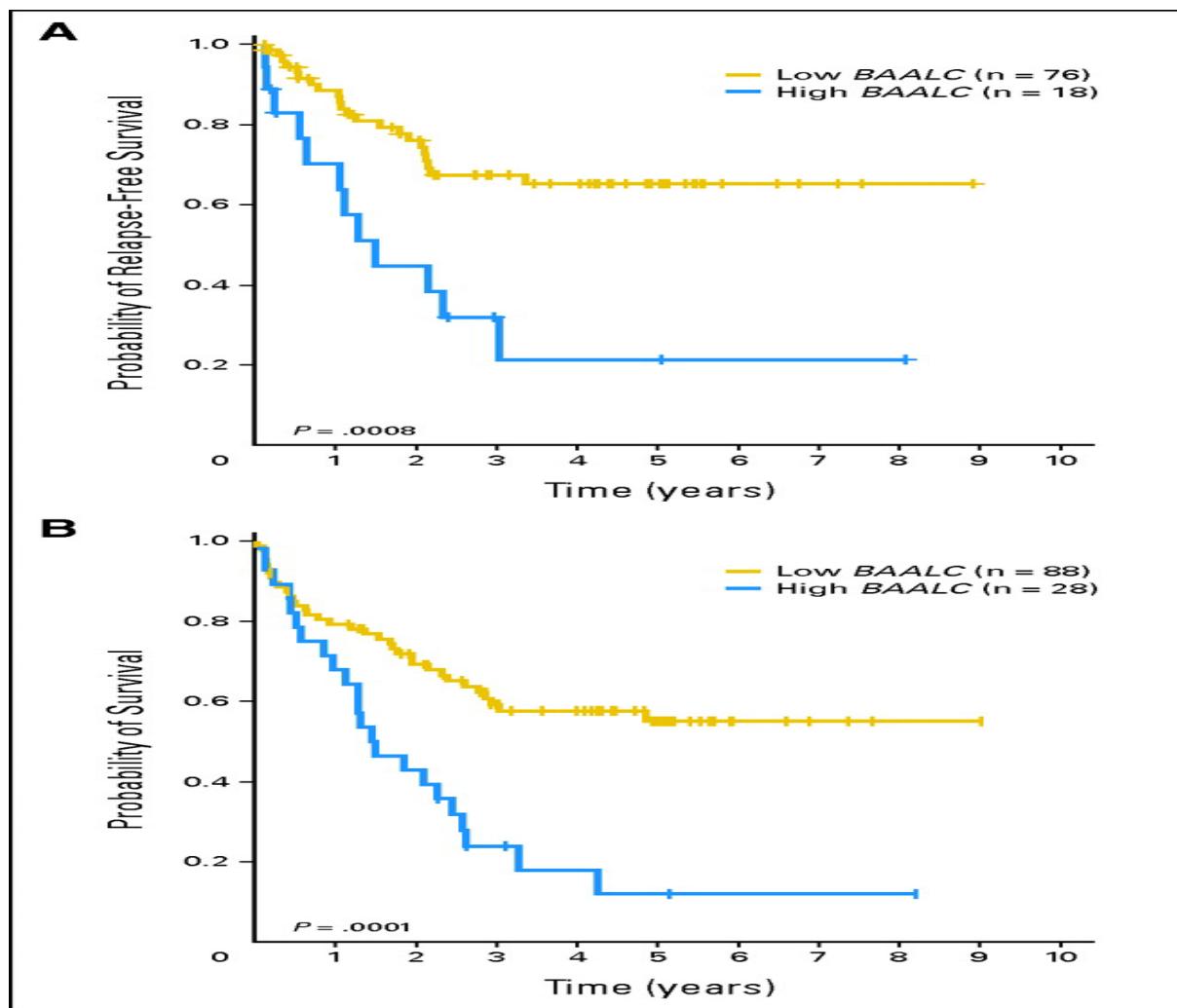
GMALL protocols

Baak U et al, Leukemia 2008

# Prognostic impact of HOX1/TLX1 in adult T-ALL

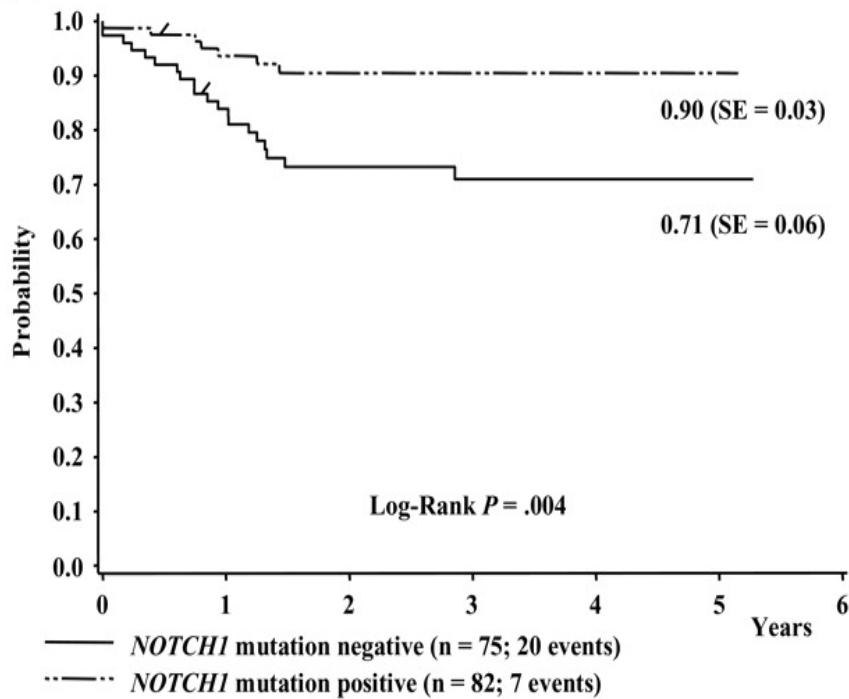


# Impact of BAALC expression on survival in adult T-ALL

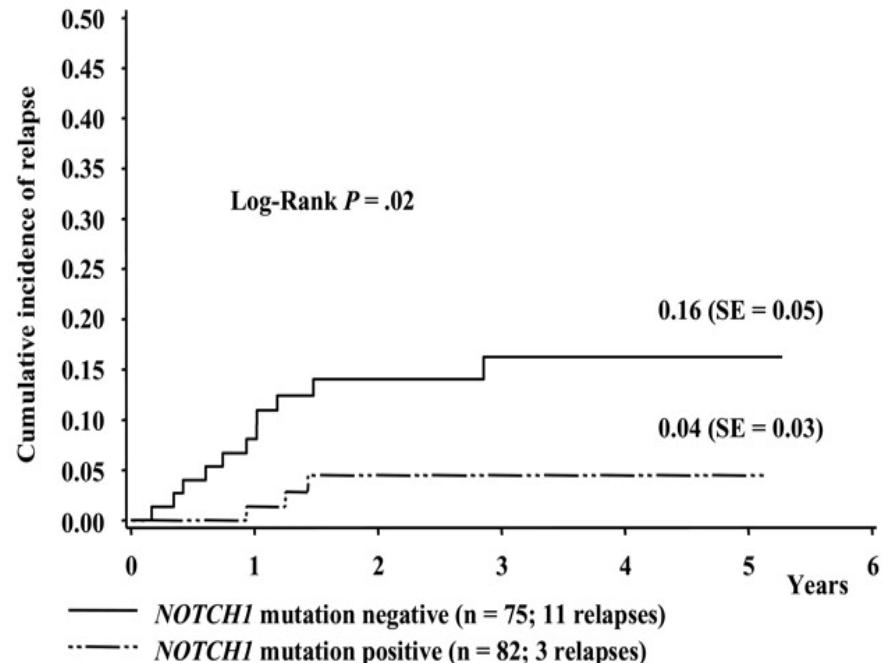


