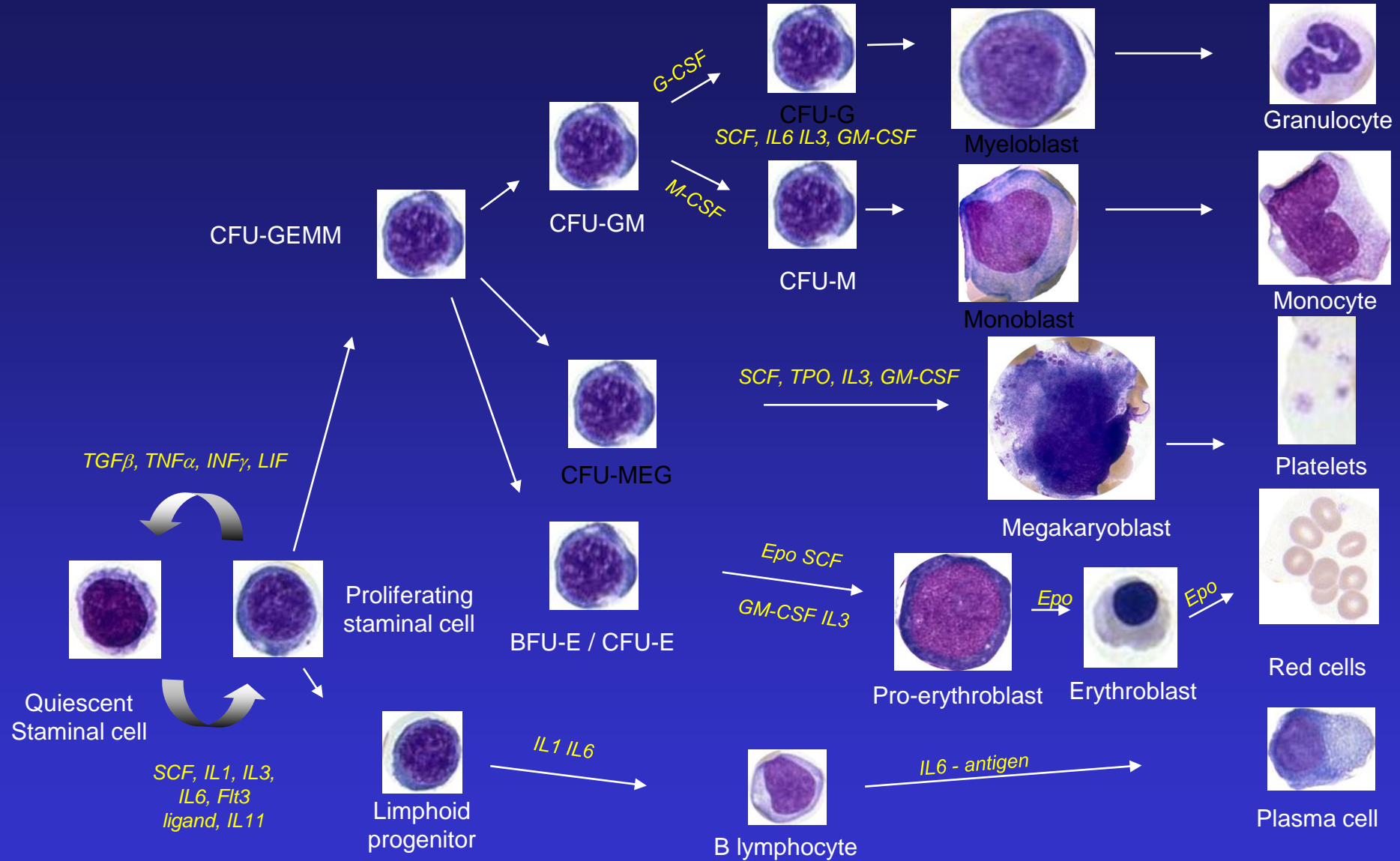


SELF RENEWAL

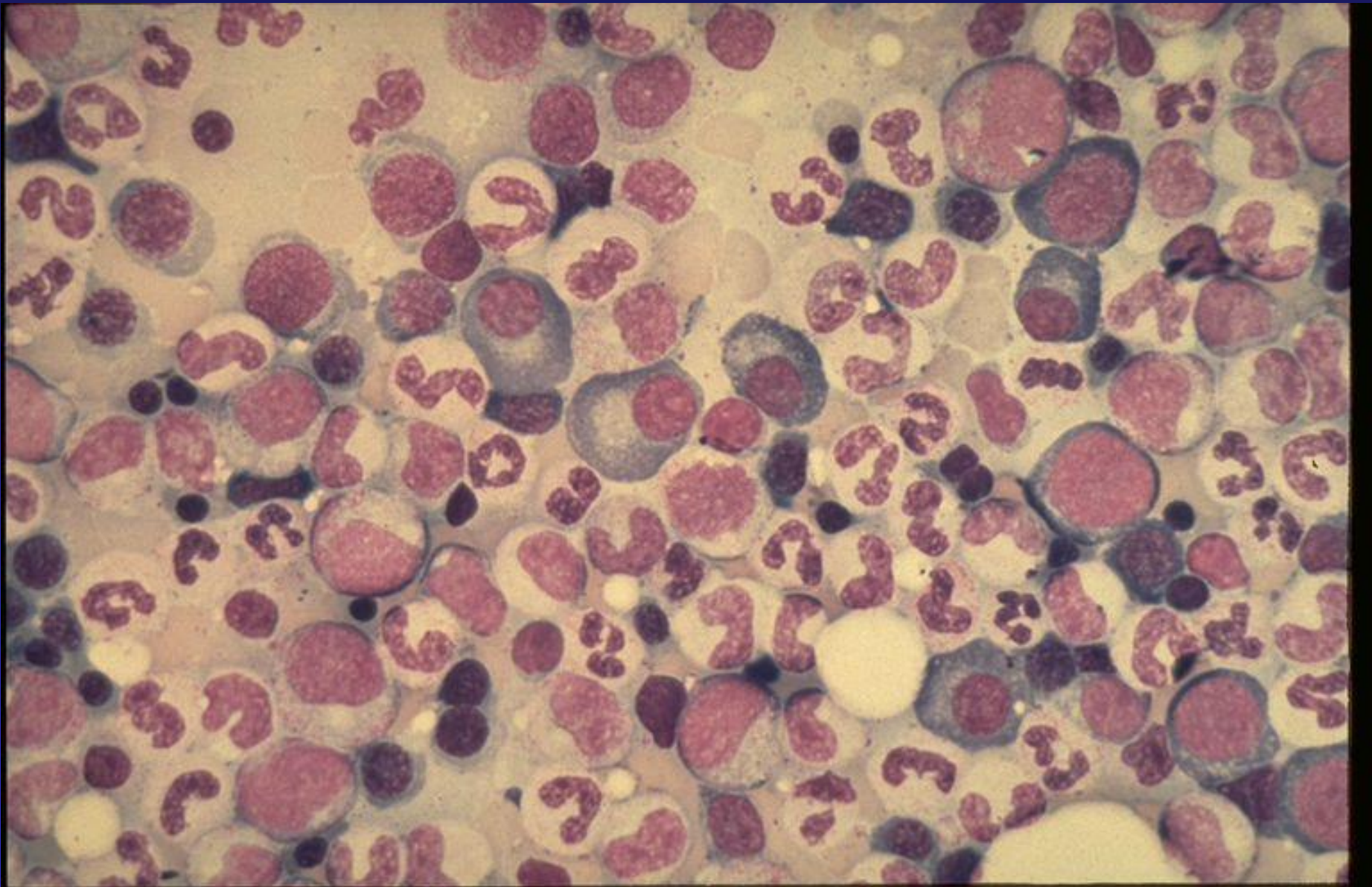
COMMITMENT

PRECURSOR EXPANSION

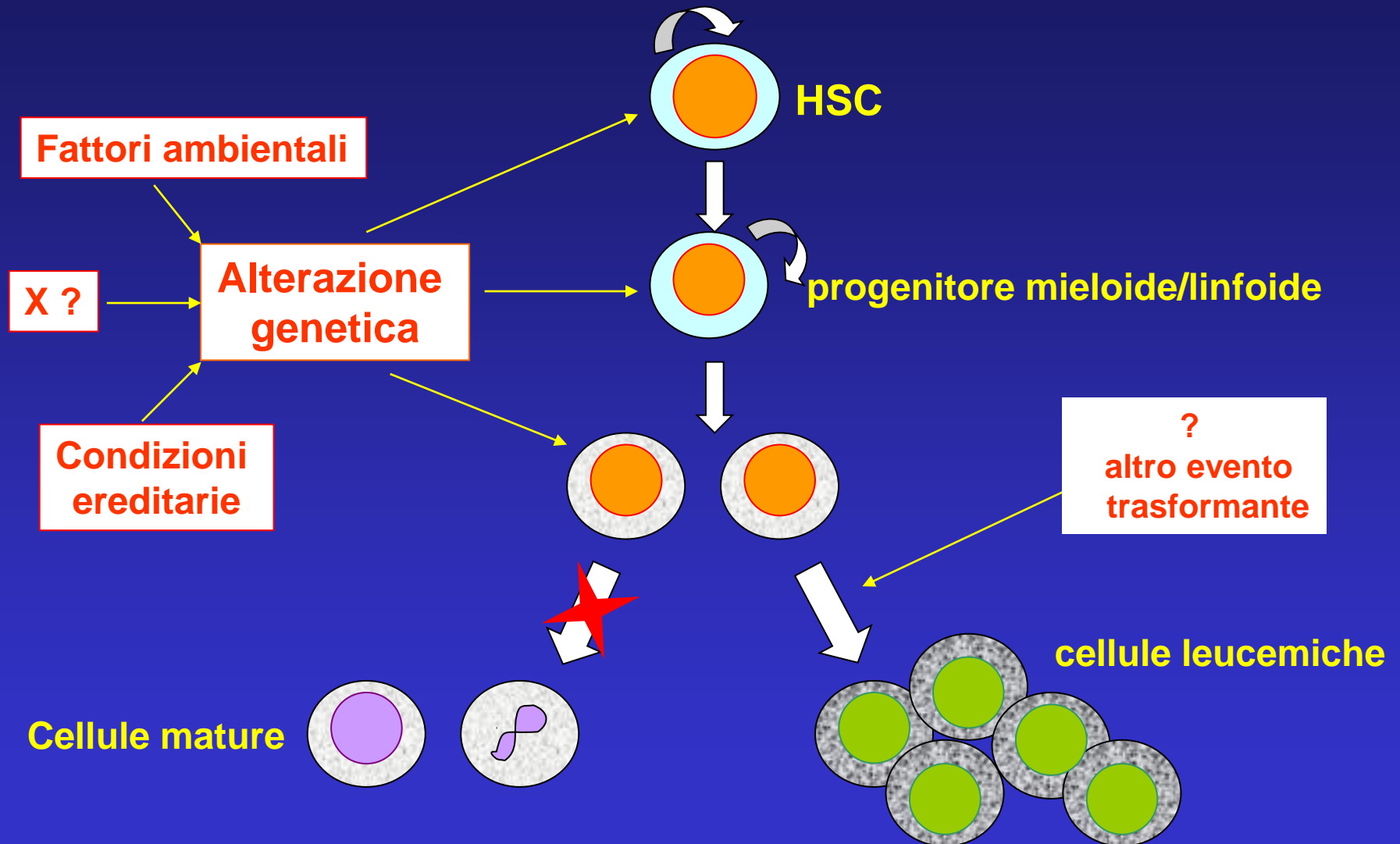
TERMINAL DIFFERENTIATION



Normal hematopoiesis



EZIOPATOGENESI DELLE LEUCEMIE ACUTE



CONDIZIONI EREDITARIE

Sindromi ereditarie



- Sindrome Down (trisomia 21)
- Sindromi con deficit del “DNA-repair” (S. Bloom, Anemia di Fanconi)
- Sindromi da immunodeficienza (S. Wiskott Aldrich)

Alto rischio familiare di LA



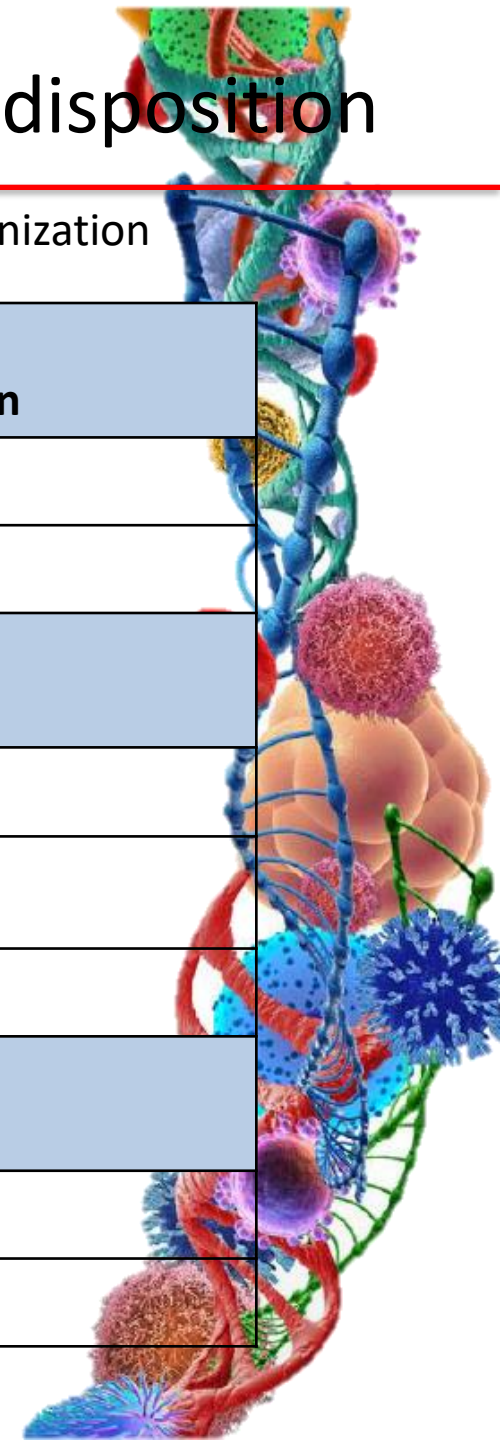
- Monosomia del 7 (SMD)
- Mutazione AML-1

Myeloid Neoplasm with Germline Predisposition

A New Provisional Entity Within the World Health Organization

Myeloid neoplasm with germline predisposition without preexisting disorder or organ dysfunction
<ul style="list-style-type: none">• CEBPA mutation• DDX41 mutation*
Myeloid neoplasm with germline predisposition and preexisting platelet disorders
<ul style="list-style-type: none">• RUNX1 mutation*• ANKRD26 mutation*• ETV6 mutation*
Myeloid neoplasm with germline predisposition and other organ dysfunction
<ul style="list-style-type: none">• GATA2 mutations• BMF syndromes , Noon sd, Down sd*, TBDs

*Lymphoid neoplasms also reported



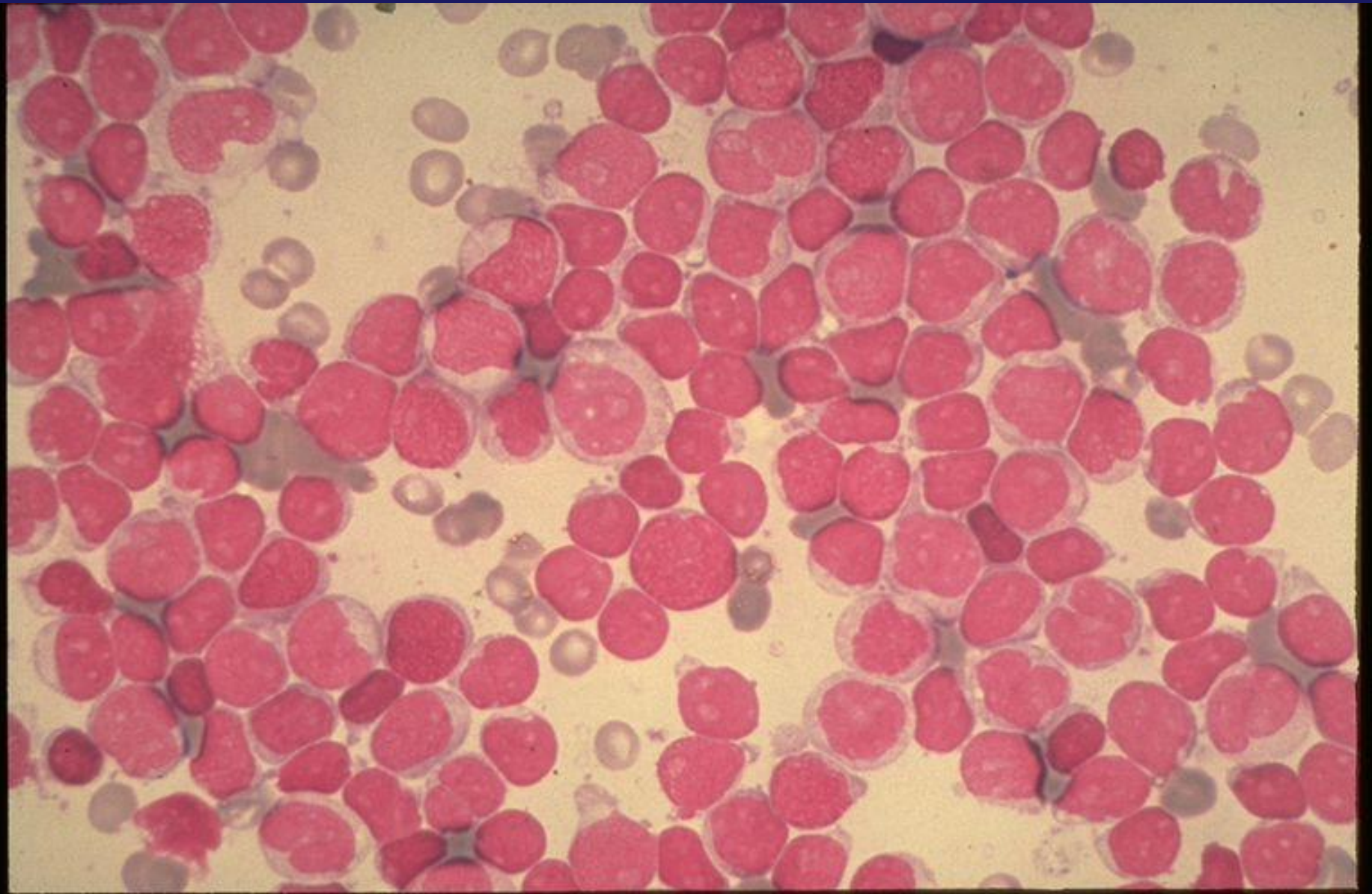
Epidemiologia

80% delle LA nell'adulto

(10% delle LA prima dei 10 aa)

Incidenza: 3-5 :100.000 , aumenta con l'età
(30-34 aa 1:100.000 → 65-69 aa 11:100.000)







