

# 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+/mm<sup>3</sup>
  - 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)