

GP CME

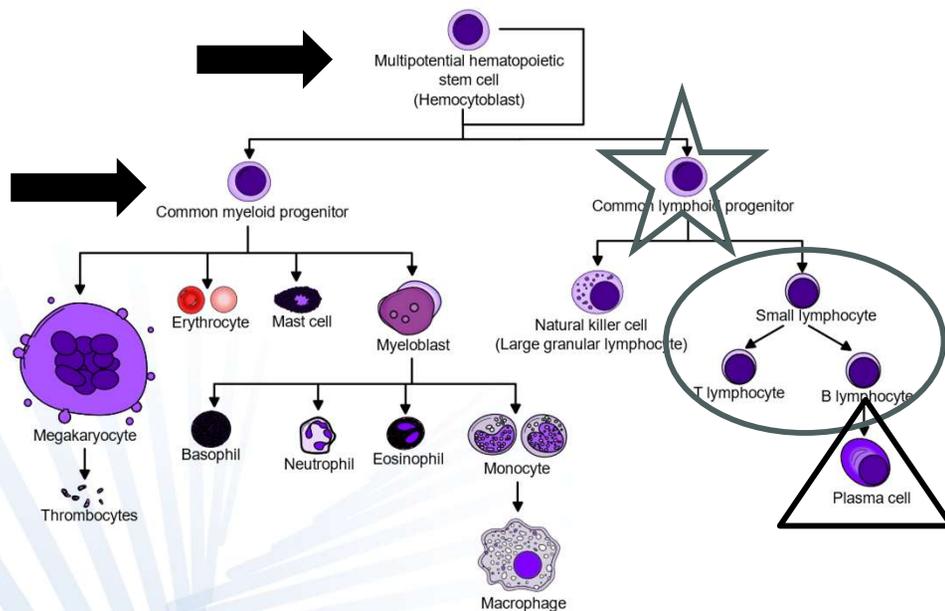
Dr James Liang
Consultant Haematologist
Middlemore Hospital

Date:

5th Edition WHO Classification (2022)

- Myeloproliferative Neoplasm (MPN)
 - **Chronic myeloid leukaemia**
 - **Polycythaemia vera**
 - **Essential thrombocythaemia**
 - **Primary myelofibrosis**
 - Chronic neutrophilic leukaemia
 - Chronic eosinophilic leukaemia
 - Juvenile myelomonocytic leukaemia
 - Myeloproliferative neoplasm, not otherwise specified

Haematology Malignancy Concept



By A. Rad and Mikael Häggström, M.D.

- Clonal disorder
 - Excessive production of myeloid/lymphoid cells
 - Associated with “**driver**” mutation and can acquire “**passenger**” mutation

Myeloid Malignancy Concept



- **Acute myeloid/lymphoblastic leukaemia**
 - Failure of maturation resulting in accumulation of primitive blasts
- **Myelodysplastic syndrome (MDS)**
 - Maturation occurs but faulty instruction resulting in “abnormal” assembly
- **Myeloproliferative neoplasm (MPN)**
 - Maturation occurs and normal assembly
- **MDS/MPN overlap syndrome**

Case 1

- 60yr old Fijian Indian
- Presented with influenzana (H1N1) and suffered myocarditis on weekend
 - Treated with abx discharged on Monday
- PMHx
 - HTN
 - Dyslipidaemia
- Social Hx
 - Current smoker (40pk yr)
 - High ETOH