LEUCEMIE ACUTE

FISIOPATOLOGIA

- 1) INSUFFICIENTE E DIFETTIVA PRODUZIONE DI LEUCOCITI (infezioni); ERITROCITI (anemie) E PIASTRINE (emorragie);**
- 2) INFILTRAZIONE DI TESSUTI E ORGANI NON EMOPOIETICI DA PARTE DELLE CELLULE BLASTICHE (organomegalia; danno funzionale)**
- 3) LIBERAZIONE DI CITOCHINE (febbre, algie, calo ponderale, sudorazioni);**

SINTOMI E SEGNI CLINICI DI ESORDIO IN 466 CASI DI LAM «DE NOVO» O PRIMARIE

Astenia	93 (%)
Cardiopalmo, dispnea	55 (%)
Febbre	62 (%)
Febbricola	25 (%)
Emorragie	61 (%)
Dolori ossei o muscolari	23 (%)
Sudorazioni profuse	8 (%)
Splenomegalia	18 (%)
Epatomegalia	11 (%)
Linfoadenomegalia	9 (%)
Ipertrofia gengivale	11 (%)
Interessamento cutaneo	5 (%)
Sintomi e segni neurologici	1 (%)

Leucemia Acuta

Quadro Clinico - Obiettivo

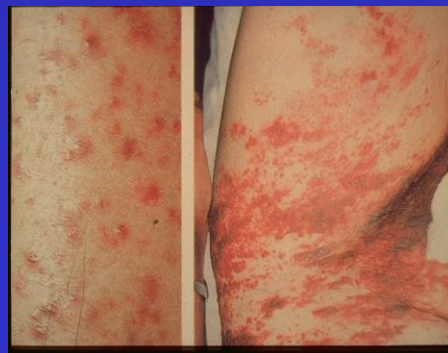
➤ Anemia



➤ Infezioni



➤ S. Emorragica



Laboratorio

Hb < 12.5 g/dl uomo
Hb < 11.5 g/dl donna

Neutropenia
< 1000/mm³

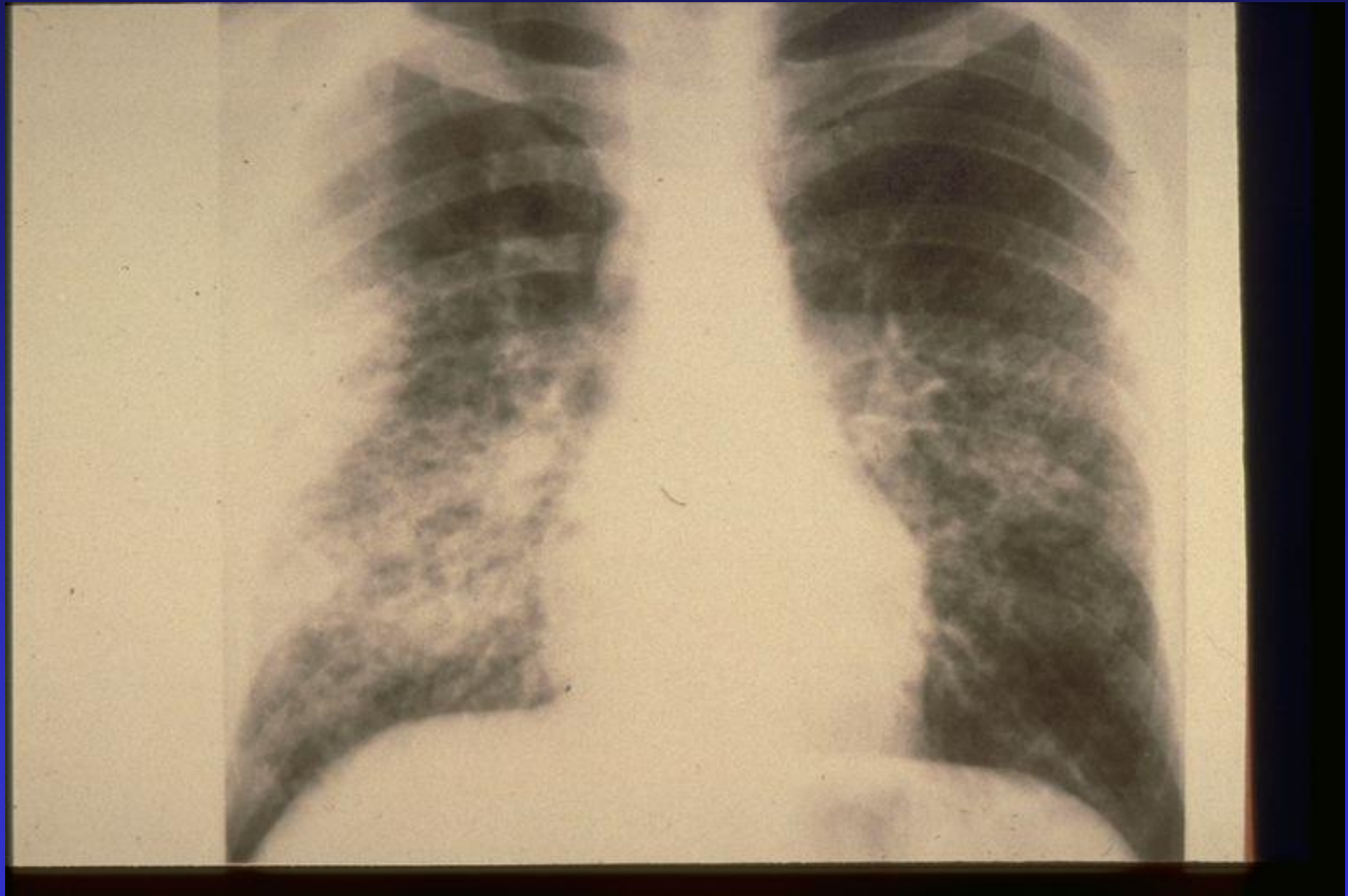
Blastosi Leucemica

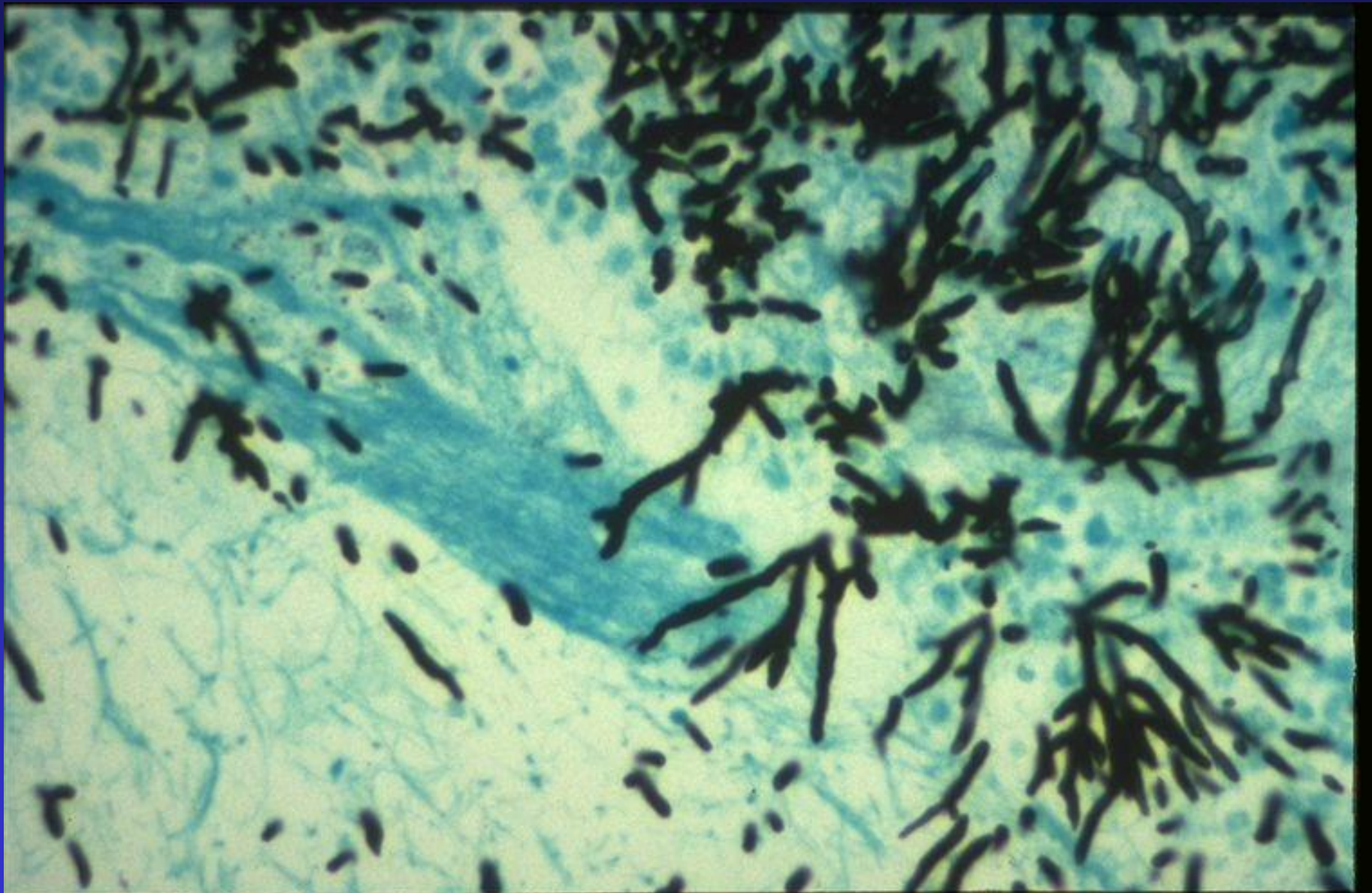
PLT < 150 x 10⁹/L

(CID)











Leucemia Acuta - Esordio

Terapia di Supporto

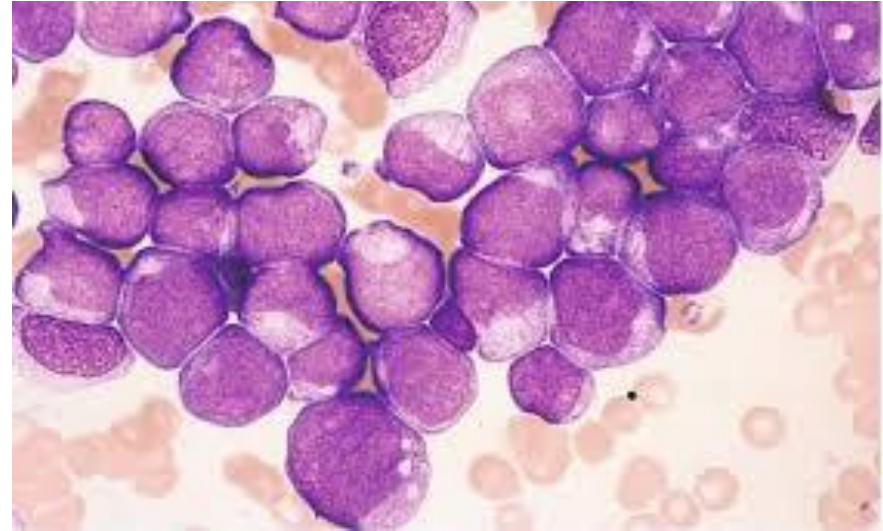
- **Globuli Rossi Concentrati**
- **Piastrine**
- **Plasma**
- **Leucociti**

Caratterizzazione

- **Citomorfológica**
- **Immunofenotípica**
- **Citogenetica**
- **Molecolare**

LE LEUCEMIE ACUTE MIELOIDI (LAM)

Neoplasie del tessuto emopoietico caratterizzate da una proliferazione incontrollata di cellule immature della linea mieloide, chiamate *blasti*. Originano dalla trasformazione leucemica di una cellula staminale emopoietica che acquisisce plurime mutazioni geniche e riarrangiamenti cromosomici.

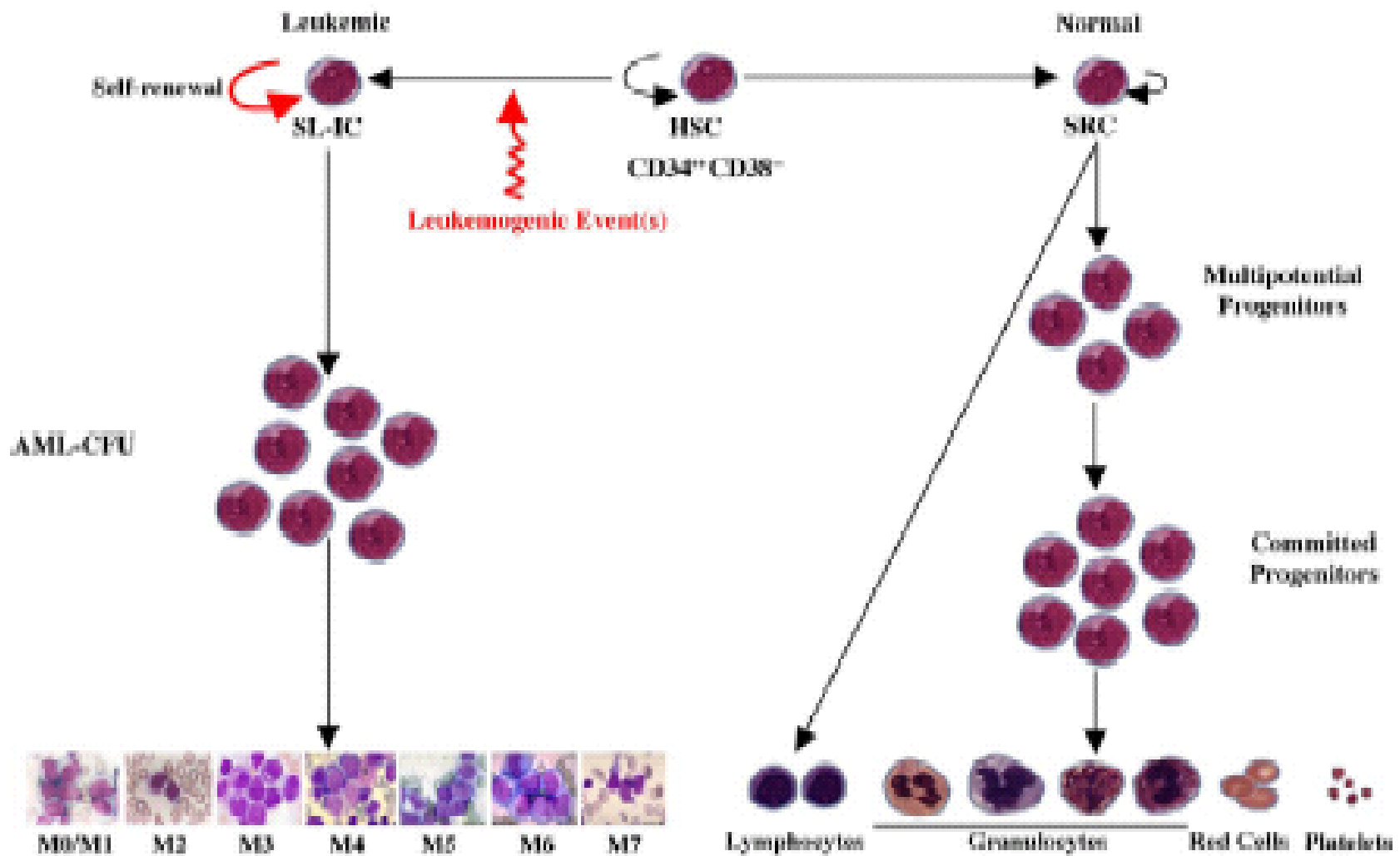


Striscio di sangue midollare in paziente con LAM

DIAGNOSI ATTUALE:

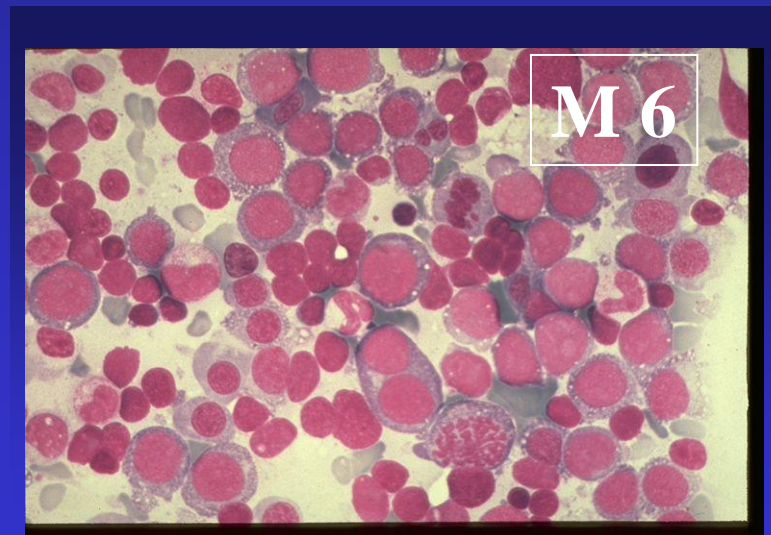
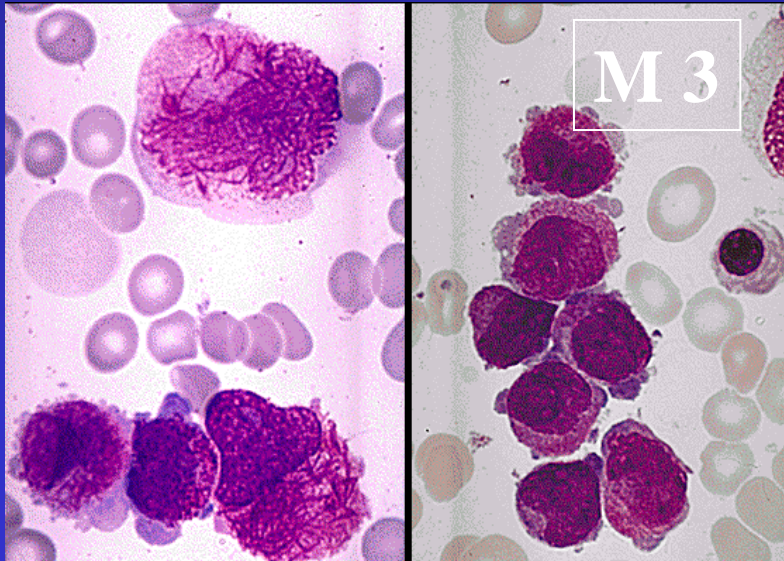
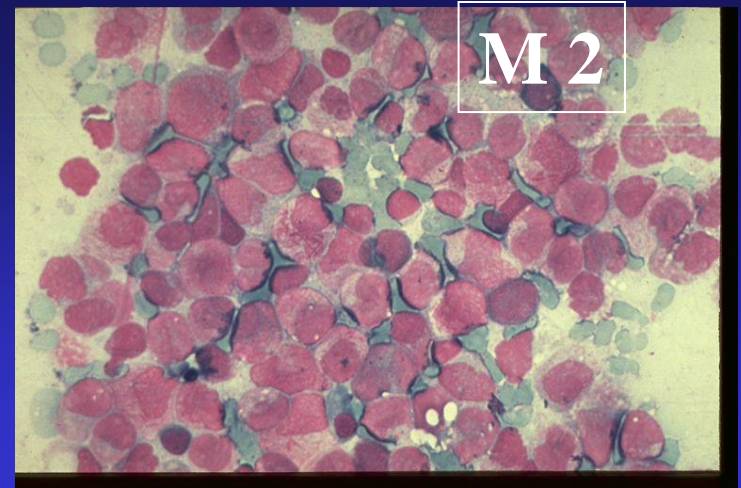
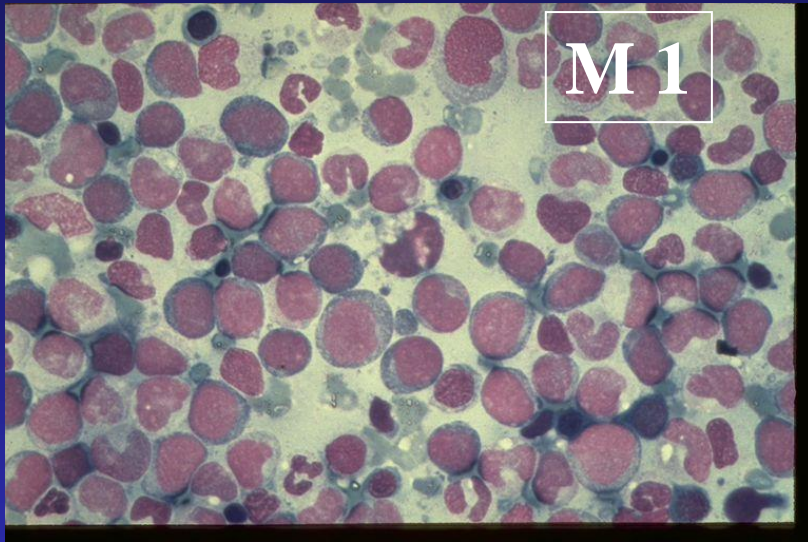
- CITOMORFOLOGIA
- IMMUNOFENOTIPO
- CITOGENETICA
- BIOLOGIA MOLECOLARE: FLT3, NPM1, CEBP α con metodica di Sanger

LEUCEMOGNESE



1. A model of AML heterogeneity that postulates leukemogenic events occurring in primitive stem cells resulting in increased self-renewal, abrogation of normal differentiation, and the creation of a leukemic stem cell that originates a leukemic hierarchy.