# Effect of NOTCH1 mutation status on long-term prognosis in childhood T-ALL

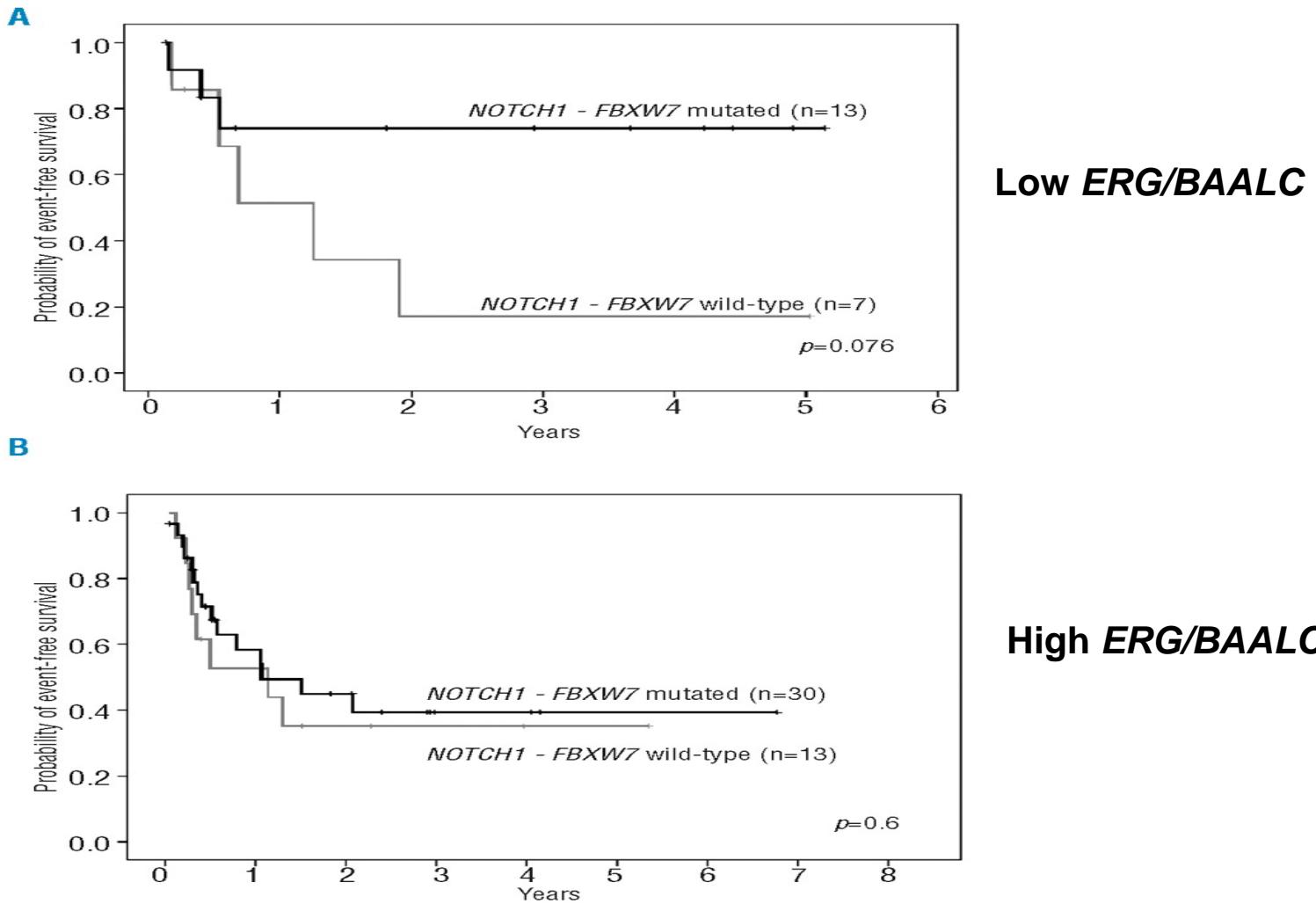
A



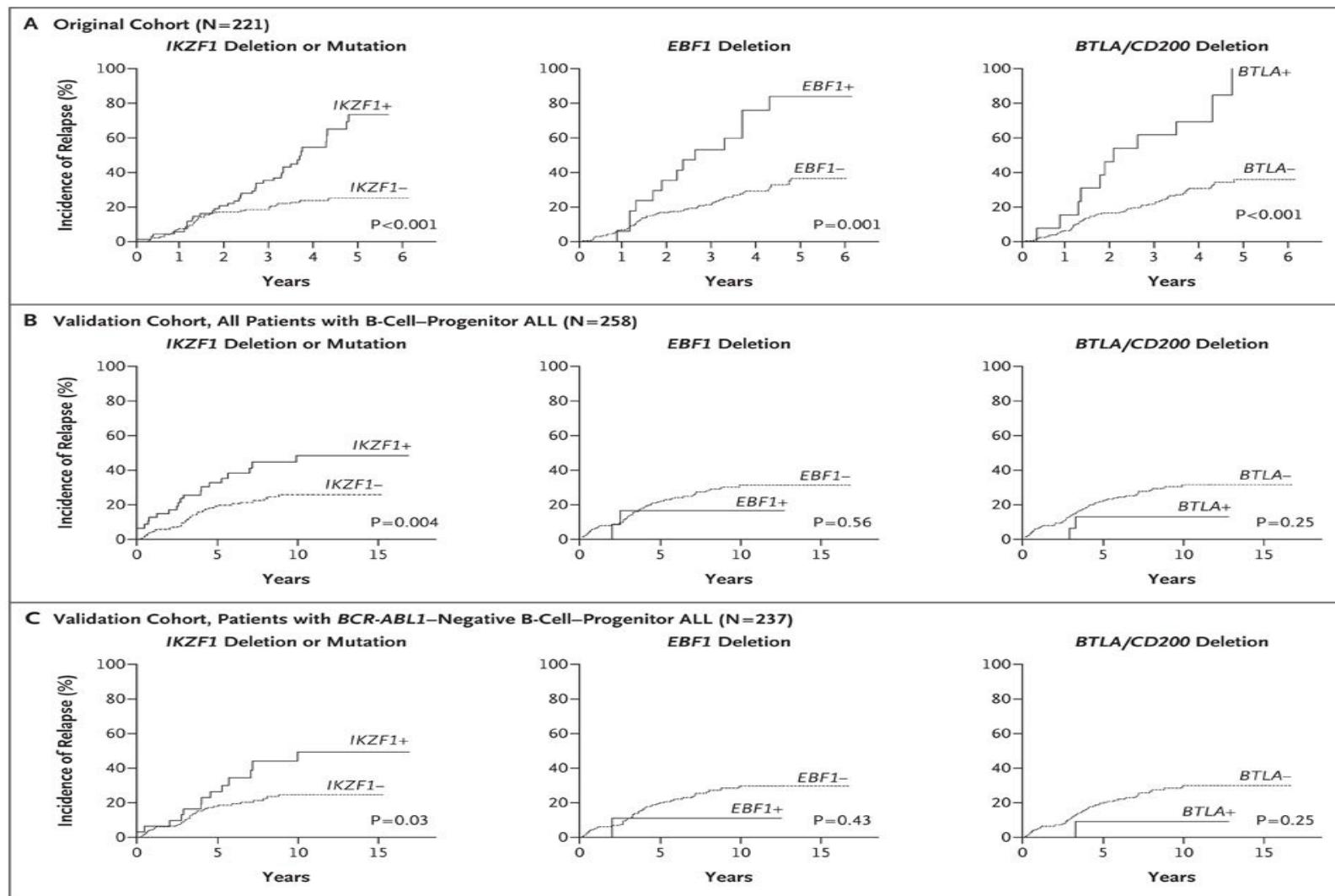
B



# EFS impact of *NOTCH1-FBXW7* mutations within *ERG/BAALC* expression groups

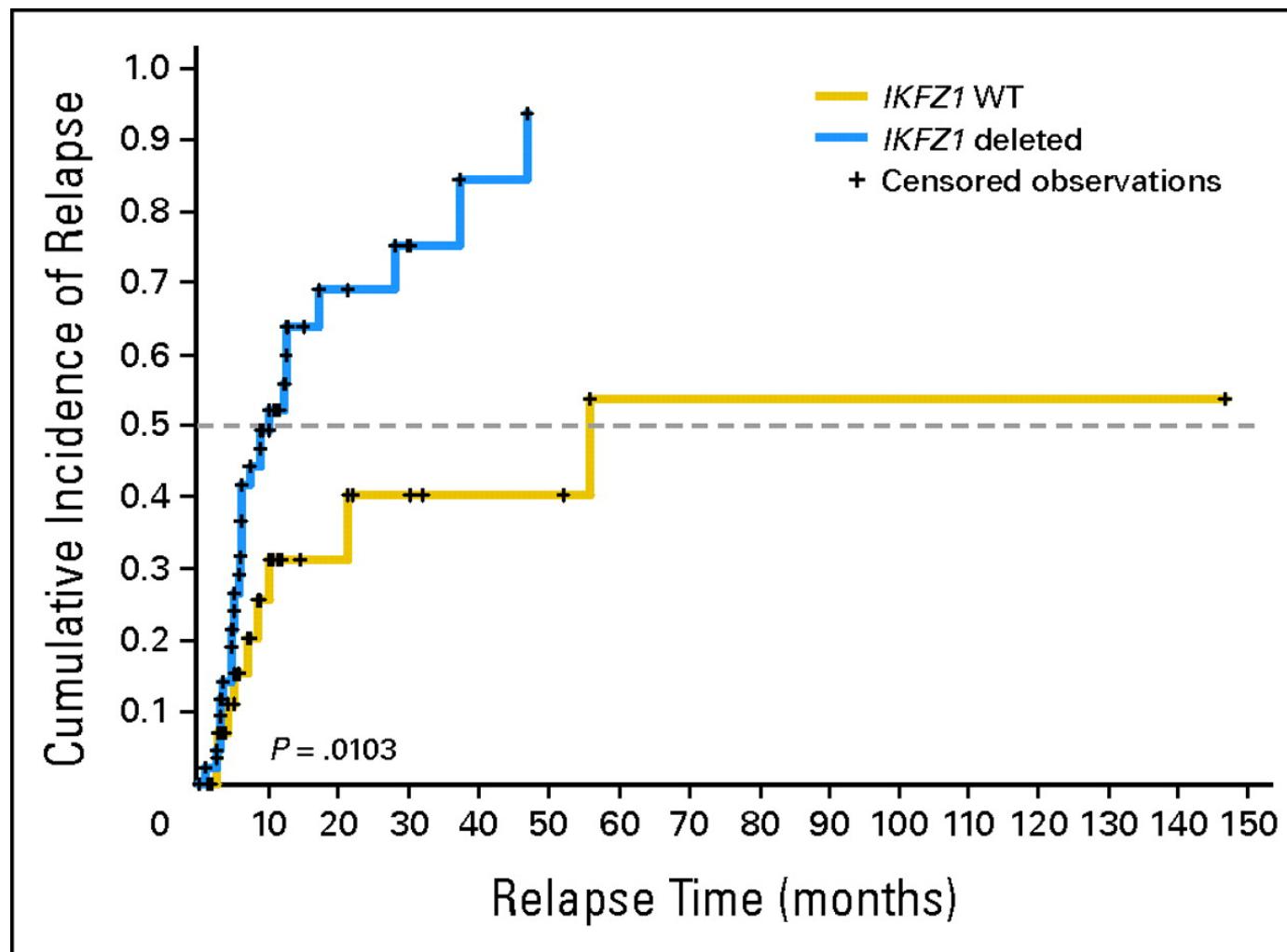


