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\(^3\)
  - 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
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)