LA - Citomorfologia



Acute Leukaemia: Morphological Classification

Myeloid (AML)

M₀: minimally differentiated

M₁: without maturation

M₂: with maturation

M₃: hypergranular promyelocytic

M₄: myelomonocytic

M₅: a) monoblastic b) monocytic

M₆: erythroleukaemia

M₇: megakaryoblastic

Rare types, e.g. eosinophilic

Lymphoblastic (ALL)

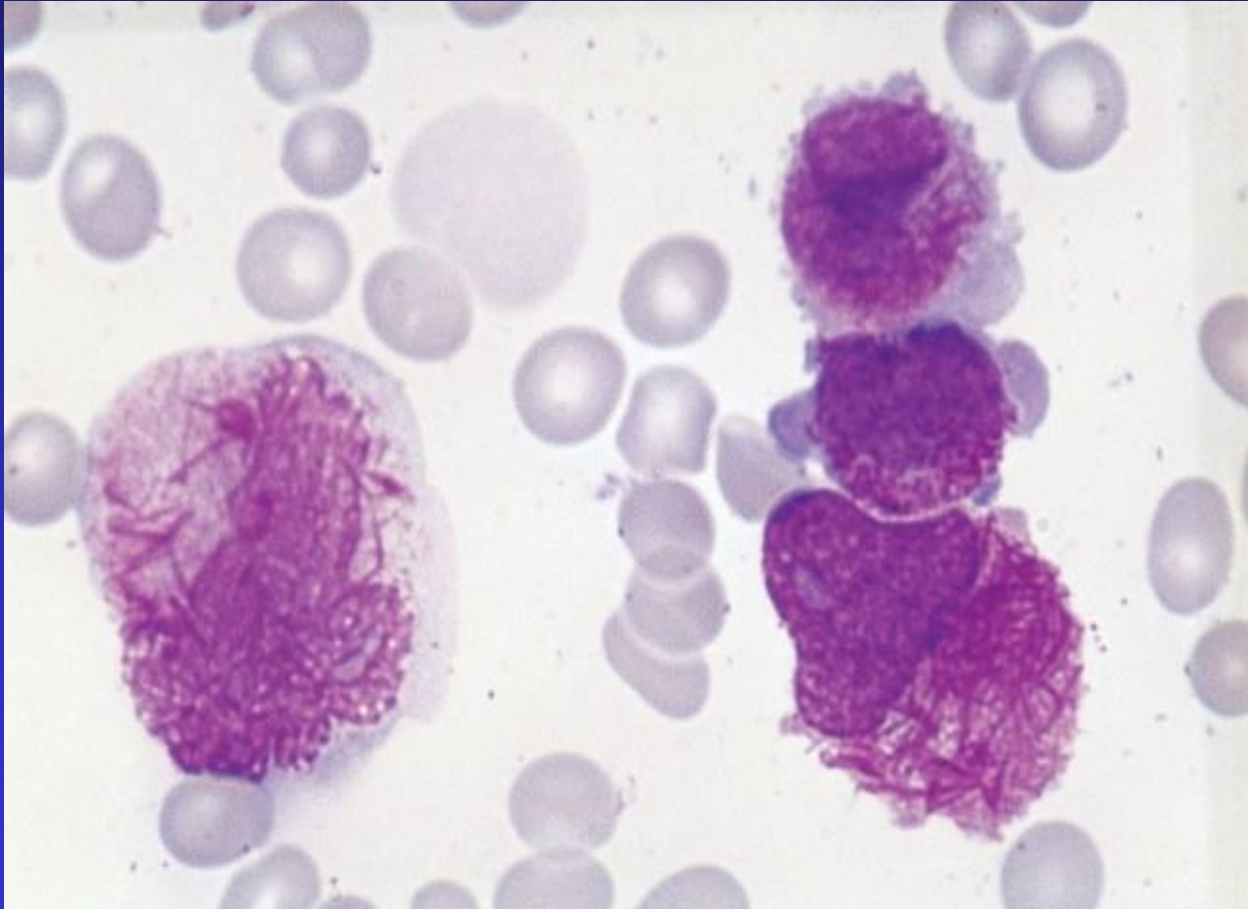
L₁: small, monomorphic

L₂: large, heterogeneous

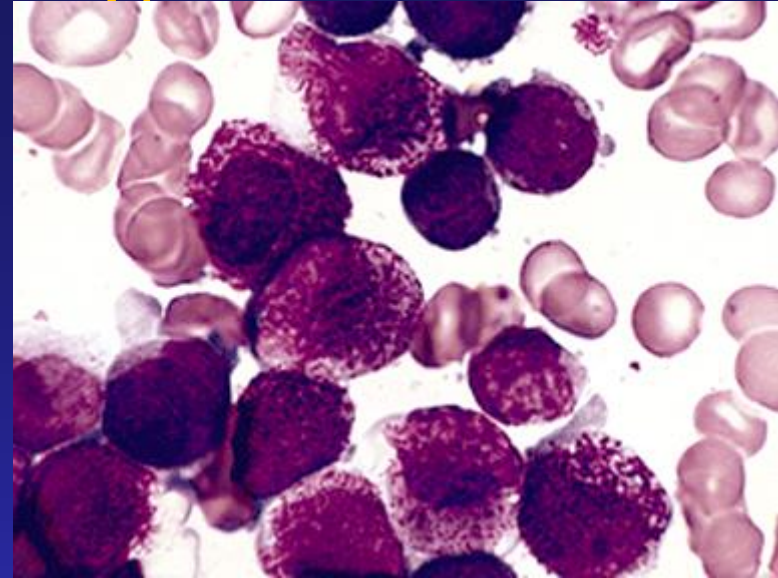
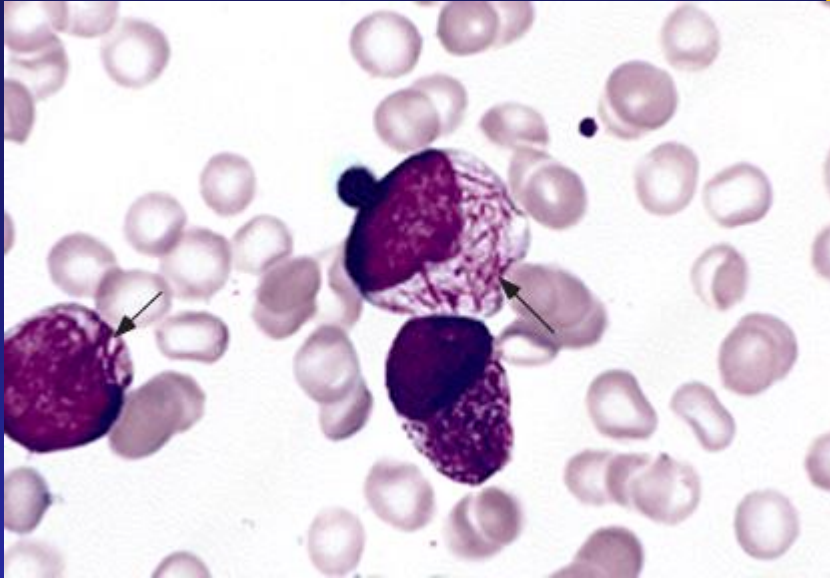
L₃: Burkitt cell-type

- **Definizione diagnostica**
- **Identificazione di sottotipi a diversa prognosi**
- **Identificazione di combinazioni di marcatori da utilizzare nel monitoraggio della malattia minima residua**

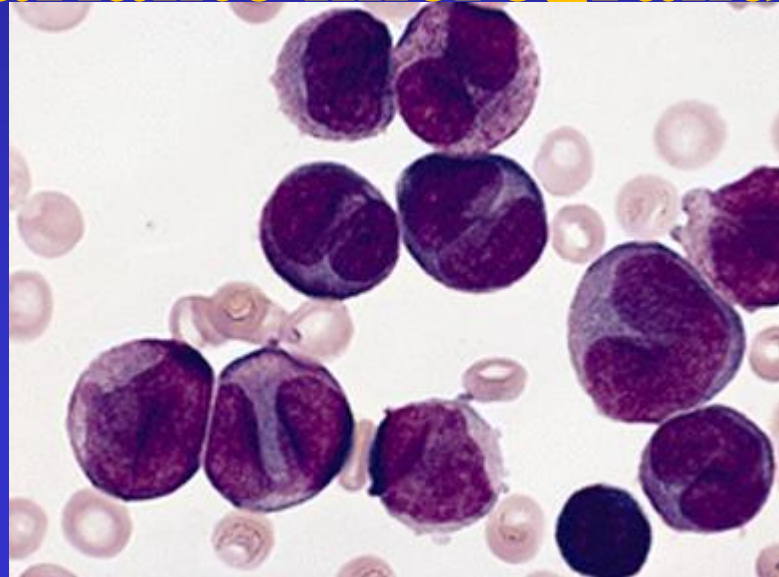
LAM M3



Variante ipergranulare



Variante microgranulare



Leucemia acuta promielocitica

5-8% dei casi di AML

Importante inizio precoce del trattamento (ATRA)

PRESENTAZIONE CLINICA

- Complicanze della pancitopenia (anemia, trombocitopenia, leucopenia)
- DIC: EMERGENZA EMATOLOGICA!

Se non trattata → emorragie fatali nel 10-20% dei casi

MORFOLOGIA

VARIANTE IPERGRANULARE: 75% casi

- Promielociti atipici con citoplasma stipato di granuli blu-rossastri o viola, talora corpi di Auer raggruppati in fasci, nucleo spesso indentato, ripiegato
- MPO++, NSE+ nel 25% dei casi

VARIANTE MICROGRANULARE: 25% casi

- Nucleo bilobato o reniforme, citoplasma apparentemente privo di granuli (non visibili alla microscopia ottica)
- MPO++, NSE – o debole

IMMUNOFENOTIPO

- CD13+, CD33+, HLA-DR- e CD11b-
- CD34 - o debole, CD15 – o neg, CD17 – /variabile
- Variante microgranulare: coespressione di CD2 e talora CD34
- alcune forme CD56+ (prognosi peggiore)

ALTERAZIONI GENETICHE

t(15;17)(q22;q12) - PML-RARA

TECNICHE DIAGNOSTICHE:

- analisi del cariotipo
- FISH
- RT-PCR

Altre anomalie:

t(11;17)(q23;q21) — PLZF/RARa, spesso CD13+, CD56+ (1%) RESISTENTE AD ATRA

t(5;17)(q35;q21) — NPM1/RARa, spesso CD13-, CD56- (0,5%) RESPONSIVA AD ATRA

t(11;17)(q13;q21) — NuMA/RARa RESPONSIVA AD ATRA

- in ca. 40% sono presenti anomalie citogenetiche aggiuntive
- nel 35-40% sono presenti mutazioni di FLT3

L'immunofenotipo delle LA

M0, M1, M2, M4

MPO7⁺, CD13⁺, CD33⁺, CD117⁺, CD34⁺, HLADR⁺

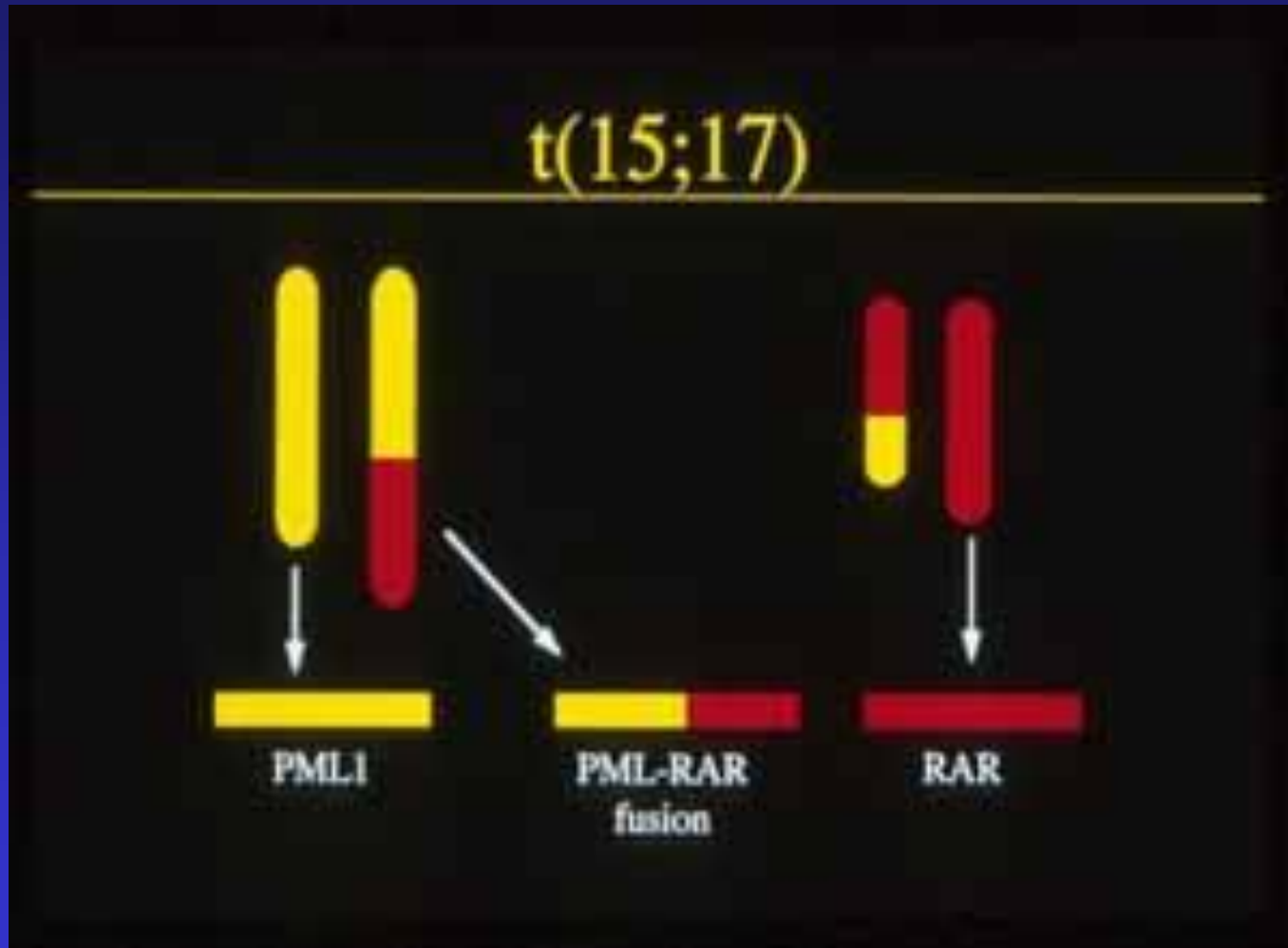
M3 MPO7⁺, CD13⁺, CD33⁺, CD117⁺, CD34^{+/-}, HLADR⁻

M5 MPO7⁺, CD13⁺, CD33⁺, CD117⁺, CD34⁻, HLADR⁺, CD14⁺

M6 MPO7⁺, CD13⁺, CD33⁺, CD117⁺, CD34⁻, HLADR⁺, CD71⁺, glicoforina⁺

M7 MPO7⁺, CD13⁺, CD33⁺, CD117⁺, CD34⁻, HLADR⁺, CD41⁺

Leucemia acuta a promielociti



PML gene

Prol. Cys. L.Z.