# Genetic Alterations of IKZF1, EBF1, and BTLA/CD200 and the Cumulative Incidence of Relapse in the Original Cohort



Mullighan C et al. N Engl J Med 2009;360:470-480

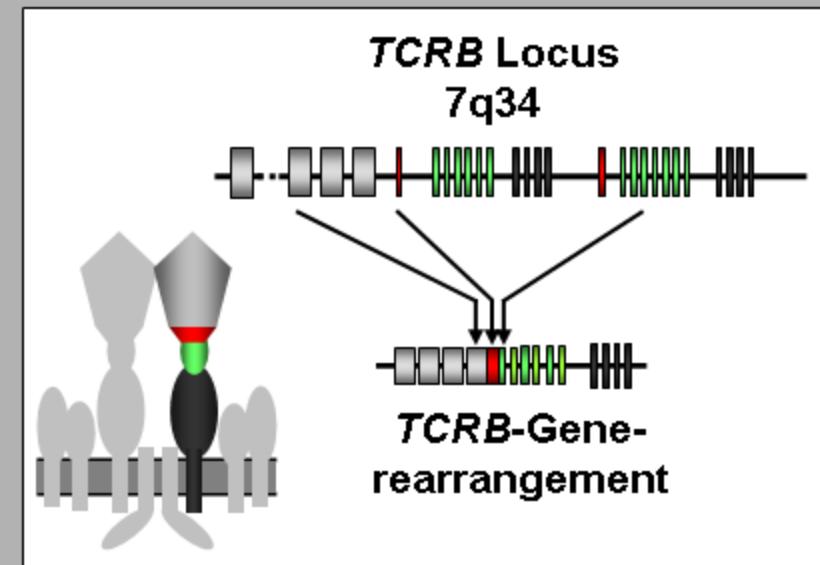
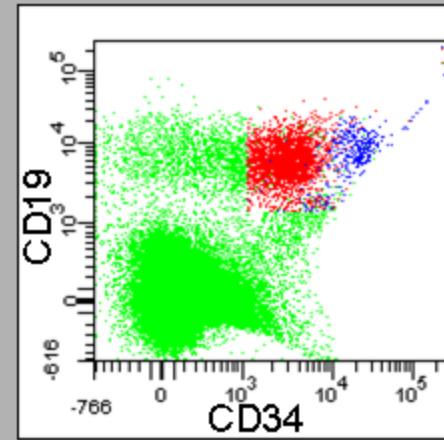
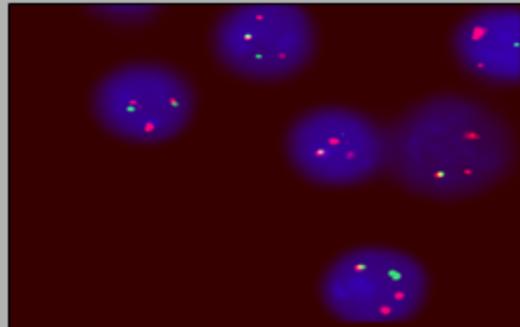