Laboratory Findings

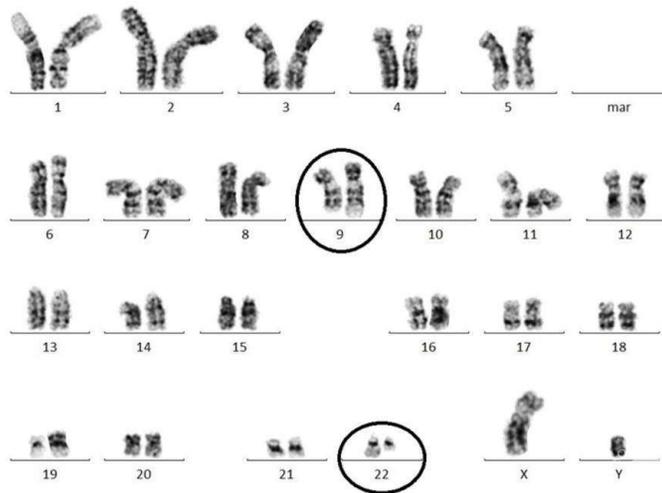
- FBC/CBC

		Ref. Range
Haemoglobin	96	(115 – 155)
Platelets	785	(150 – 400)
WBC	205.2	(4.0 – 11.0)
Blasts	2.1	
Promyelocytes	6.2	
Myelocytes	15.4	
Metamyelocytes	10.2	
Neutrophils	142.7	(1.90 – 7.50)
Lymphocytes	6.16	(1.00 – 4.00)
Monocytes	2.05	(0.20 – 1.00)
Eosinophils	10.2	(<0.51)
Basophils	10.2	(0.00 – 0.20)

- Key findings

- Increased white cell and platelet
 - Majority of the cells are normal looking neutrophils
 - No or minimal dysplasia
 - Blasts <20%
 - “Twin peak”
 - Myelocytes and neutrophils
 - Basophilia
 - >3% then think “CML”

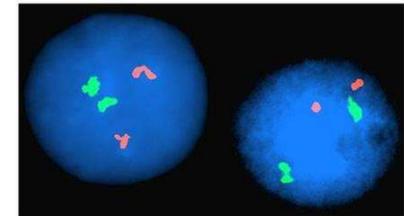
Diagnosis



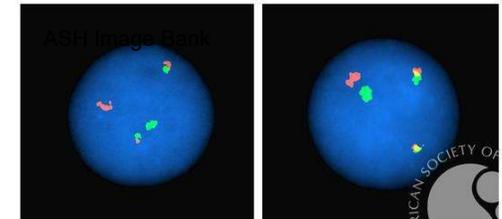
ASH Image Bank

Typical BCR/ABL1 positive FISH pattern

Normal cells
(BCR/ABL1 negative)



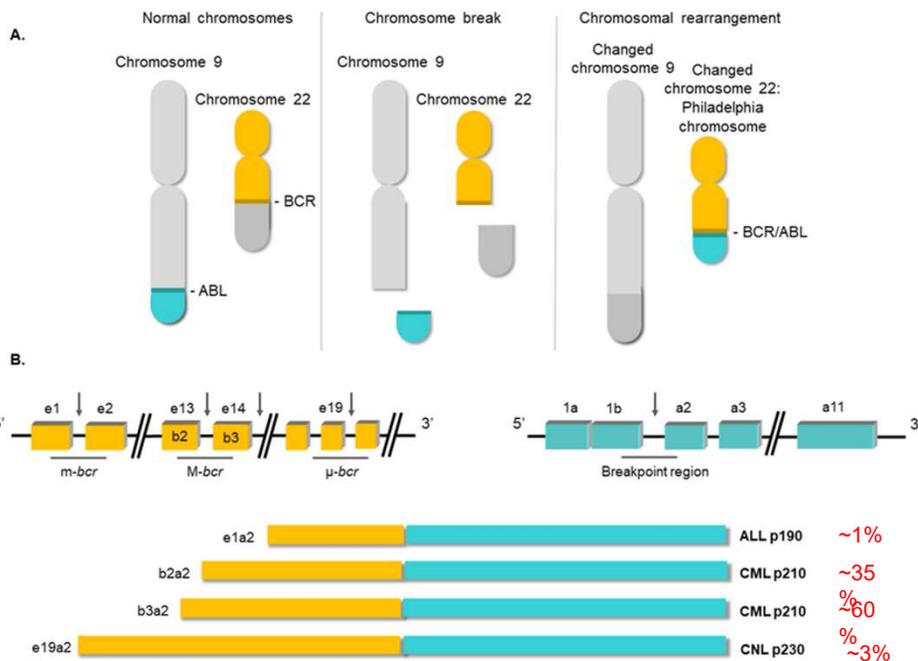
Abnormal cells
(BCR/ABL1 positive)