Bcr3

Bcr1, Bcr2

Ser

chrom. 15



chrom. 17

DNA

Ligand



RARα gene

PML/RARα fusion gene

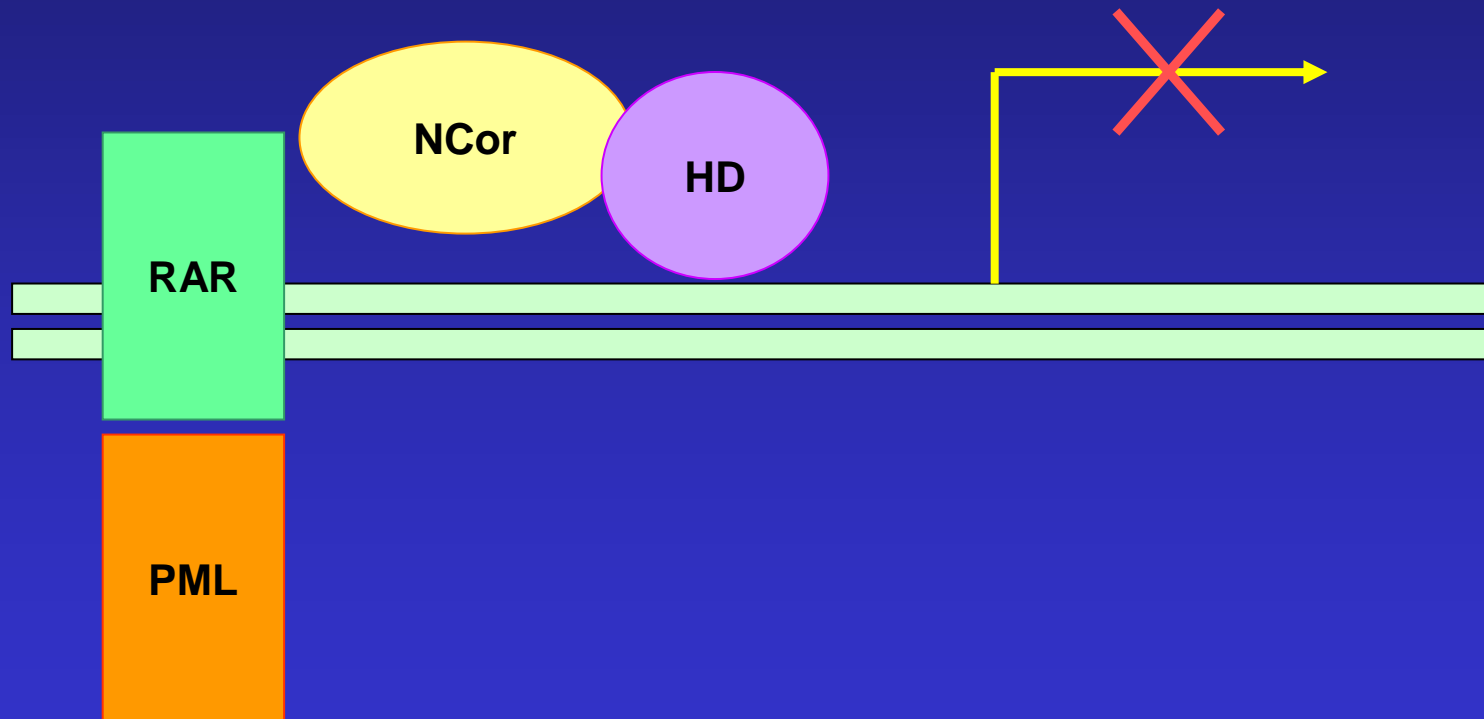
Prol. Cys. L.Z.

DNA

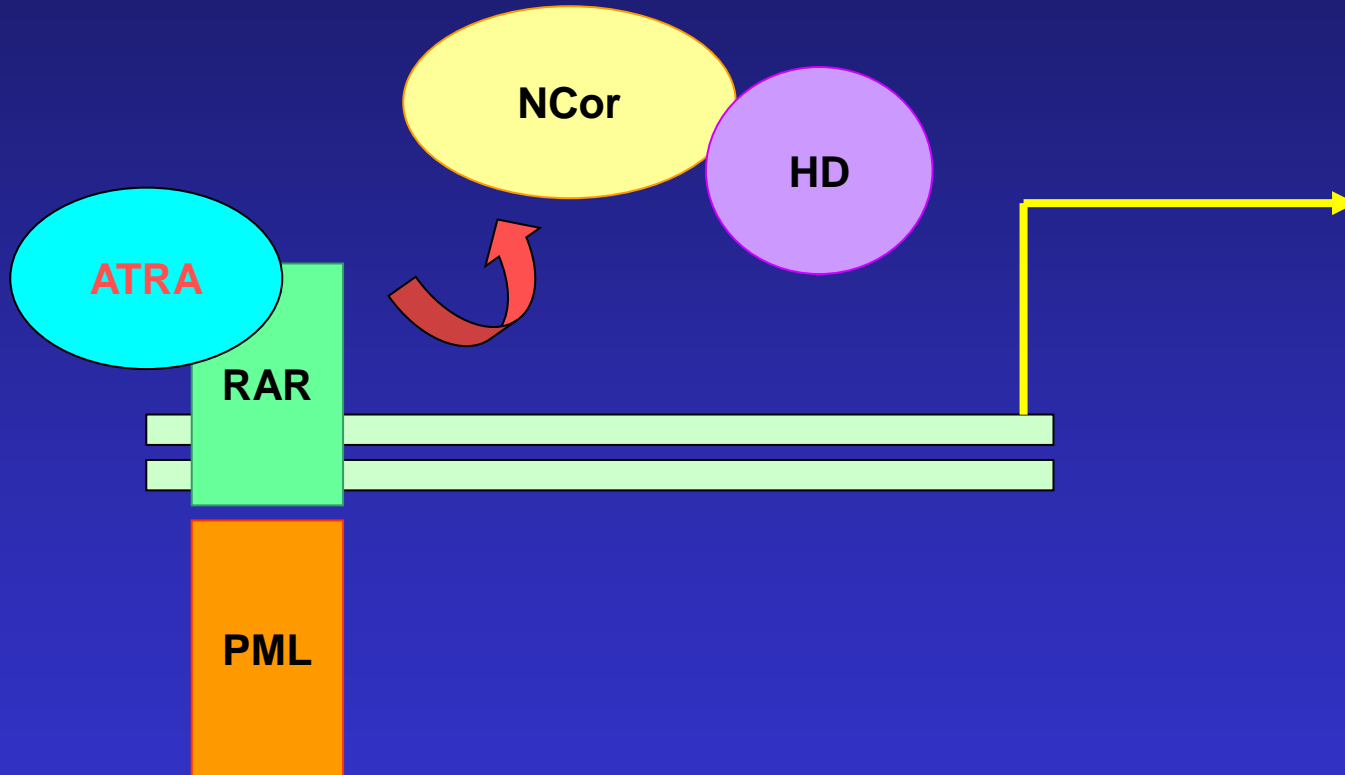
Ligand



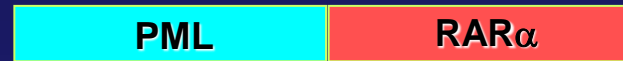
PML-RAR α



PML-RAR α



t(15;17) (q22;q21)
PML-RAR α
responsiva ad
ATRA



Fattore pro-
apoptosi

t(11;17) (q23;q21)
PLZF-RAR α
resistente ad ATRA



Repressore della
trascrizione

t(5;17) (q32;q21)
NPM-RAR α
responsiva ad
ATRA



Fosfoproteina
nucleare

t(11;17) (q13;q21)
NuMA-RAR α
responsiva ad
ATRA

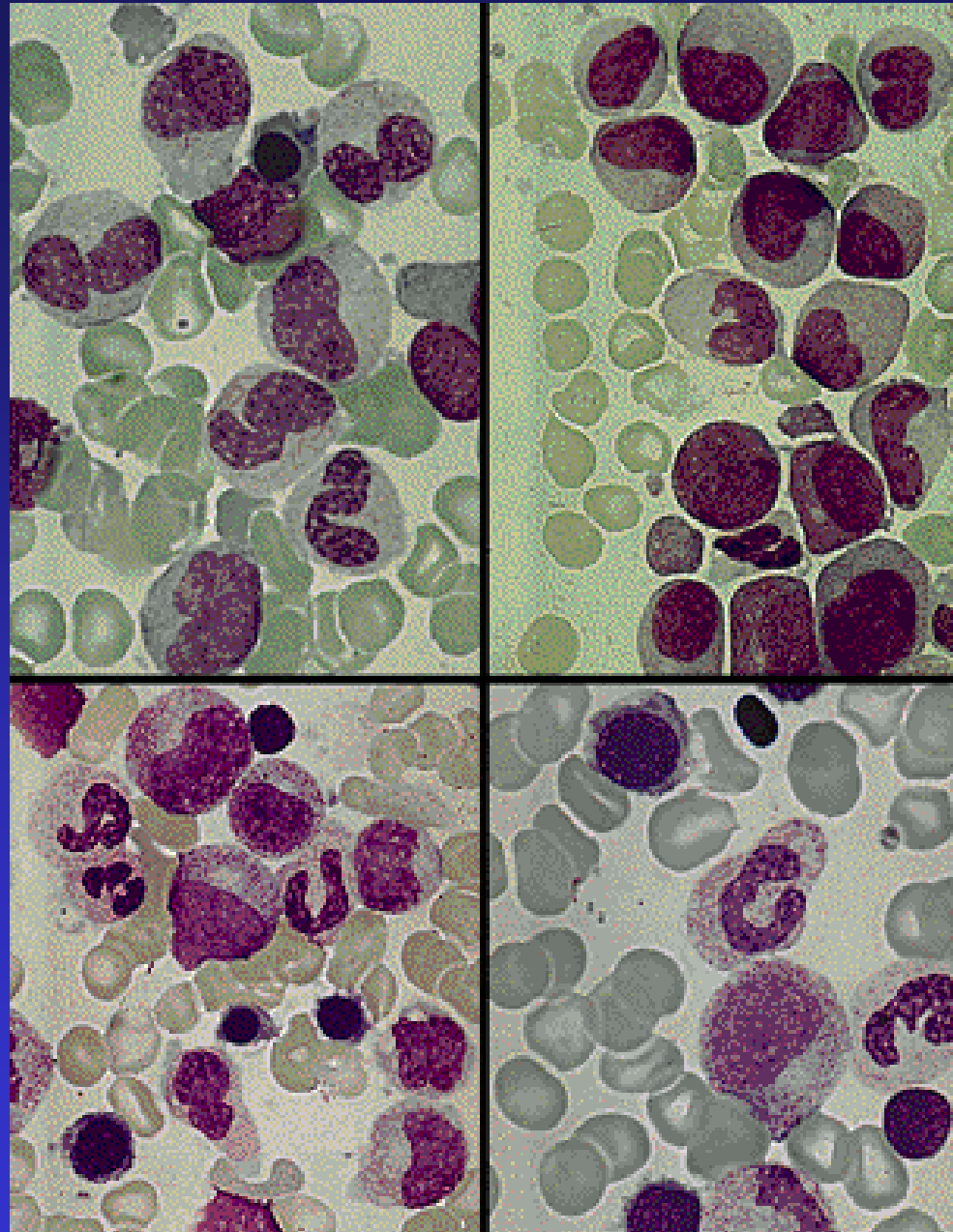


Apparato mitotico
nucleare

Delezione
interstiziale
cromosoma 17q21
Stat5b-RAR α
**non responsiva ad
ATRA**

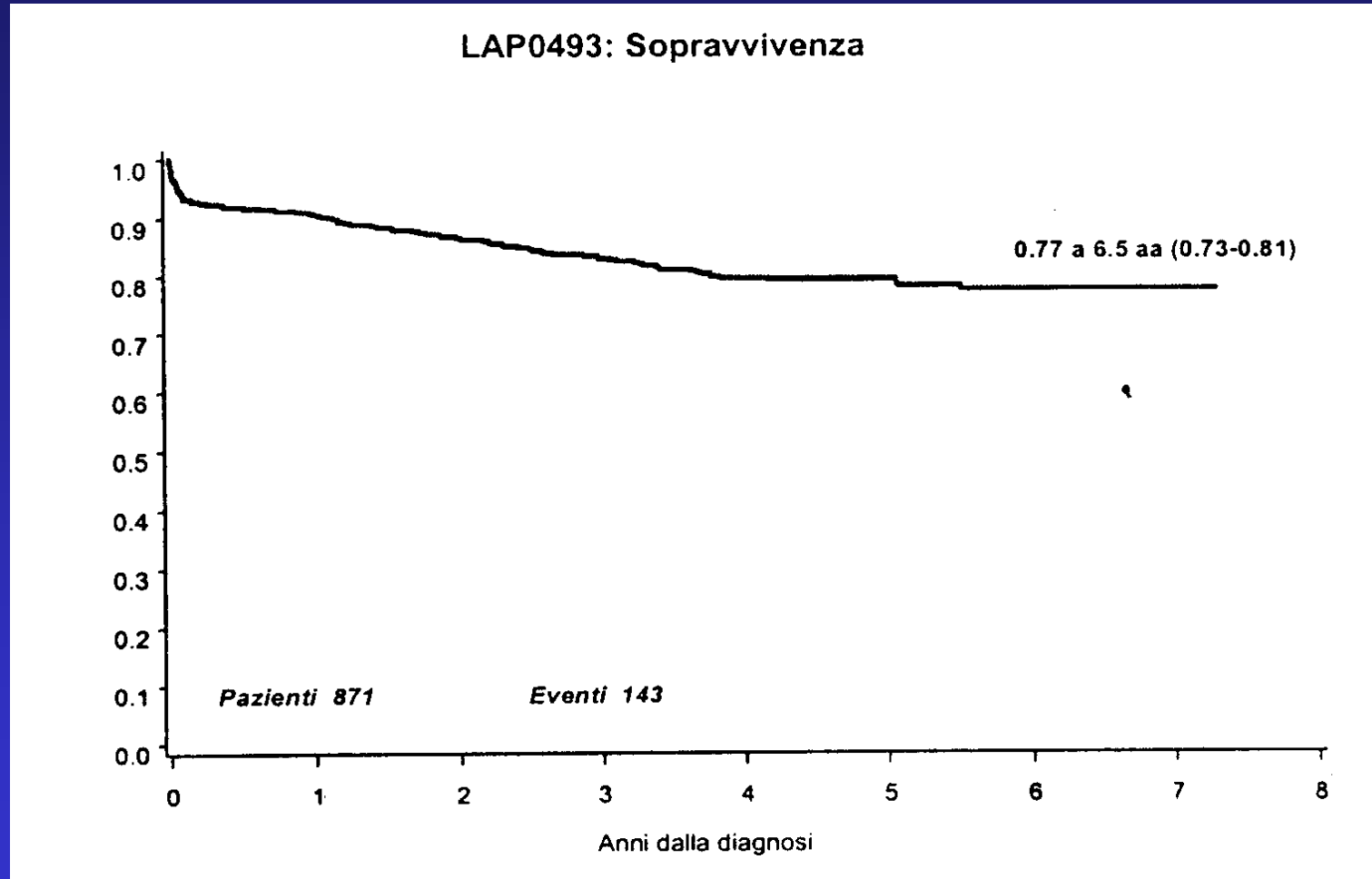


Trasduttore di
segnale e
attivatore della
trascrizione



AML- M3
ATRA- differentiation

OVERALL SURVIVAL IN ALP PATIENTS TREATED WITH ATRA + CHT



STRATIFICAZIONE DEL RISCHIO

- **BASSO:**

GB \leq 10.000/uL e piastrine $>$ 40.000/uL; RFS 98%

- **INTERMEDIO:**

GB \leq 10.000/uL e piastrine \leq 40.000/uL; RFS 89%

- **ALTO RISCHIO:**

GB $>$ 10.000/uL; RFS 70%

L'immunofenotipo delle LAM: aspetti prognostici

Antigeni con significato **prognostico negativo** nelle LAM

TdT

CD7

CD34

bcl-2

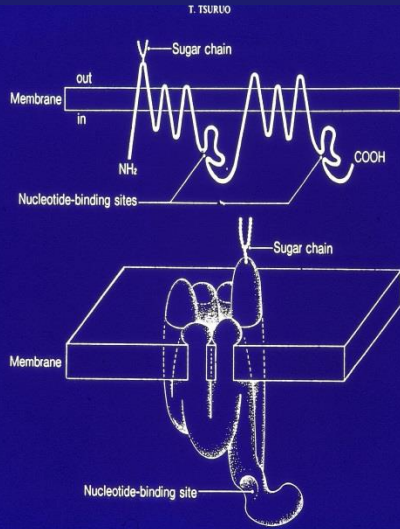
PgP

CD56

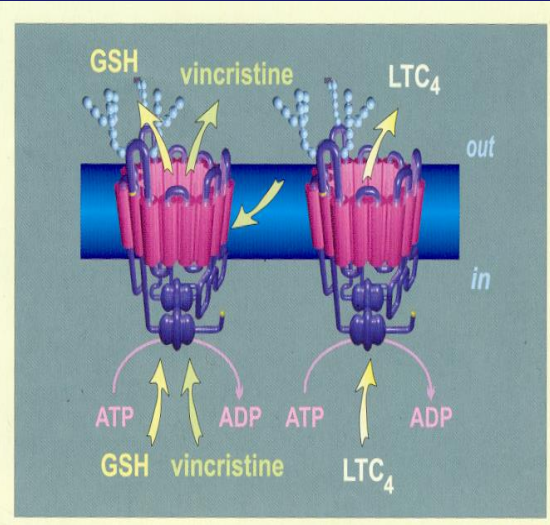
HLADR

Multidrug resistance - MDR

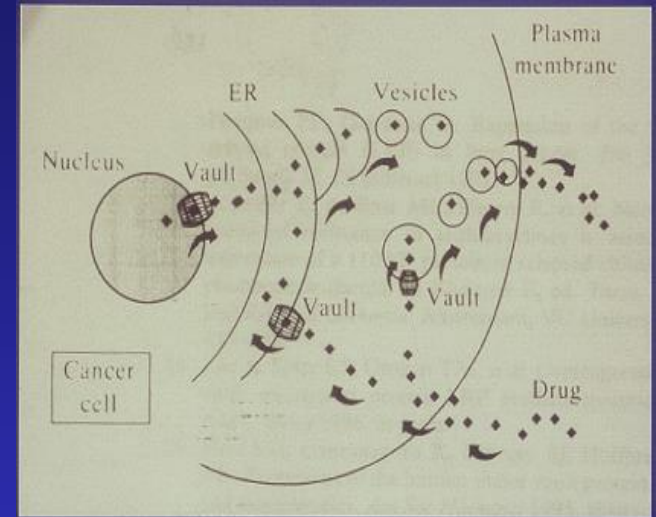
Pgp



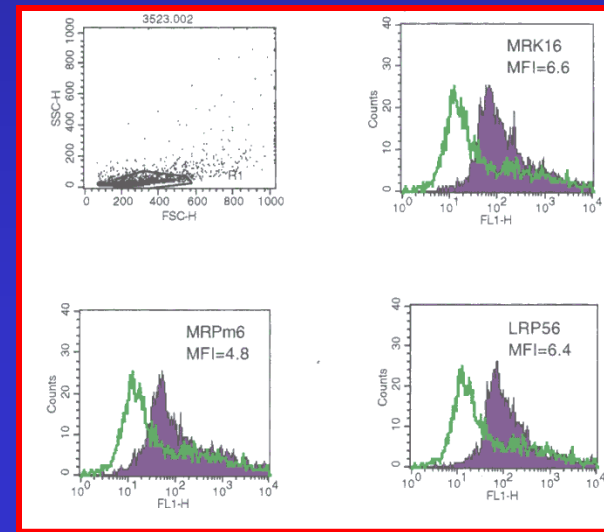
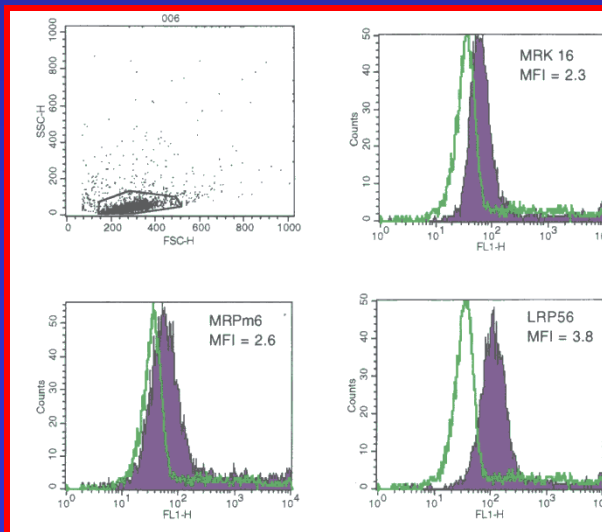
MRP