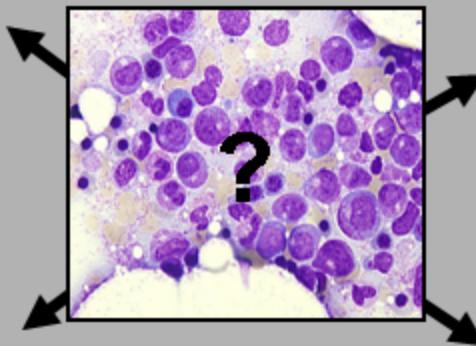
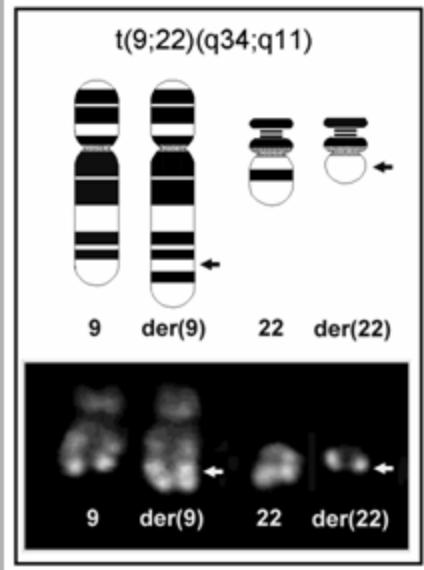
## CIR according to *IKZF1* deletion in *BCR-ABL*+ ALL



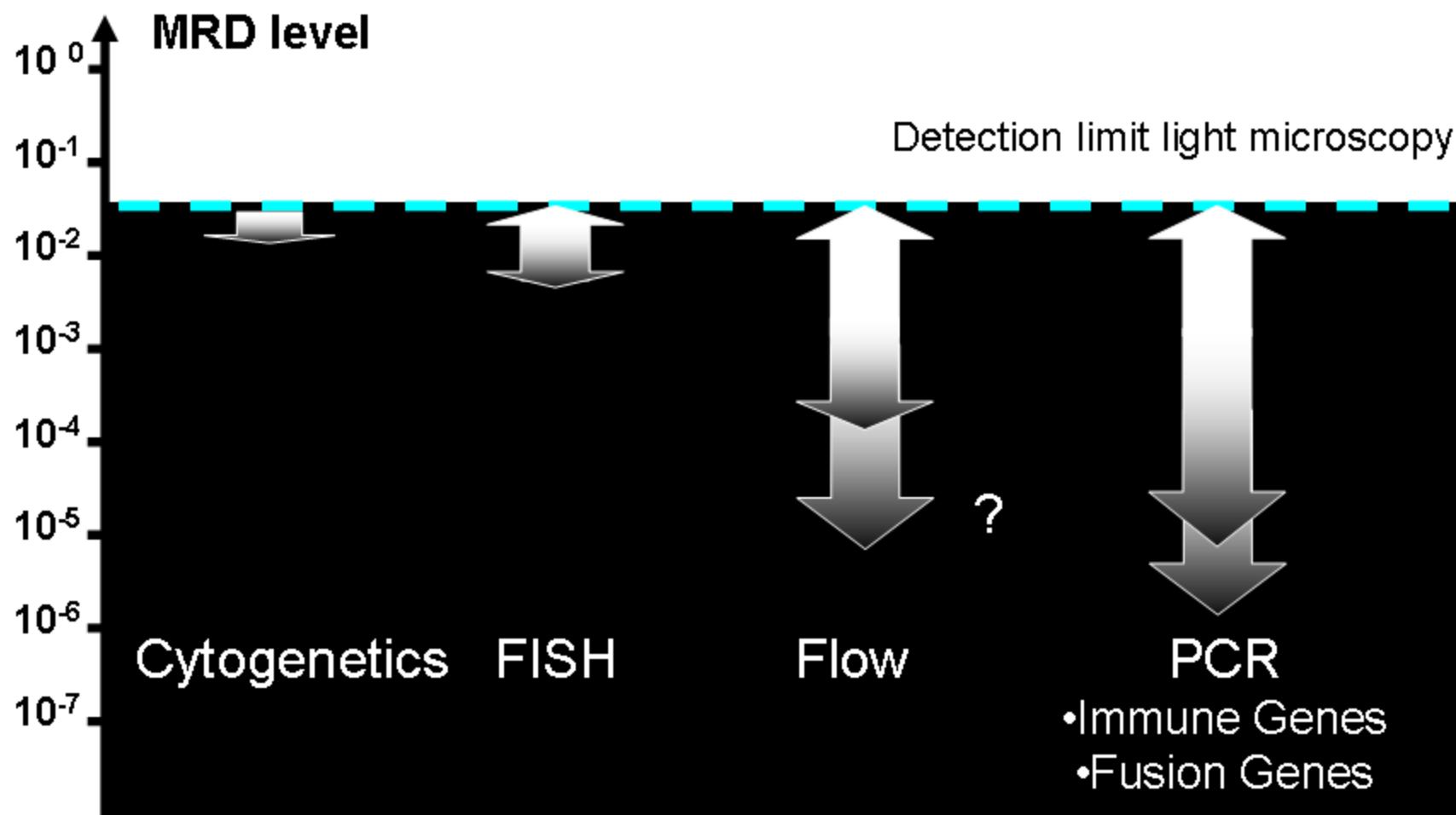
# Usefulness of diagnostic work-up

- Diagnosis
- Prognosis
- **MRD evaluation and follow-up**
- Early detection of relapses