ABL1 (9q34)-Red; BCR (22q11.2)-Green

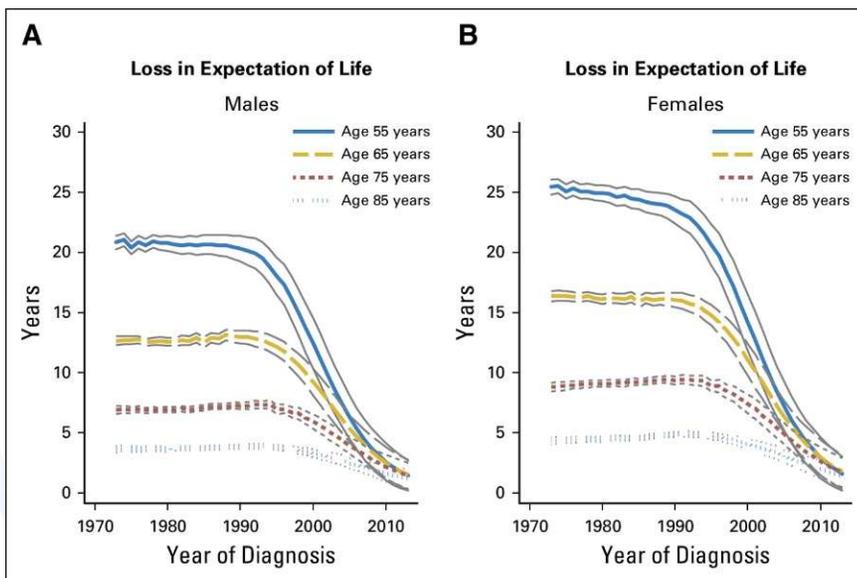
Chronic Myeloid Leukaemia

- Molecular "Driver"



- Philadelphia chromosome
 - Translocation t(9;22)
- BCR::ABL1* fusion gene (oncogene)
 - p210 commonest
 - p230 associated with thrombocytosis and chronic neutrophilic leukaemia
 - p190 associated with monocytosis, lymphoid involvement

Prognosis



- 1970s Hydroxycarbamide
- 1980s Allogeneic bone marrow transplant
- 1980s Interferon
- 1998 Imatinib used in clinical setting

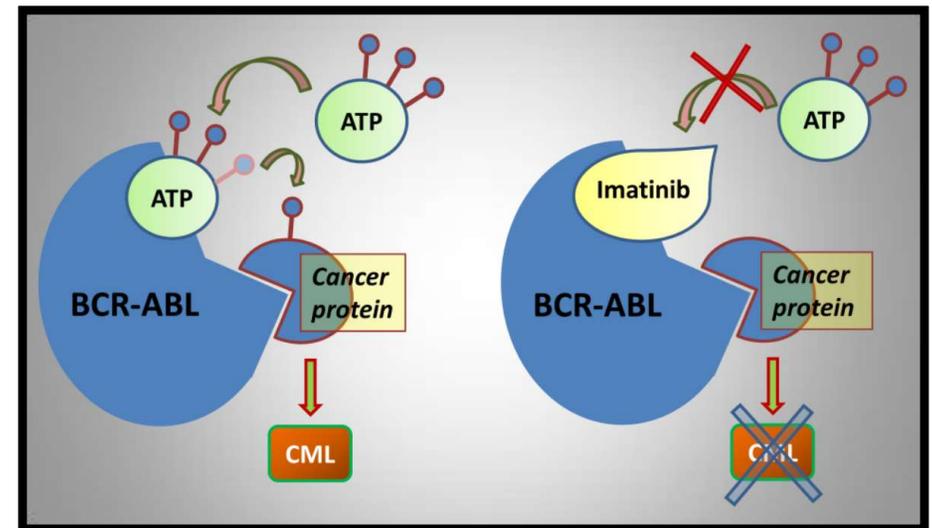
Life Expectancy of Patients With Chronic Myeloid Leukemia Approaches the Life Expectancy of the General Population

Authors: [Hannah Bower](#), [Magnus Björkholm](#), [Paul W. Dickman](#), [Martin Höglund](#), [Paul C. Lambert](#) and [Therese M.-L. Andersson](#) | [AUTHORS INFO & AFFILIATIONS](#)

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Treatment

- “Perfect” concept for target therapy
 - Unique tyrosine kinase
- Tyrosine Kinase Inhibitor
 - First generation - Imatinib
 - Second generation – Dasatinib and nilotinib
 - Third generation – Ponatinib and Bosutinib
- Side effects
 - Peripheral oedema
 - MSK sx
 - Pancreatitis
 - Pleural effusion
 - HTN
 - Increased risk of CVD
 - GI (diarrhoea)



OPEN ACCESS

Modern Therapy of Chronic Myeloid Leukemia

WRITTEN BY

M.M. Zaharieva, G. Amudov, S.M. Konstantinov and M. L. Guenova

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