LRP



MDR -



MDR +

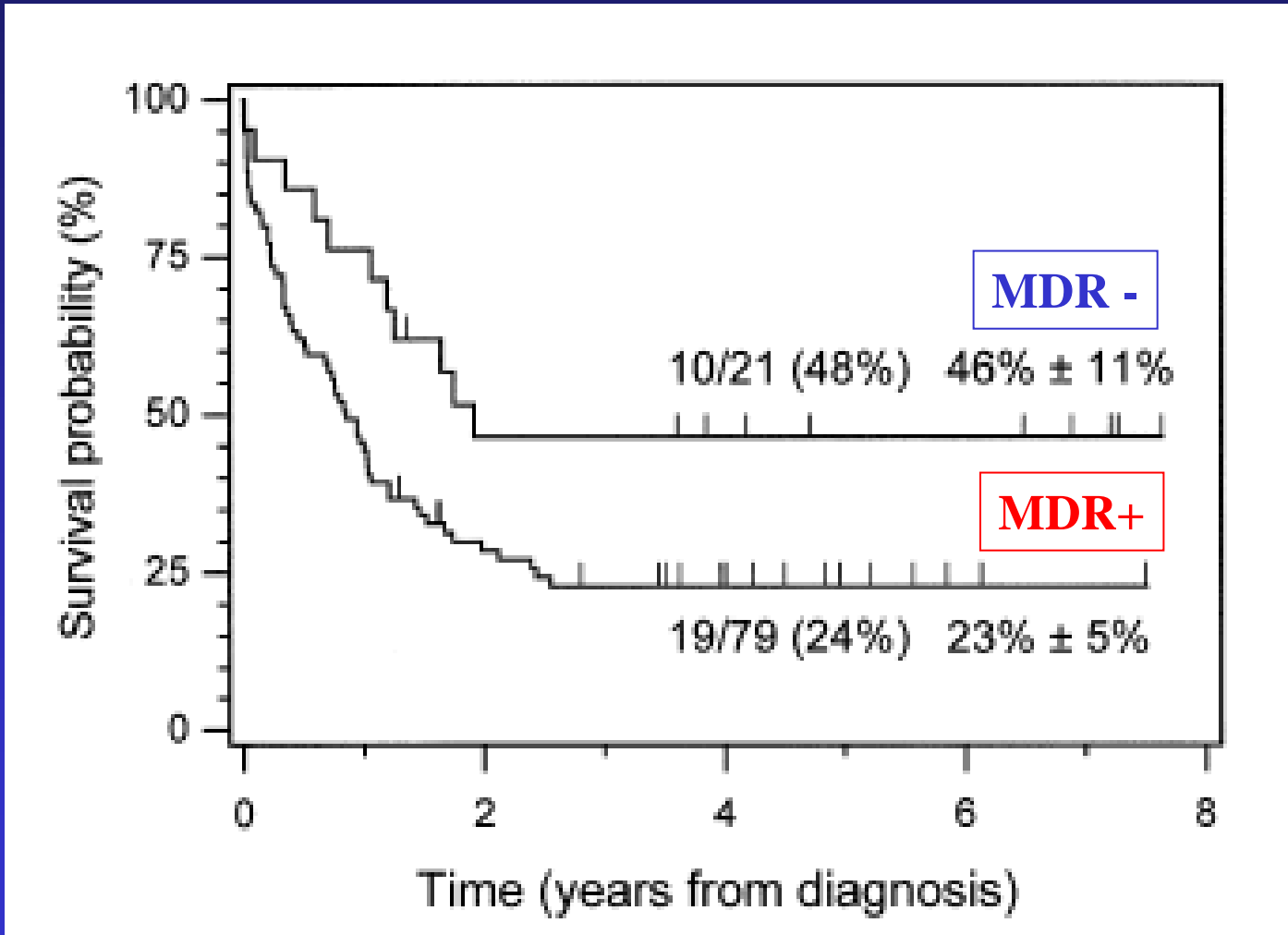
MDR: FARMACI COINVOLTI

	MDR-1 Pgp	MRP-1	MRP-2	MRP-3	LRP	BCRP
ANTHRACYCLINES	●	●	●		●	●
MITOXANTRONE	●				●	●
VINCA ALKALOIDS	●	●		●	●	
EPIPODOPHYLLINE DER	●	●	●	●	●	
TAXANES	●					
CAMPHOTECINE DER	●	●				●
HOMOHARRINGTONINE	●	●				
CALICHEAMICIN	●					
ACTINOMYCIN D	●	●				
PLATINUM			●			
MTX			●	●		

Multidrug resistance - MDR



OS



Immunofenotipo

Antigene panleucocitario (DD cellule non ematologiche) esclusi eritrociti e piastrine	CD45 (pos)
DD ALL	cMPO, CD117 (pos) vs. cCD3, cCD79a, cCD22 (neg)

DIAGNOSI AML	
Precursori	CD34, CD38, CD117, CD133, HLA-DR
Markers granulocitari	CD13, CD15, CD16, CD33, CD65, cMPO
Markers monocitari	CD11c, CD14, CD64, lisozima, CD4, CD11b, CD36, ANAE, NG2 omologo
Markers megacariocitari	CD41 (gp IIb/IIIa), CD61 (gp IIIa), CD42 (gp Ib)
Markers eritroidi	CD235a (glicoforina A)

Acute leukemia of ambiguous lineage

Acute leukemias of ambiguous lineage

Acute undifferentiated leukemia

Mixed phenotype acute leukemia with t(9;22)(q34;q11.2); *BCR-ABL1*||

Mixed phenotype acute leukemia with t(v;11q23); *MLL* rearranged

Mixed phenotype acute leukemia, B/myeloid, NOS

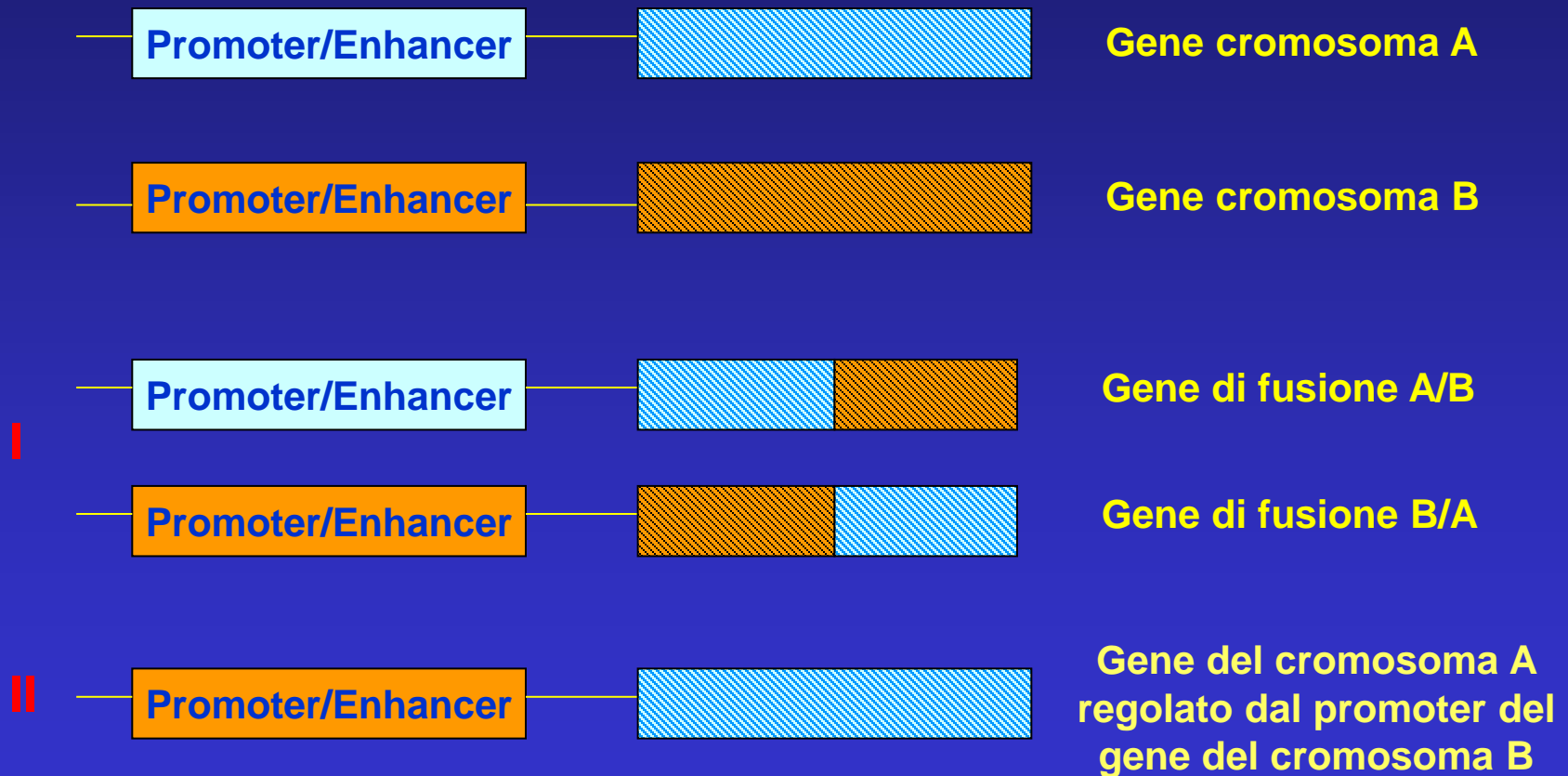
Mixed phenotype acute leukemia, T/myeloid, NOS

DIAGNOSI DI MPAL (mixed phenotype acute leukemia)

Linea mieloide	MPO (citometria a flusso, immunoistochimica o citochimica) o Evidenza di differenziazione monocitaria (almeno 2 tra i seguenti markers: NSE, CD11c, CD14, CD64, lisozima)
Linea B	CD19 forte + almeno 1 tra: CD79a, cCD22, CD10 (forte) o CD19 debole + almeno 2 tra: CD79a, cCD22, CD10 (forte)
Linea T	cCD3 o CD3 di superficie

LEUCEMIE ACUTE: ALTERAZIONI GENETICHE

TRASLOCAZIONI CROMOSOMICHE

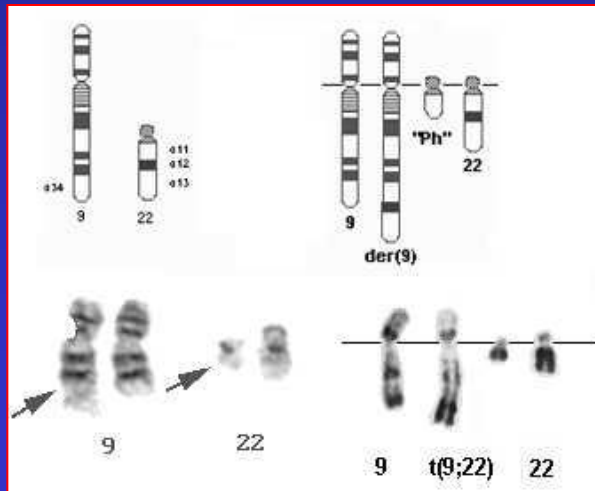
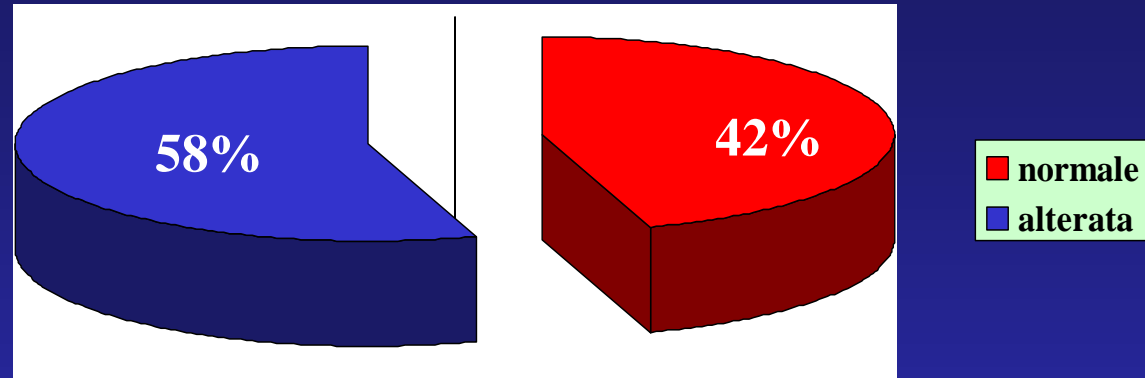


LA - Citogenetica

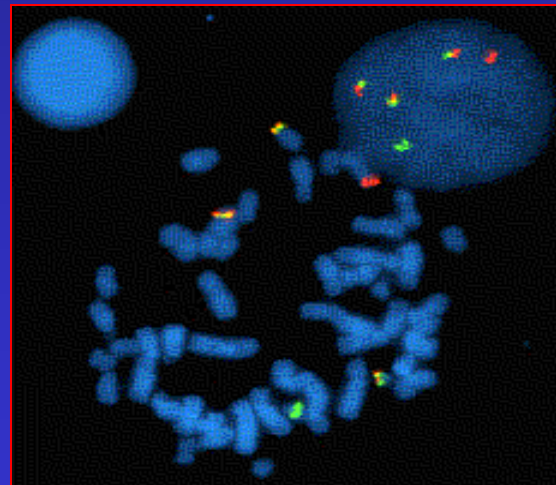


1612 casi LAM diagnosi

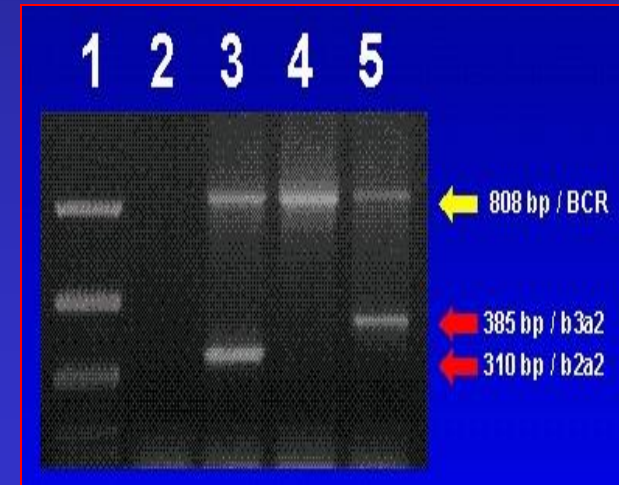
Grimwade, Blood 1998



Citogenetica Convenzionale



Citogenetica Molecolare (FISH)



Biologia Molecolare

ALTERAZIONI CITOGENETICHE BILANCIATE

ALTERAZIONI	FAB	FREQUENZA	GENI COINVOLTI	PROGNOSI
t(8;21)(q22;q22)	M2/M1	9-12%	AML/ETO	FAV
inv(16)(p13q22) t(16;16)(p13;q22)	M4 (eos)	8%	MYH11/CBFB	FAV
t(15;17)(q22;q21)	M3/M3v	8-10%	PML/RAR α	FAV
alt(11)(q23)	M4 M5	8-10%	MLL	SFAV
inv(3)(q21q26) t(3;3)(q21;q26)		0,5-2%	EVI1/MDS/RPN	SFAV
t(9;22)(q34;q11)	M1 M2 M4	1-2%	BCR/ABL	SFAV
t(6;9)(q23;q34)	M1 M2	rara	DEK/KAN	SFAV
t(8;16)(p11;p13)	M5b	1%	MOZ/CPB	SFAV

ALTERAZIONI CITOGENETICHE NON BILANCIATE

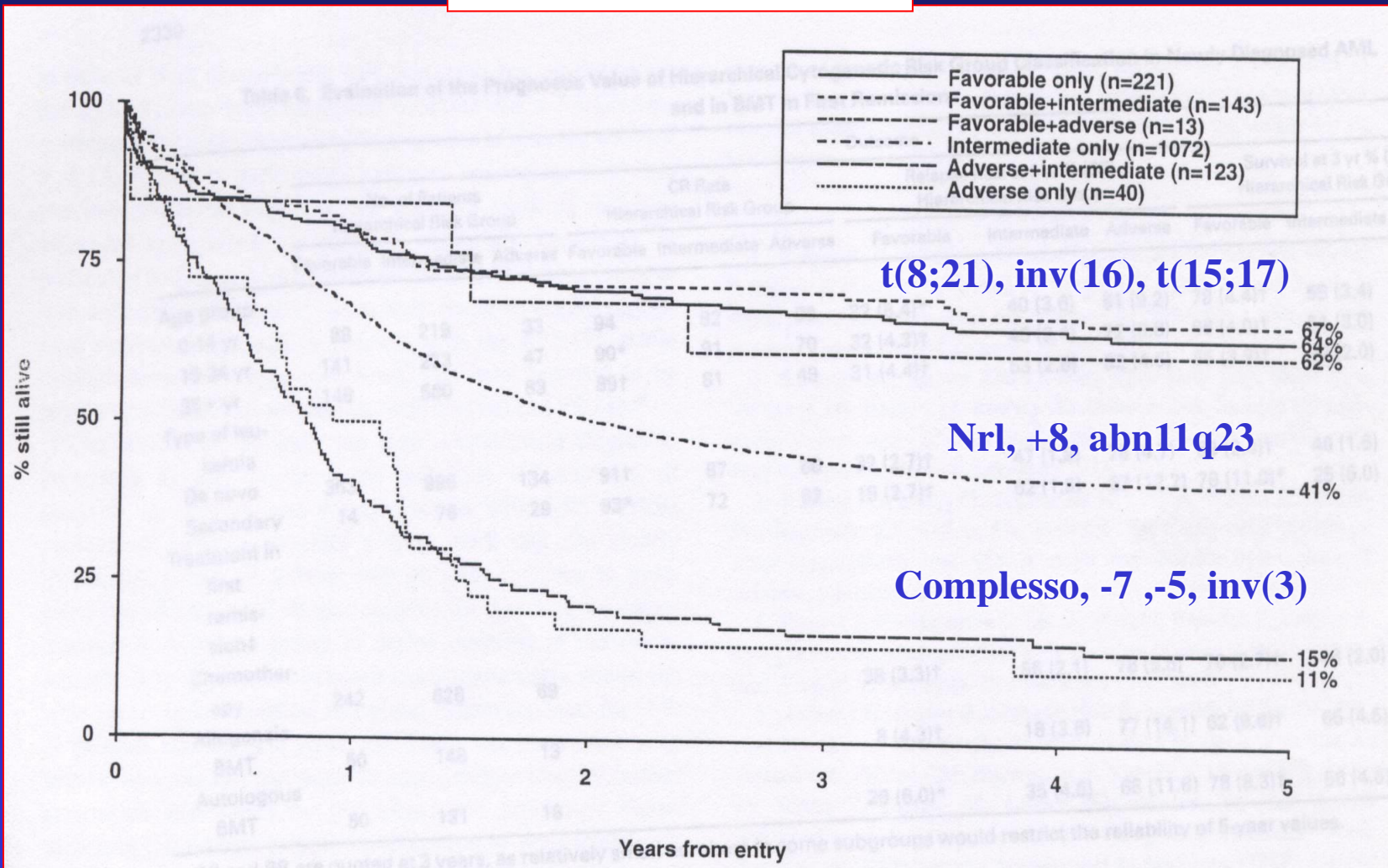


ALTERAZIONI	FAB	FREQUENZA	PREC TERAPIA	PROGNOSI
+8, -5, -7	M1-7 SMD	15-20%	Si	SFAV
del(5q) del(7q) del(29q)	M1-7 SMD	10 – 30%	Sì	SFAV
Cariotipo complesso	M1-7 SMD	5 – 15%	Sì	SFAV
del(12p) del(17p), del(9q)	M1-7 SMD	1 - 5%	Sì	SFAV
+4, +11, +13, +21	M1-7 SMD	1 – 3 %	No	SFAV