# MRD analysis in ALL – How?



# MRD analysis in ALL – How?



# Study of Fusion Transcripts

- Advantages
  - High sensitivity:  $1 \times 10^{-5} - 10^{-6}$
  - Leukemia-specific
  - Stable target during evolution
  - Standardized: useful in cooperative multicenter clinical trials
- Pitfalls
  - Not patient-specific
  - Useful in a minority of patients
  - Risk of contamination
  - Poor reproducibility when small numbers of transcripts are present

# Comparison of PCR and Flow Cytometry for MRD Study in Ph-negative ALL

	<b>PCR analysis of Ig and TCR gene rearrangements</b>	<b>Multiparameter flow cytometry</b>
<b>Sensitivity</b>	RQ-PCR: $10^{-4} - 10^{-5}$	3- to 4-color: $10^{-3} - 10^{-4}$ 6- to 9-color: $10^{-4} - 10^{-5}$
<b>Applicability</b>	Precursor B-ALL: 90-95% T-ALL: 90-95%	Precursor B-ALL: 80-95% T-ALL: 90-95%
<b>Advantages</b>	- High sensitivity - High degree of standardization - Applicable for almost all cases - DNA stability (multicenter setting)	- Applicable for almost all cases - Rapid - Information on benign cells - Information on malignant cells - Increasing standardization
<b>Disadvantages</b>	- Time consuming - Potential instability of targets (clonal evolution phenomena), two independent targets recommended - Extensive knowledge/experience needed - Relatively expensive	- Immunophenotypic shifts in precursor-B-cells during regeneration - Modulation of antigen expression during induction therapy - Low cellularity during/after induction - Limited sensitivity/applicability using 3- to 4-color flow cytometry - Extensive experience needed in $\geq 6$ -color flow cytometry

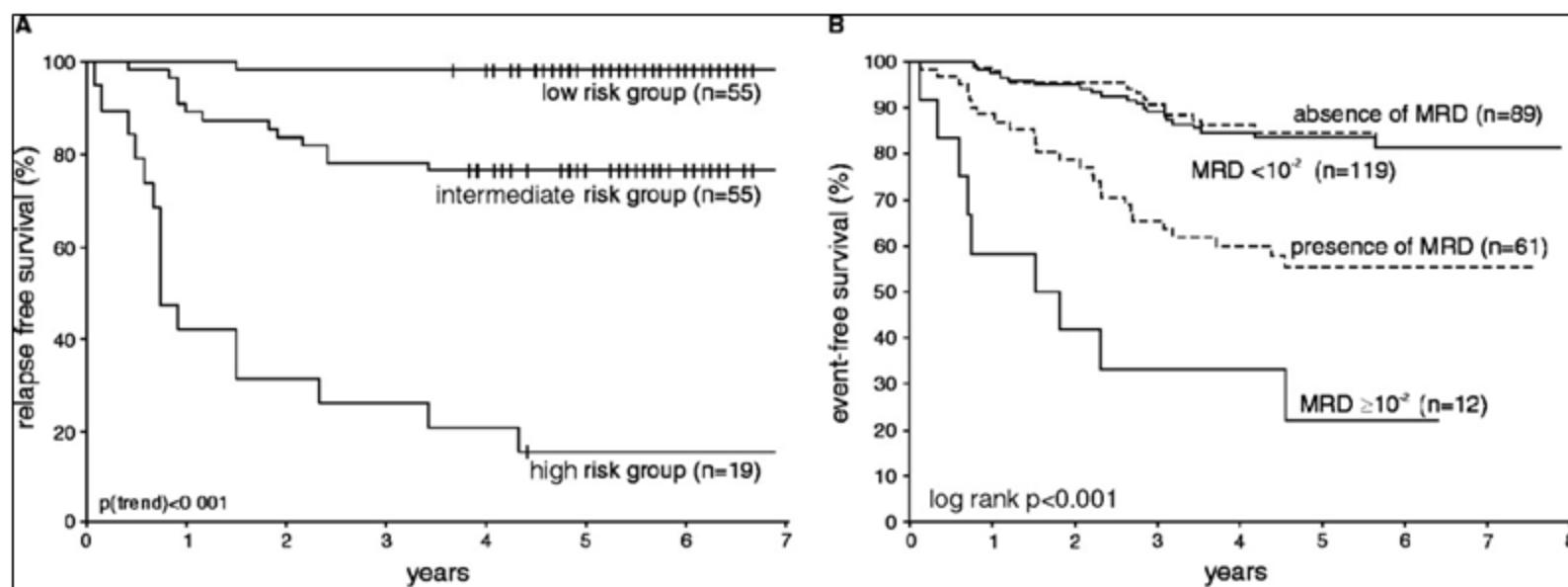
# **Implications of MRD as a Prognostic Factor**

- Assessment of response to therapy**
- Assignment of risk group to modulate treatment**
  - Intensity**
    - High-risk group: intensification of therapy, SCT
    - Low-risk group: deintensification (balance toxicities – including TRM- and risk of relapse)
  - Duration**
  - Timing of stem cell transplantation**
  - Treatment post-SCT**
  - New drugs in low MRD status (i.e.: alemtuzumab (CALGB), blinatumomab (EWALL))**
- Detection of early relapse**

