Presentation Format

- Content specification statements
- Answers
- Points of Emphasis
Recognize Hypereosinophilia as a Rare Presenting Feature of ALL

- Associated with t(5;14)(q31;q32) that brings IL-3 gene under control of IgH promoter
  - Eosinophil count may be 10,000-100,000+/mm³
  - Eosinophils are reactive and NOT part of the malignant clone
  - May have low percentage of marrow blasts
    - IgH FISH can be very useful to identify these blasts
ALL: CNS Therapy

- Plan the management of CNS leukemia detected at the time of initial diagnosis
  - Remember CNS3 definitions
  - Most (not all) groups treat with HR-ALL chemotherapy that includes 1800 cGy cranial irradiation plus extended IT therapy

- Know the management of CNS leukemia that develops after prophylaxis
  - Time to relapse is a strong predictor of outcome (<18 mos < 18-36 mos < 36+ months)
  - Effective systemic therapy is critical as the biggest risk is subsequent BM relapse
  - 1800 cGy is “standard”; COG AALL02P2 tested 1200 cGy and had higher failure rates (reasons not certain)