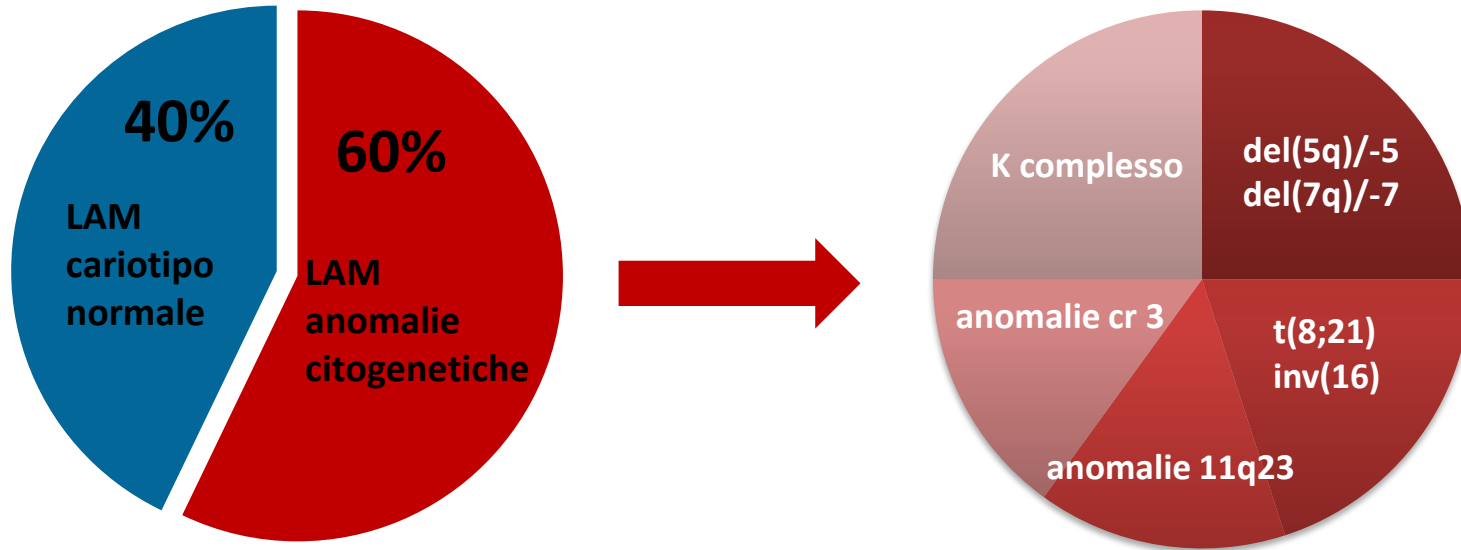
I parametri biologici e la prognosi delle LA

OS 1612 pz < 55 aa

Grimwade et al. Blood 1998



INCIDENZA E RILEVANZA PROGNOSTICA DELLE ALTERAZIONI CITOGENETICHE NELLE LAM



FAVOREVOLE	t(8;21) inv(16) del(16q) t(15;17)
INTERMEDIA	K normale t(9;11)(p22;q23) +8
SFAVOREVOLE	del(5q)/-5 del(7q)/-7 t(9;22) 3q, 9q, 11q, 20q, 21q, 17p t(6;9) K complesso/monosomico

Cariotipo normale-anomalie genetiche

- Flt3 (ITD) → prognosi sfavorevole
- Flt3 mutazione D835 → ?
- NPM1 → prognosi favorevole (40% associato a Flt3(ITD))
- CEBPA (mutazione biallelica) → prognosi favorevole

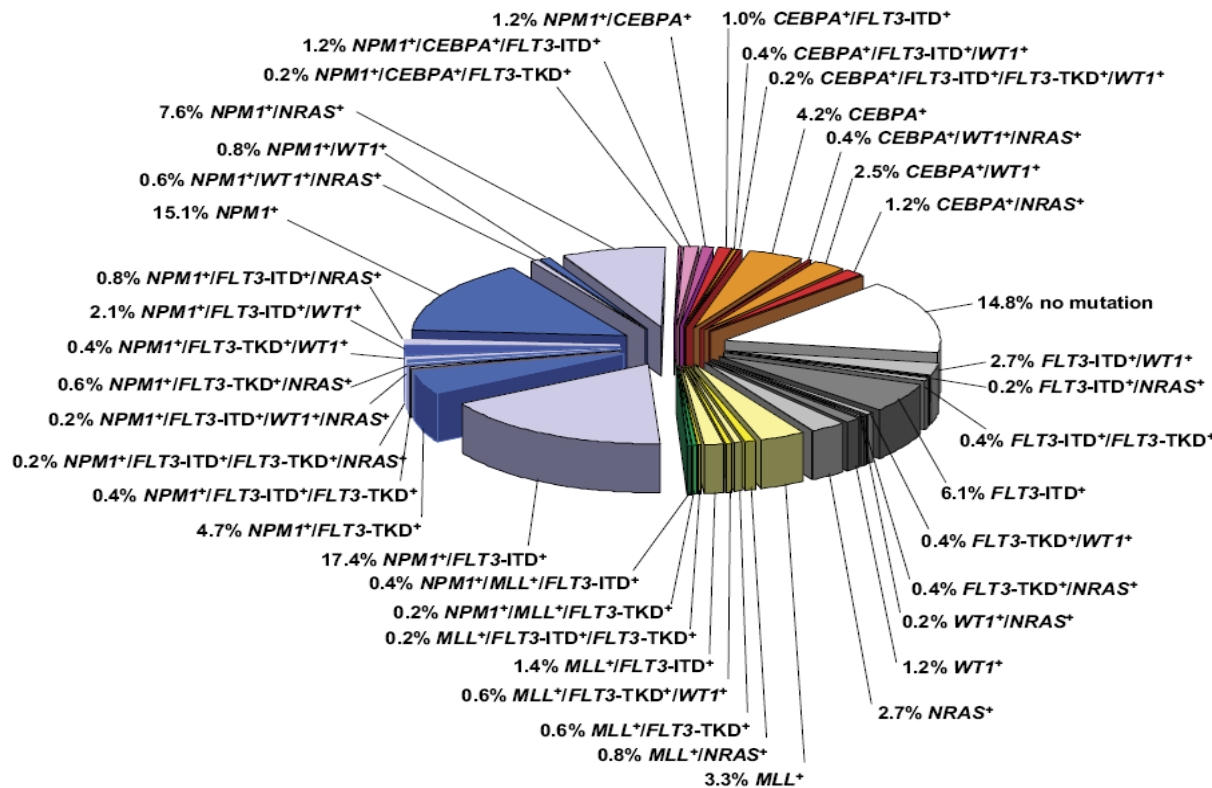
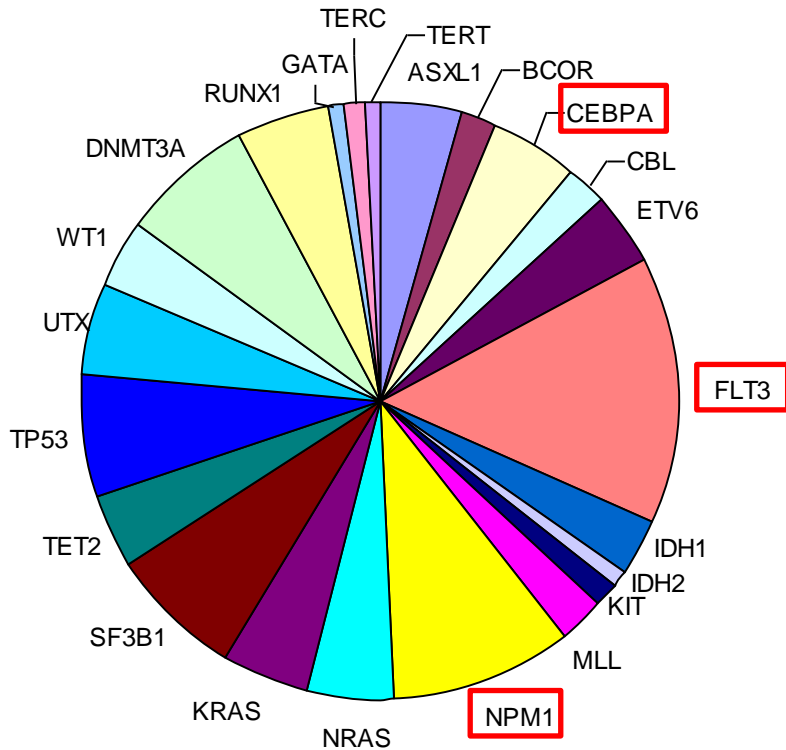


Figure 1. Pie chart illustrating the molecular heterogeneity of cytogenetically normal AML based on mutations in the *NPM1*, *CEBPA*, *MLL*, *FLT3* (ITD and TKD mutations at codons D835 and I836), *NRAS*, and *WT1* genes. The bluish colors denote *NPM1*-mutated subsets, the orange/red colors *CEBPA*-mutated subsets, and the yellow/green colors *MLL*-mutated subsets. The gray colors depict subsets without hypothetical class II mutations, and the white sector shows the subset without any mutation in the above-mentioned genes. Data are derived from mutational analysis of 485 younger adult patients with cytogenetically normal AML from AMLSG.

INCIDENZA E RILEVANZA PROGNOSTICA DELLE ALTERAZIONI MOLECOLARI NELLE LAM



FAVOREVOLE	NPM1 mutato senza FLT3-ITD (cariotipo normale) CEBPα mutato (cariotipo normale)
INTERMEDIA	NPM1 mutato e FLT3-ITD (cariotipo normale) NPM1 <i>wild type</i> e FLT3-ITD (cariotipo normale)
SFAVOREVOLE	NPM1 <i>wild type</i> senza FLT3-ITD (cariotipo normale)

Modificato da Dohner et al, Blood 2010

Citogenetica e alterazioni molecolari

Table 4. Standardized reporting for correlation of cytogenetic and molecular genetic data in AML with clinical data

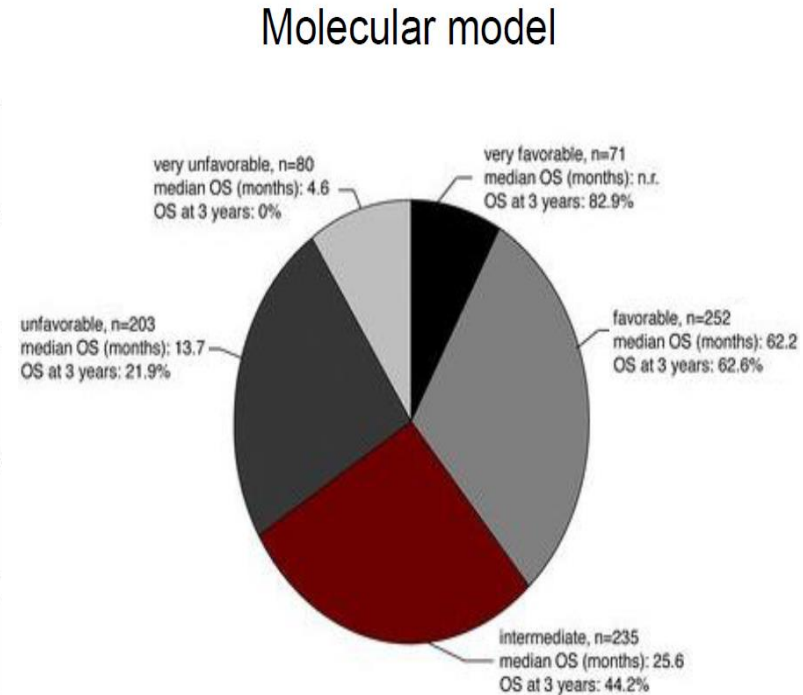
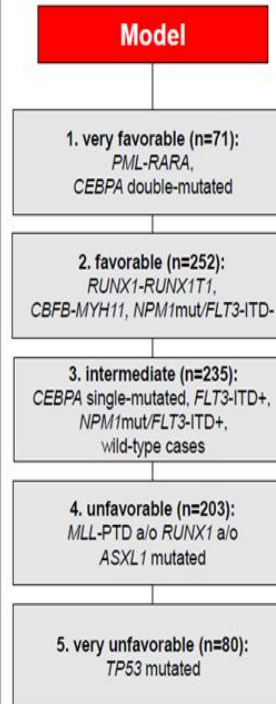
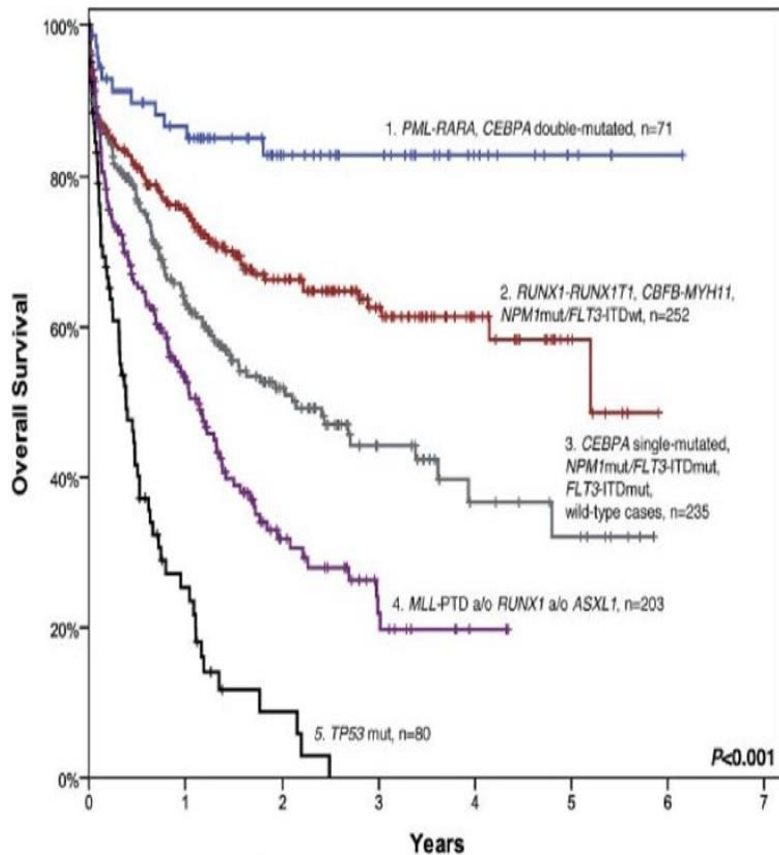
Döhner, Blood 2010; 115:453

Genetic group	Subsets
Favorable 16%	t(8;21)(q22;q22); <i>RUNX1-RUNX1T1</i> inv(16)(p13.1q22) or t(16;16)(p13.1;q22); <i>CBFB-MYH11</i> Mutated <i>NPM1</i> without <i>FLT3</i> -ITD (normal karyotype) Mutated <i>CEBPA</i> (normal karyotype)
Intermediate-I* 39%	Mutated <i>NPM1</i> and <i>FLT3</i> -ITD (normal karyotype) Wild-type <i>NPM1</i> and <i>FLT3</i> -ITD (normal karyotype) Wild-type <i>NPM1</i> without <i>FLT3</i> -ITD (normal karyotype)
Intermediate-II 20%	t(9;11)(p22;q23); <i>MLL3-MLL</i> Cytogenetic abnormalities not classified as favorable or adverse†
Adverse 25%	inv(3)(q21q26.2) or t(3;3)(q21;q26.2); <i>RPN1-EVI1</i> t(6;9)(p23;q34); <i>DEK-NUP214</i> t(v;11)(v;q23); <i>MLL</i> rearranged −5 or del(5q); −7; abnl(17p); complex karyotype‡

Cariotipo complesso: 3 o più anomalie cromosomiche in assenza di t(15;17), inv(16) o t(16;16), t(8;21)

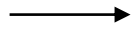
Cariotipo monosomiale: ≥2 monosomie (escluse −X e −Y) o 1 monosomia associata ad un'altra anomalia cromosomica strutturale