# Predictive value of MRD

- Childhood ALL -

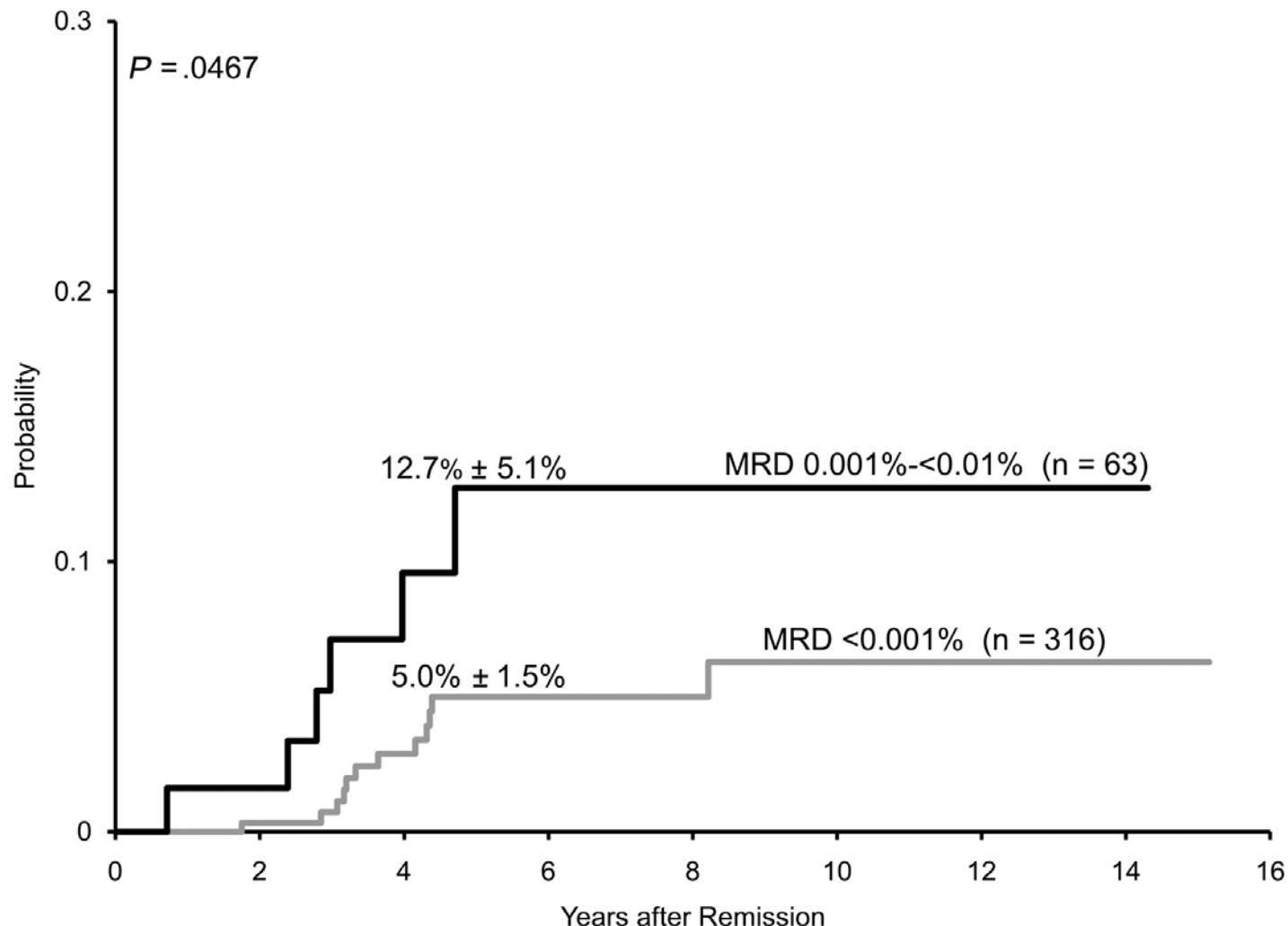
„MRD after induction is most important independent prognostic factor“



I-BFM-SG

EORTC trial 58881

# CIR among 379 children with B-lineage ALL whose MRD levels were less than 0.01% on day 46



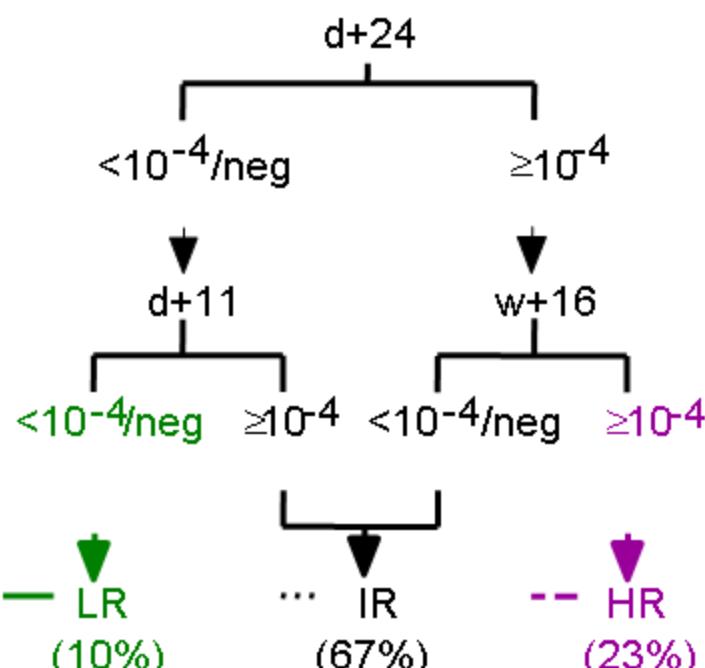
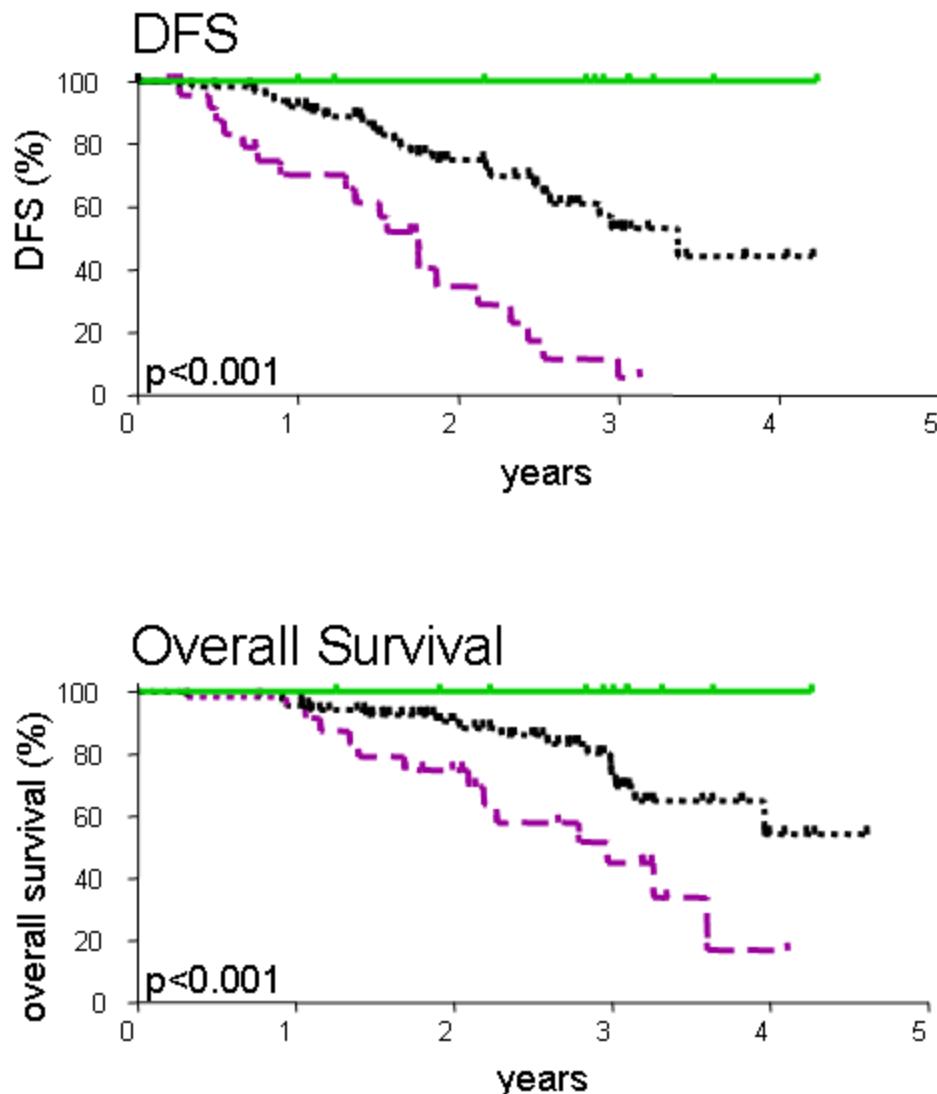
# Prognostic Significance of MRD in Adults with Ph-negative ALL

