Leukemia and Lymphoma Overview

Michael Perry, M.D.
University of Missouri

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CALGB CRA Orientation
Disease Modules
Leukemias
Topics

- Acute leukemias
  - Acute lymphocytic leukemia (ALL)
  - Acute myelogenous (granulocytic) leukemia (AML or AGL, rarely ANLL)
- Chronic leukemias
  - Chronic myelogenous (granulocytic) leukemia (CML, or CGL)
  - Chronic lymphocytic leukemia (CLL)
- Multiple myeloma

Diagnostic Studies

- Peripheral blood
- Bone marrow
- Cytogenetics
- Flow cytometry
- Cytochemistry (special stains)
- Molecular markers
- For myeloma - SPEP, UPEP, Quantitative immunoglobulins, immunoelectropheresis
Staging

- Most leukemias are not staged
- Chronic lymphocytic leukemia (CLL)
  - 5 Stages (Rai-Sawitsky) classification, 0 - IV
  - Based upon lymphocyte numbers, adenopathy, anemia, thrombocytopenia
- Multiple myeloma
  - 3 stages, based upon multiple factors: hemoglobin, M protein, calcium, bone lesions

Prognostic Factors

- Vary with leukemia type
  - AML
    - 7 subtypes, M1 through M7 (M3 especially important)
    - Cytogenetics
  - ALL
    - Cytogenetics
  - CGL
    - Sokal classification
Treatment - Acute Leukemias

- Chemotherapy
  - Induction
  - Consolidation/re-induction
  - Maintenance
- Central nervous system prophylaxis-
  intrathecal chemotherapy
- Supportive therapy
  - Growth factors

Treatment - Acute Leukemias

- High dose chemotherapy with stem cell rescue
- Monoclonal antibody
  - Mylotarg (anti CD 33 Antibody)
  - Campath-1H (anti CD 52 Antibody)
- For acute progranulocytic leukemia (M3)
  - All-trans retinoic acid (ATRA)
<table>
<thead>
<tr>
<th>Treatment - Chronic Leukemias</th>
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<tbody>
<tr>
<td>CLL - chlorambucil, cyclophosphamide, prednisone, fludarabine, rituximab, Campath 1-H</td>
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<tr>
<td>CML - Hydroxyurea, α-interferon, Gleevec</td>
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<tr>
<td>MM - alkeran/prednisone, thalidomide, dexamethasone, VAD (vincristine, adriamycin, dexamethasone), bortezomib, stem cell transplant</td>
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<thead>
<tr>
<th>Response Assessment</th>
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<tr>
<td>Complete (hematologic) response</td>
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<tr>
<td>– ANC &gt;1500, Plt &gt;100, Marrow &lt;5% Blasts</td>
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<td>– Maintain &gt;4 weeks</td>
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<tr>
<td>Partial response</td>
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<td>New categories of response: CR-plt</td>
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<tr>
<td>– CR without complete ANC and/or Platelet</td>
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<td>Relapse</td>
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Follow-up

• Blood counts
• Bone marrows
• Cytogenetics
• Other genetic markers
• Myeloma - SPEP, UPEP, bone x-rays,
  – β2 microglobulin

CALGB CRA Orientation
Disease Modules
Lymphomas
Topics

• Hodgkin’s Disease (HD)
• Non-Hodgkin’s Lymphomas (NHL)

Special Considerations

• Leukemia-lymphoma?
• Transformation from one cell type to another
• HD - nodal until disseminated
• NHL - frequently extranodal
Diagnostic Studies

- Lymph node biopsy
- Bone marrow aspiration and biopsy
- Flow cytometry
- Genetic studies
- Cytogenetics

Staging Studies

- Bone marrow aspiration and biopsy
- CTs
- Radionuclide scans: bone, Gallium, PET
- GI x-rays
- Spinal fluid analysis
- Others
**Staging**

- Same system for HD and NHL
- 4 Stages
  - I One lymph node group
  - II Two lymph node groups
  - III Nodes above and below diaphragm
  - IV Organ involvement
- Add “A” for no systemic symptoms, “B” for systemic symptoms, “E” for extranodal disease, “X” for bulky adenopathy

**Prognostic Factors**

- Stage - which factors in systemic symptoms, extranodal disease, and tumor bulk
- Histologic subtype
  - Hodgkin’s Disease
    - Lymphocyte dominant
    - Nodular sclerosing
    - Mixed cellularity
    - Lymphocyte depletion
## Prognostic Factors

- **Stage** - which factors in systemic symptoms, extranodal disease, and tumor bulk
- **Histologic subtype**
  - Non Hodgkin’s Disease (up to 17 subtypes)
    - Follicular/diffuse
    - Cell type
    - Patterns

## Prognostic Factors

- **Histologic subtype**
  - Non Hodgkin’s Disease
    - Low grade (indolent)
    - Intermediate grade
    - High grade (aggressive)
Treatment

- Chemotherapy
- Radiation therapy
- Monoclonal antibodies - with or without radiolabel or toxin (Rituximab, Zevalin)
- High dose chemotherapy with stem cell rescue

Response Assessment

- Complete response
- Partial response
- Stable disease
- Progression/relapse
Follow-up

• Relapse
• Survival
• Toxicity (including second malignancies)
• Quality of life