STRATIFICAZIONE DEL RISCHIO MOLECOLARE

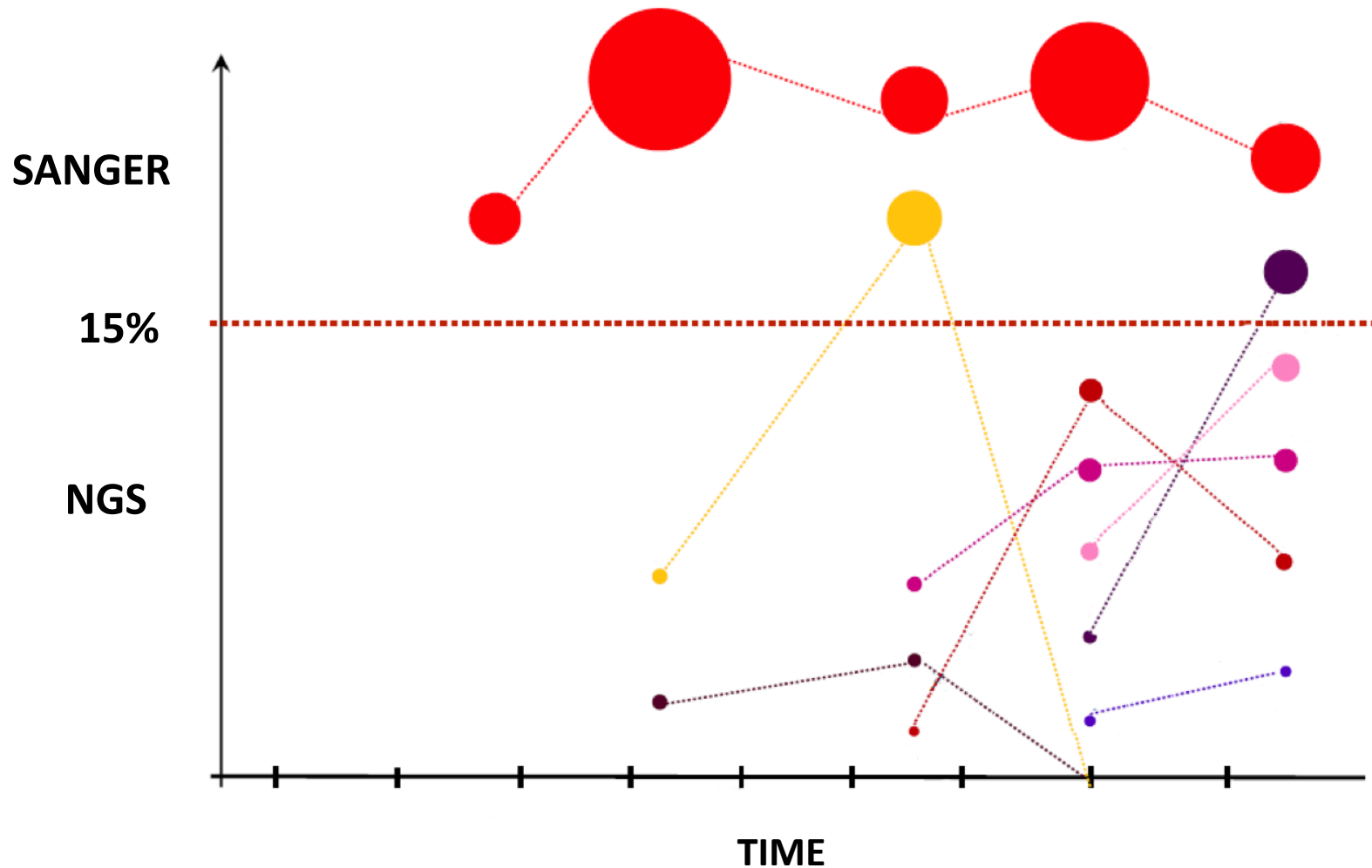


SENSIBILITÀ DELLE TECNICHE DIAGNOSTICHE CONVENZIONALI

**Limite di
sensibilità della
metodica Sanger**



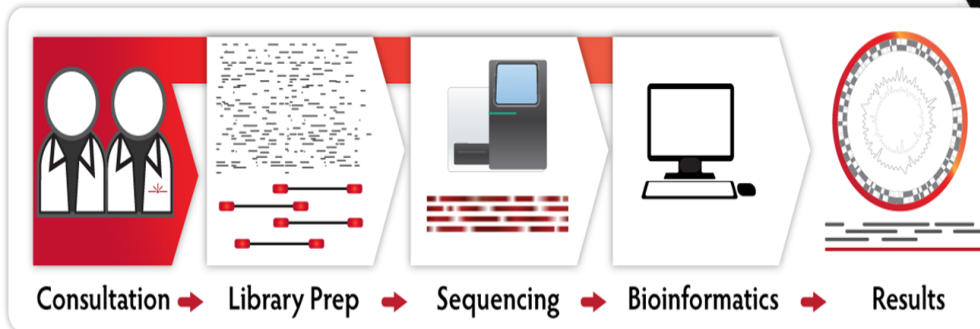
IL PROBLEMA DELLA SENSIBILITÀ



NEXT GENERATION SEQUENCING (NGS)

Tecnologia che consente di sequenziare milioni di frammenti di DNA in parallelo e in modo rapido (high-throughput).

- Sensibilità elevata (2%)
- Analisi di ampie regioni dei geni target
- Detection contemporanea di più mutazioni
- Capacità di discovery di nuove mutazioni

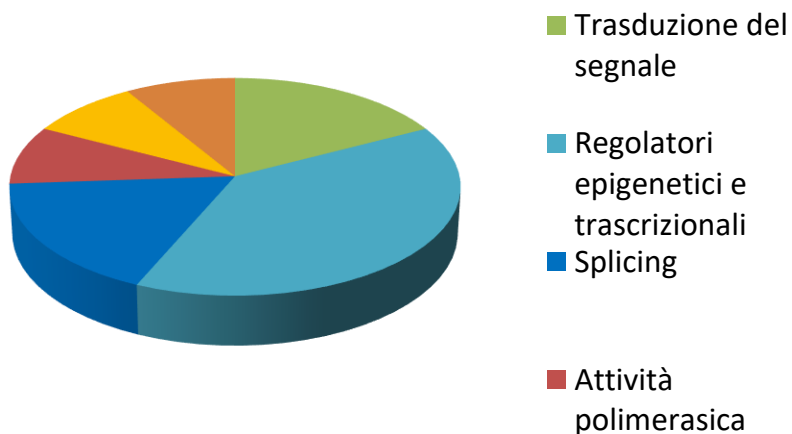


GENE PANEL DEEP SEQUENCING (GPDS)

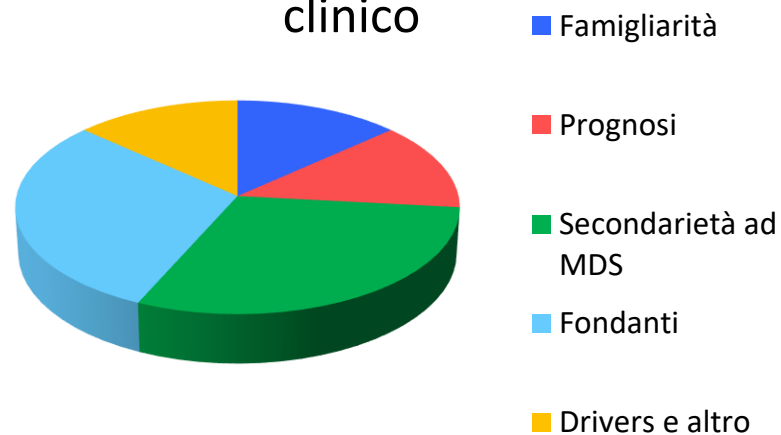
I geni inclusi
nell'analisi erano:

FLT3	TET2	RUNX1	TP53	ASXL1	BCOR	EZH2	DNMT3A	SF3B1
KRAS	NRAS	SRSF2	IDH1	IDH2	KMT2A	DDX41	ZRSR2	ETV6
CBL	NPM1	GATA2	TERT	TERC	CEBPA	U2AF1	ANKRD26	SRP72

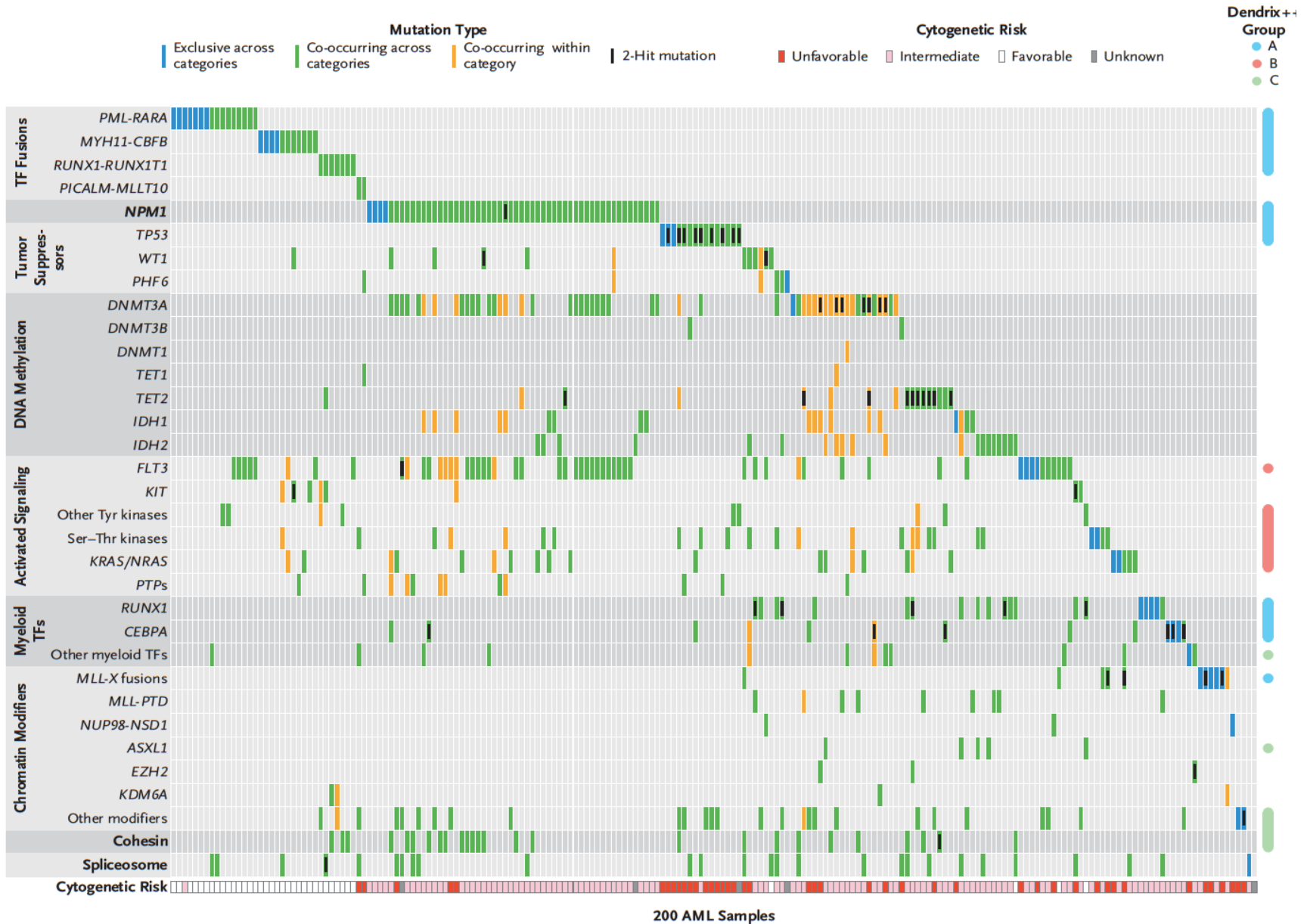
Geni suddivisi in base alla funzione
biologica



Geni suddivisi in base all'impatto
clinico



COMPLESSITÀ GENOMICA DELLE LAM



Acute myeloid leukemia and related precursor neoplasms, and acute leukemias of ambiguous lineage (WHO 2008)

Acute myeloid leukemia with recurrent genetic abnormalities

- AML with t(8;21)(q22;q22); *RUNX1-RUNX1T1*
- AML with inv(16)(p13.1q22) or t(16;16)(p13.1;q22); *CBFB-MYH11*
- APL with t(15;17)(q22;q12); *PML-RARA**
- AML with t(9;11)(p22;q23); *MLLT3-MLL†*
- AML with t(6;9)(p23;q34); *DEK-NUP214*
- AML with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); *RPN1-EVI1*
- AML (megakaryoblastic) with t(1;22)(p13;q13); *RBM15-MKL1*
- Provisional entity: AML with mutated *NPM1*
- Provisional entity: AML with mutated *CEBPA*

Acute myeloid leukemia with myelodysplasia-related changes‡

Therapy-related myeloid neoplasms§

Acute myeloid leukemia, not otherwise specified (NOS)

- Acute myeloid leukemia with minimal differentiation
- Acute myeloid leukemia without maturation
- Acute myeloid leukemia with maturation
- Acute myelomonocytic leukemia
- Acute monoblastic/monocytic leukemia
- Acute erythroid leukemia
 - Pure erythroid leukemia
 - Erythroleukemia, erythroid/myeloid
- Acute megakaryoblastic leukemia
- Acute basophilic leukemia
- Acute panmyelosis with myelofibrosis (syn.: acute myelofibrosis; acute myelosclerosis)

Myeloid sarcoma (syn.: extramedullary myeloid tumor; granulocytic sarcoma; chloroma)

Myeloid proliferations related to Down syndrome

- Transient abnormal myelopoiesis (syn.: transient myeloproliferative disorder)
- Myeloid leukemia associated with Down syndrome

Blastic plasmacytoid dendritic cell neoplasm

Acute leukemias of ambiguous lineage

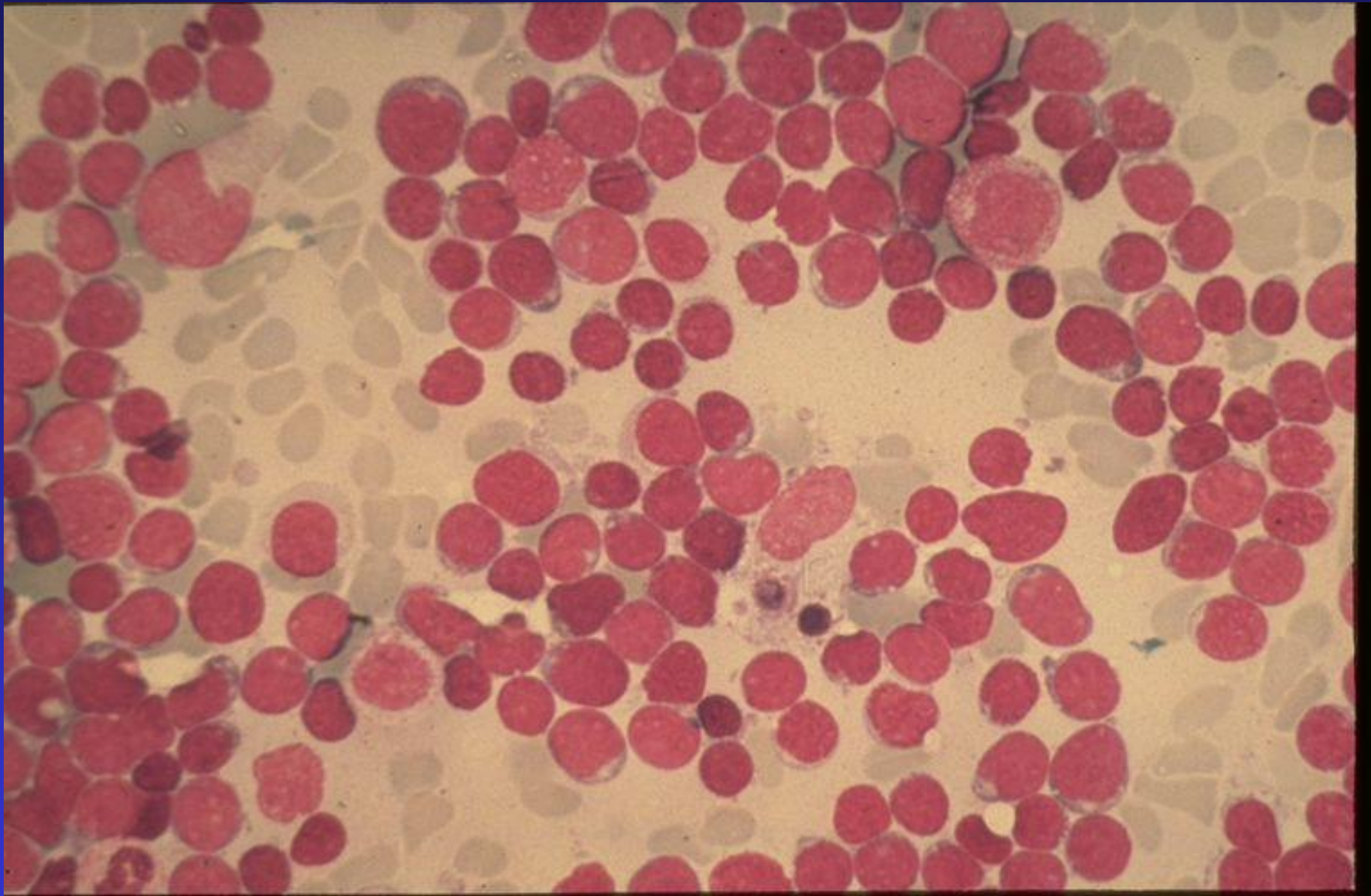
- Acute undifferentiated leukemia
- Mixed phenotype acute leukemia with t(9;22)(q34;q11.2); *BCR-ABL1*||
- Mixed phenotype acute leukemia with t(v;11q23); *MLL* rearranged
- Mixed phenotype acute leukemia, B/myeloid, NOS
- Mixed phenotype acute leukemia, T/myeloid, NOS
- Provisional entity: Natural killer (NK)-cell lymphoblastic leukemia/lymphoma

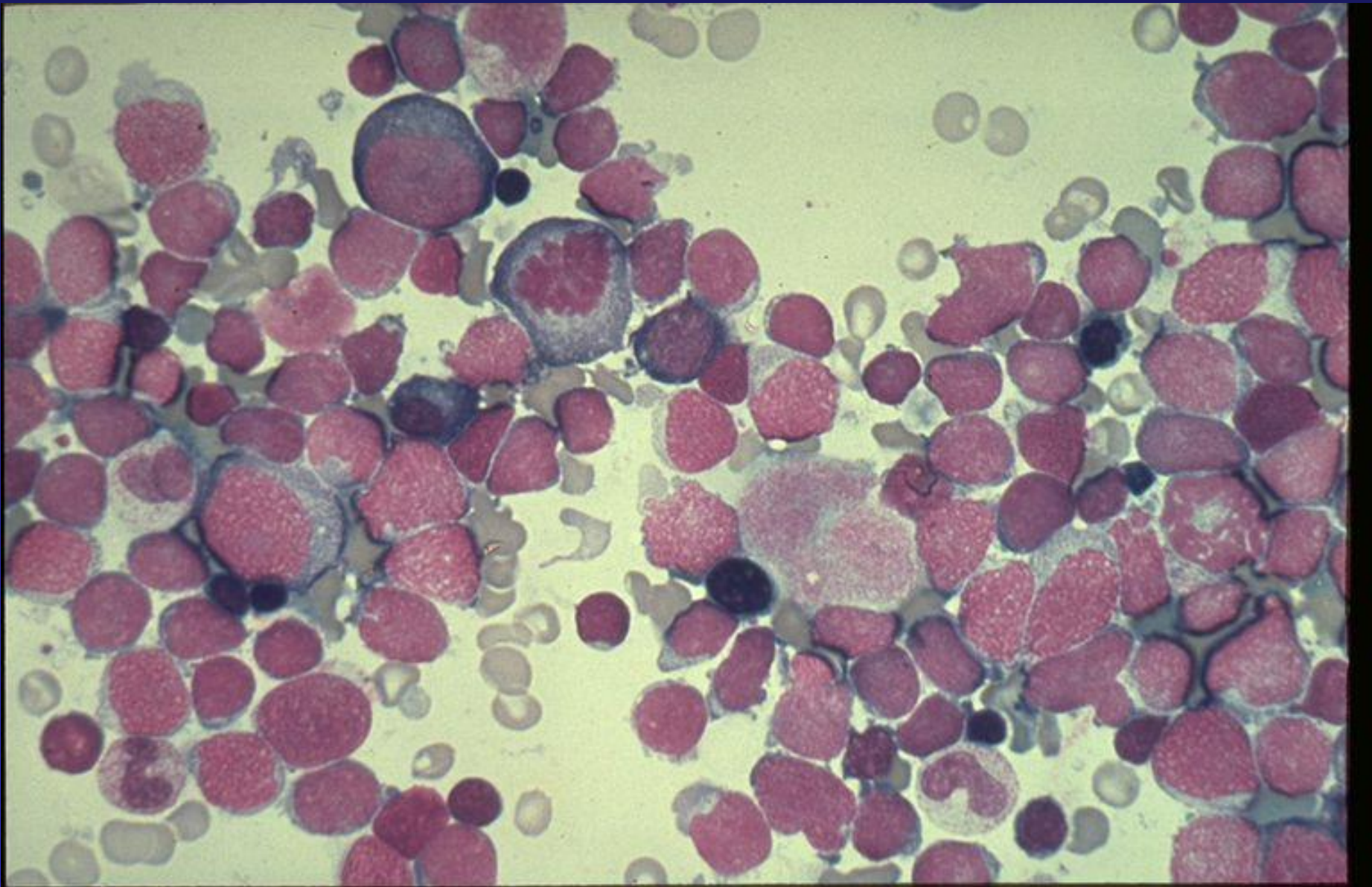
Leucemia Acuta Mieloide – Fattori di Rischio