## Clinical Trials with Therapeutic Consequences

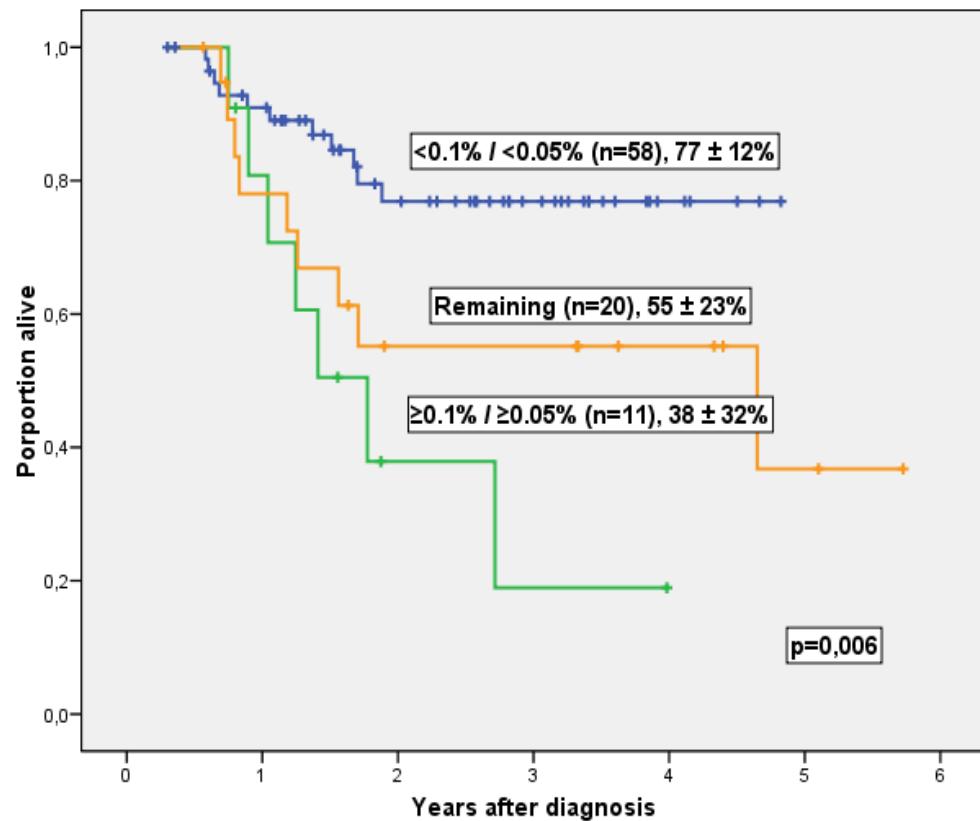
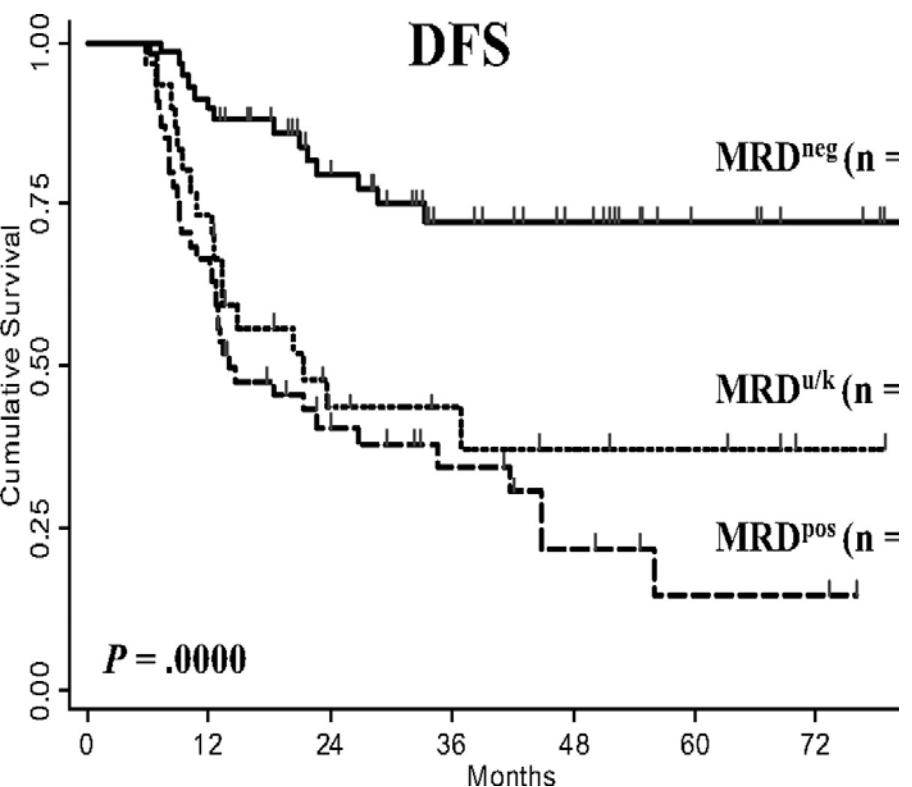
<b>Author</b>	<b>Year</b>	<b>Group</b>	<b>Method</b>	<b>N</b>	<b>Prognostic Model</b>	<b>DFS</b>
Brüggemann	2006	GMALL	PCR	105 SR	<10 <sup>-4</sup> d11 + <10 <sup>-4</sup> d24	100%
					>10 <sup>-4</sup> d24 + >10 <sup>-4</sup> w16	6%
					All others	53%
Bassan	2009	NILG	PCR	142 SR & HR	<10 <sup>-4</sup> wk16, <10 <sup>-4</sup> wk22	72%
					All others	14%
Ribera	2009	PETHEMA	Flow	202 HR	<10 <sup>-3</sup> (wk5) & <5x10 <sup>-4</sup> (wk16)	77%
					≥10 <sup>-3</sup> (wk5) & ≥5x10 <sup>-4</sup> (wk16)	31%

# Prognostic significance of MRD in adult ALL

- Standard risk ALL: MRD based risk stratification -



# Prognostic significance of MRD in adult ALL



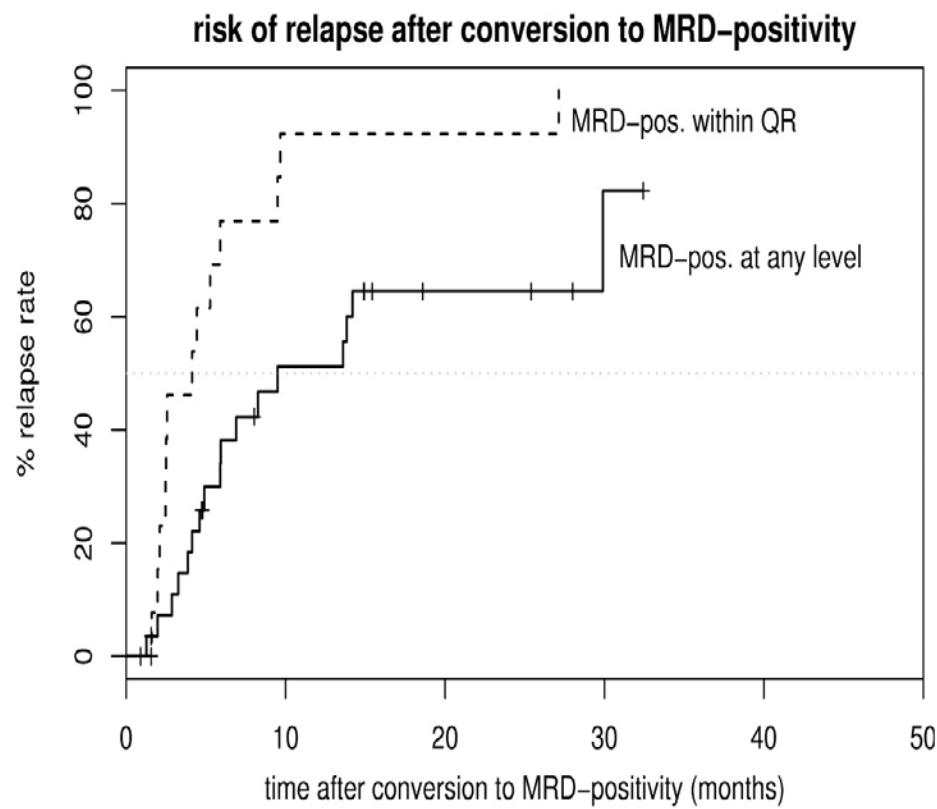
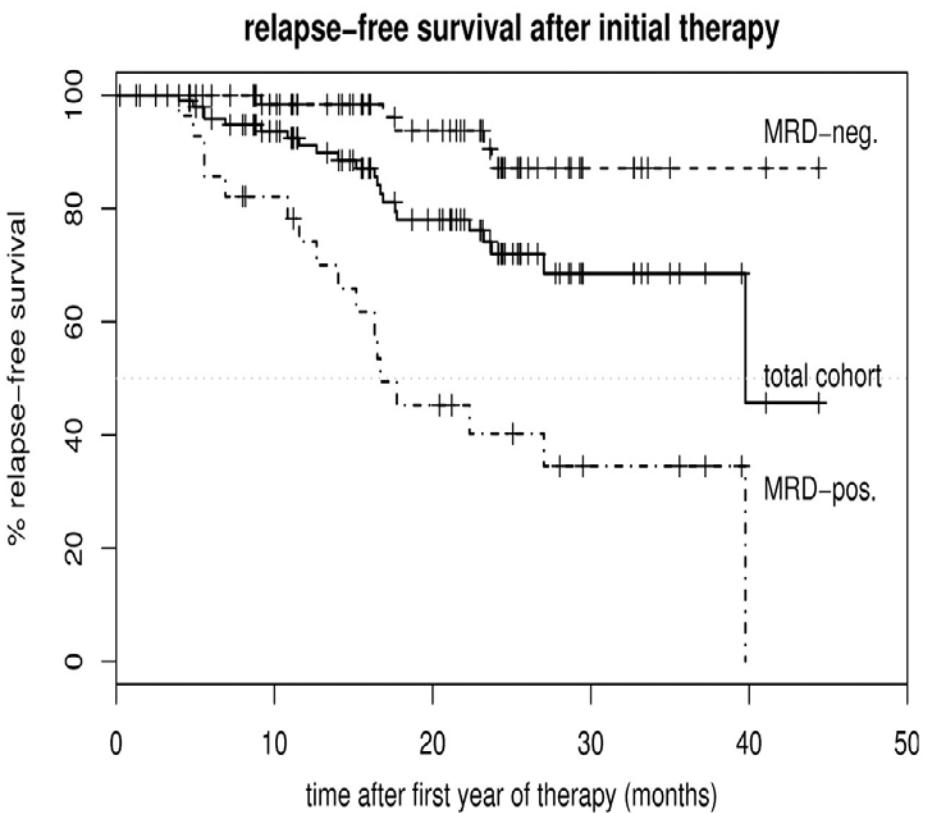
Bassan R, et al. Blood 2009; 113: 4153-4162

JM Ribera et al, ASH 2009

# Usefulness of diagnostic work-up

- Diagnosis
- Prognosis
- MRD evaluation and follow-up
- **Early detection of relapses**

# MRD as a Predictor of Relapse in Adults with Standard-Risk, Ph-negative ALL



## Prognostic Significance of MRD before SCT

Author	Year	N	Relapse rate (%)	
			MRD-pos	MRD-neg
Patel	2010	25 (A)	75%	23%*
Giebel	2009	123 (A)	57%*	17%*
			62%**	8%**
Bader	2009	91 (P)	57%	13%
Spinelli	2007	37 (A)	46%	0%
Sramkova	2007	25 (P)	75%	6%
Sanchez	2001	40 (A/P)	67%	17%
Van der Velden	2001	17 (P)	67%	20%

\* B-lin ALL, \*\* T-ALL

A micrograph showing several white blood cells against a dark background. The cells appear as bright, irregularly shaped clusters of yellow and orange. One cell in the center is particularly prominent, with a textured, granular appearance.

**Thank you!**

White blood cells from a patient with acute lymphoblastic  
leukaemia

Lancet Oncology 2009