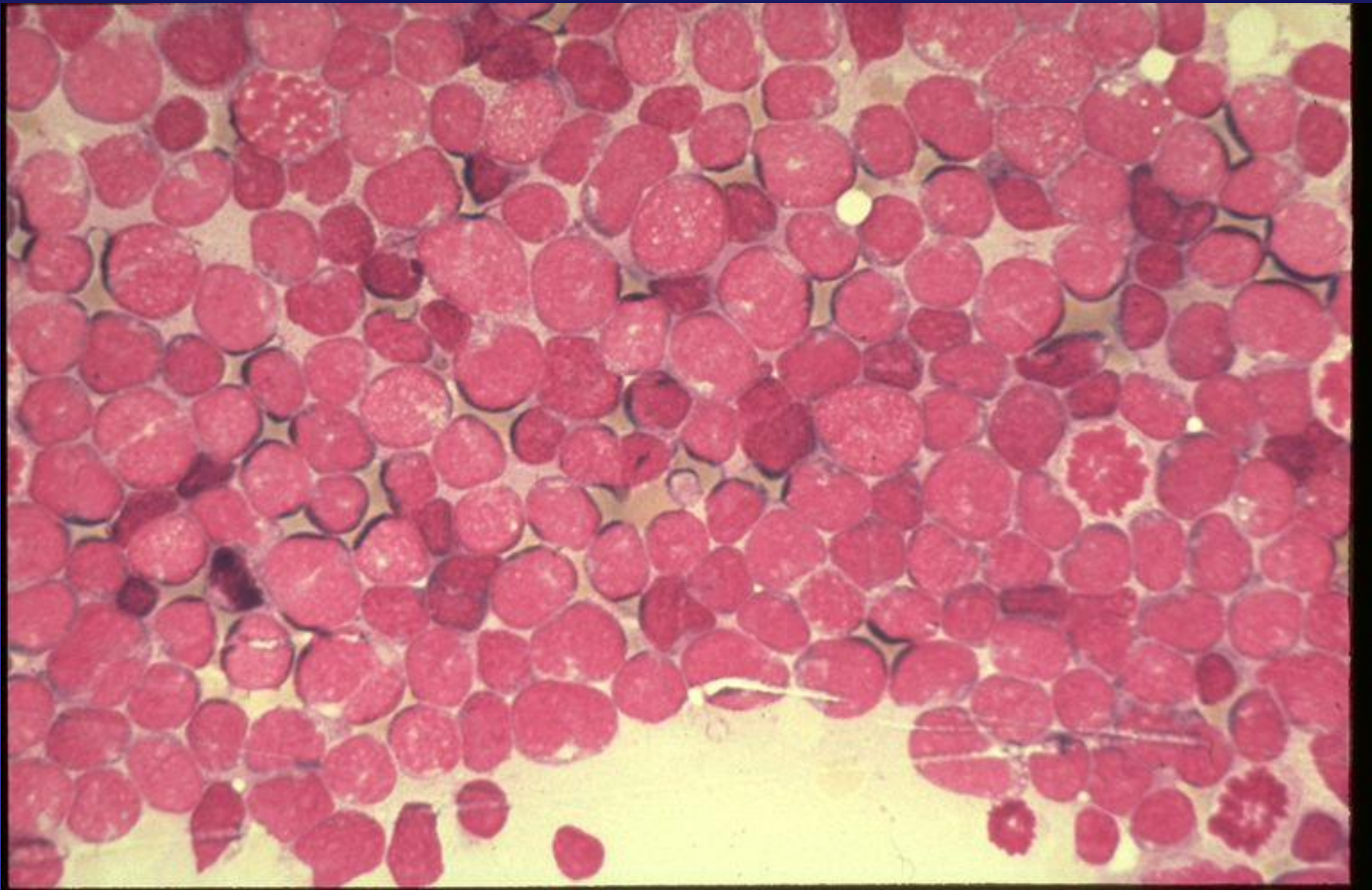
- **Età > 60 aa**
- **LAM sec. a Mielodisplasia**
- **Anomalie del Cariotipo:**
 - ad eccezione di:
 - t(15;17)
 - inv(16) (?)
 - t(8;21) (?)
- **MDR + (Pgp)**
- **Leucocitosi > 30 x 10⁹/L**

**ALTO
RISCHIO**

nUOVA who 206 E NUOVA eln 2022







CASO AP, 3/8/1983

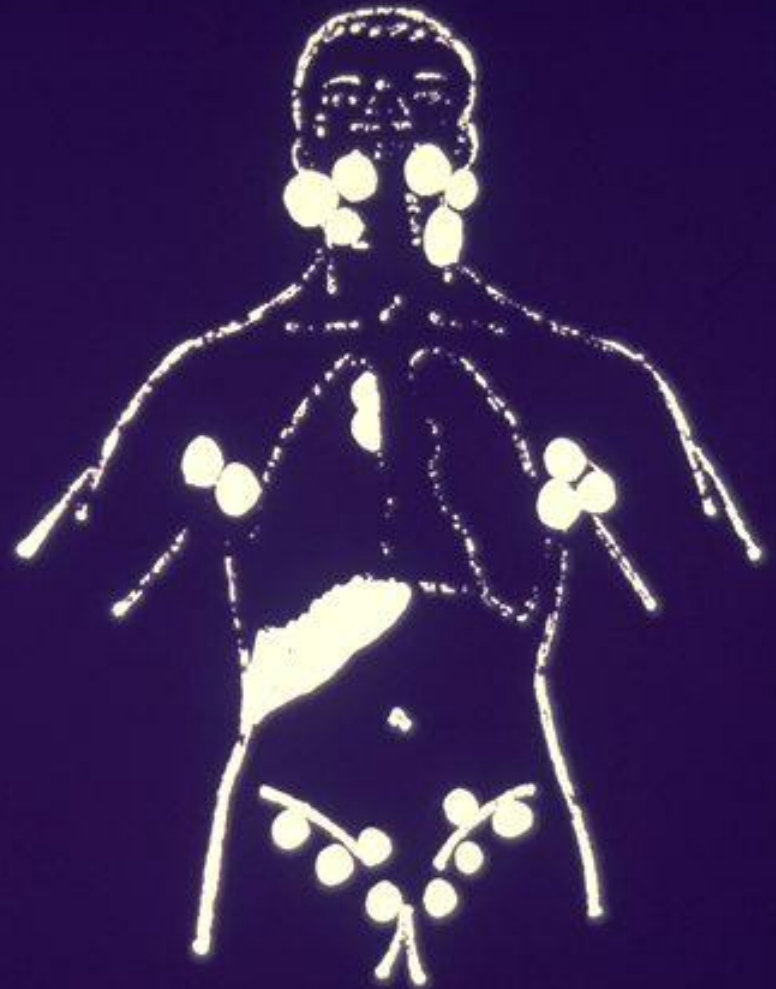
LEUCOCITI 11500/ μ L

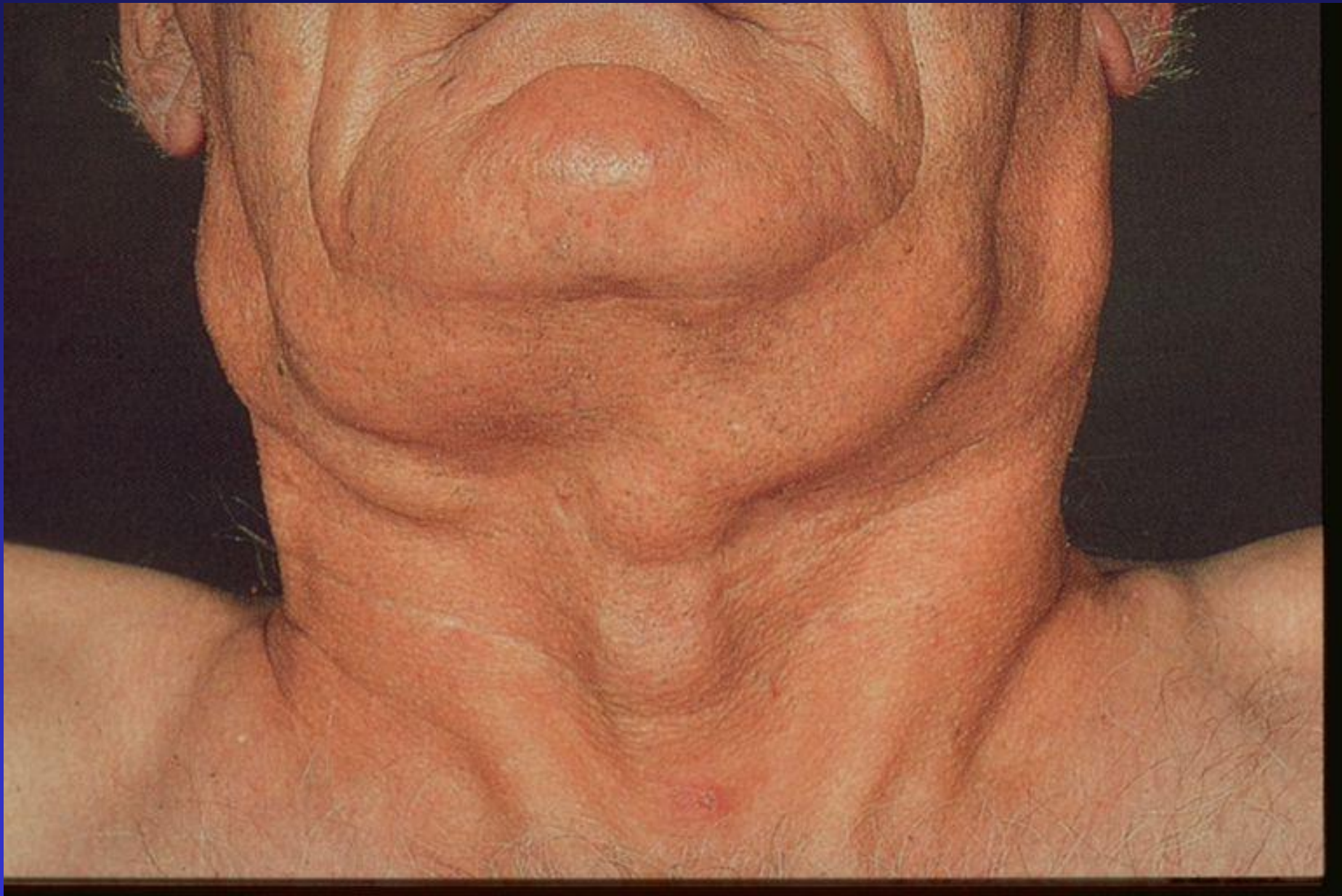
CON 33 % BLASTI

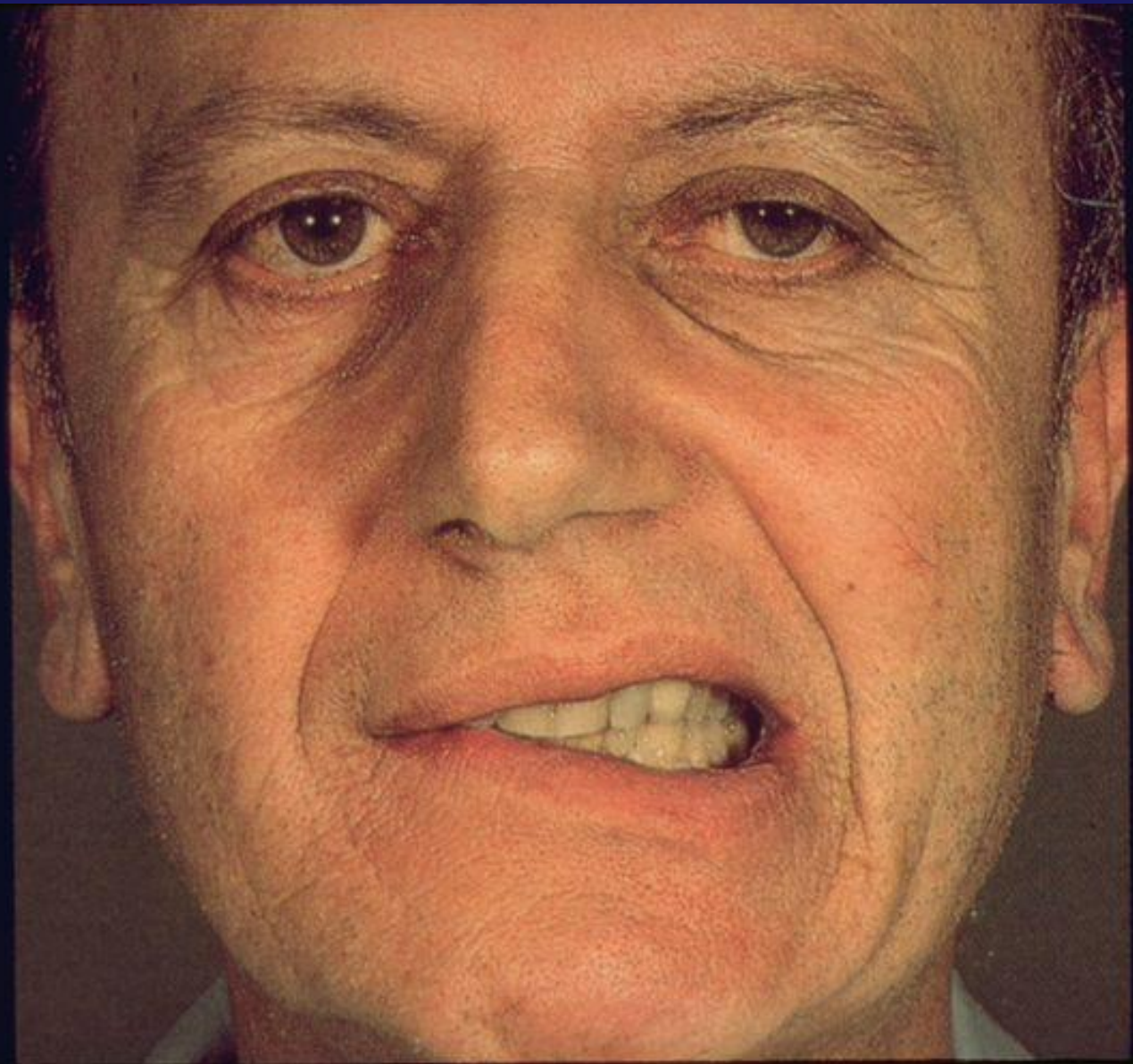
LINFOIDI

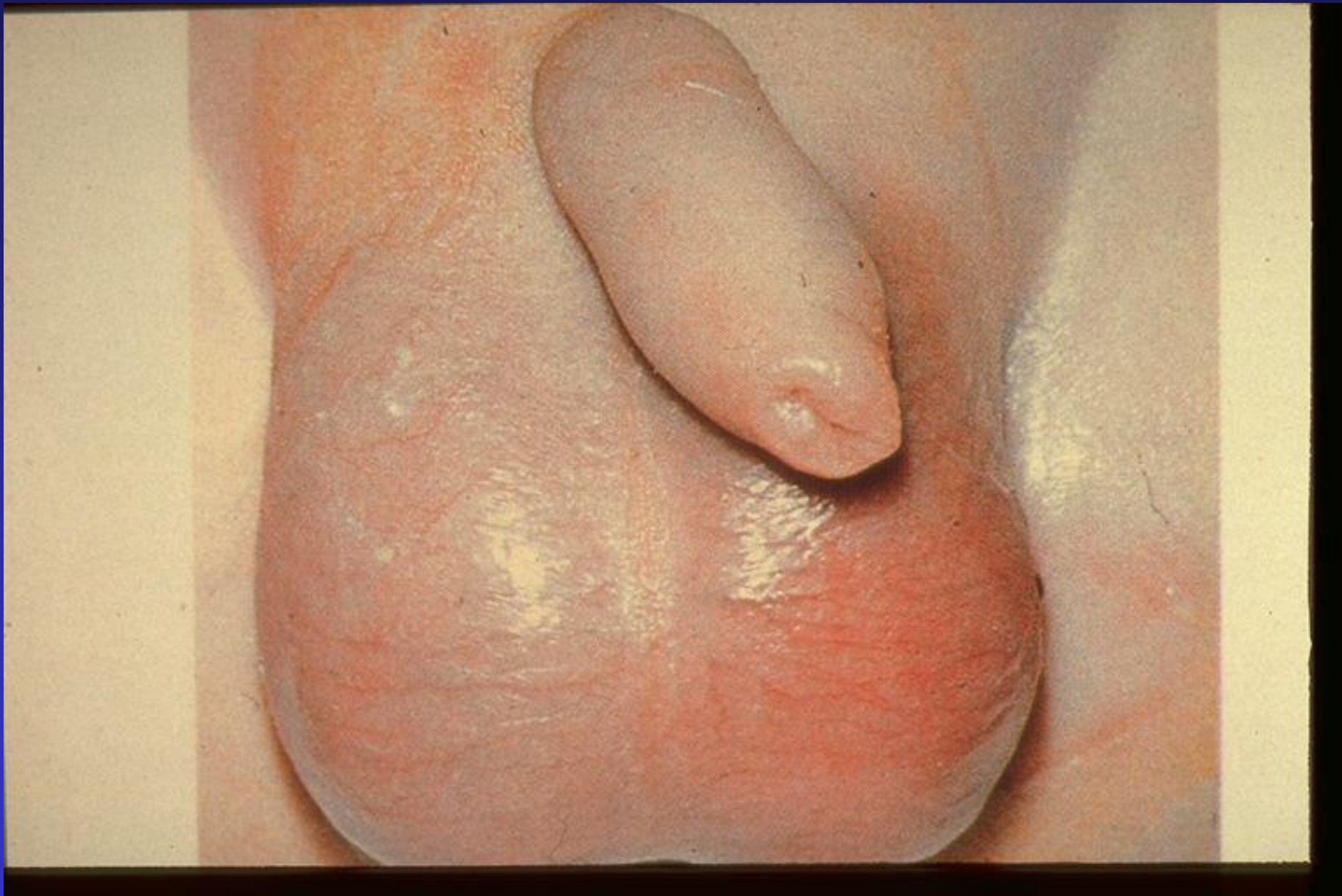
VES 81 MM

LDH 833









Tdt¹ → Pre-B → Early B → Mature B

heavy chain gene rearranged

x light chain gene rearranged

l light chain gene rearranged

TdT

HLA-DR

Cyt m

SIg

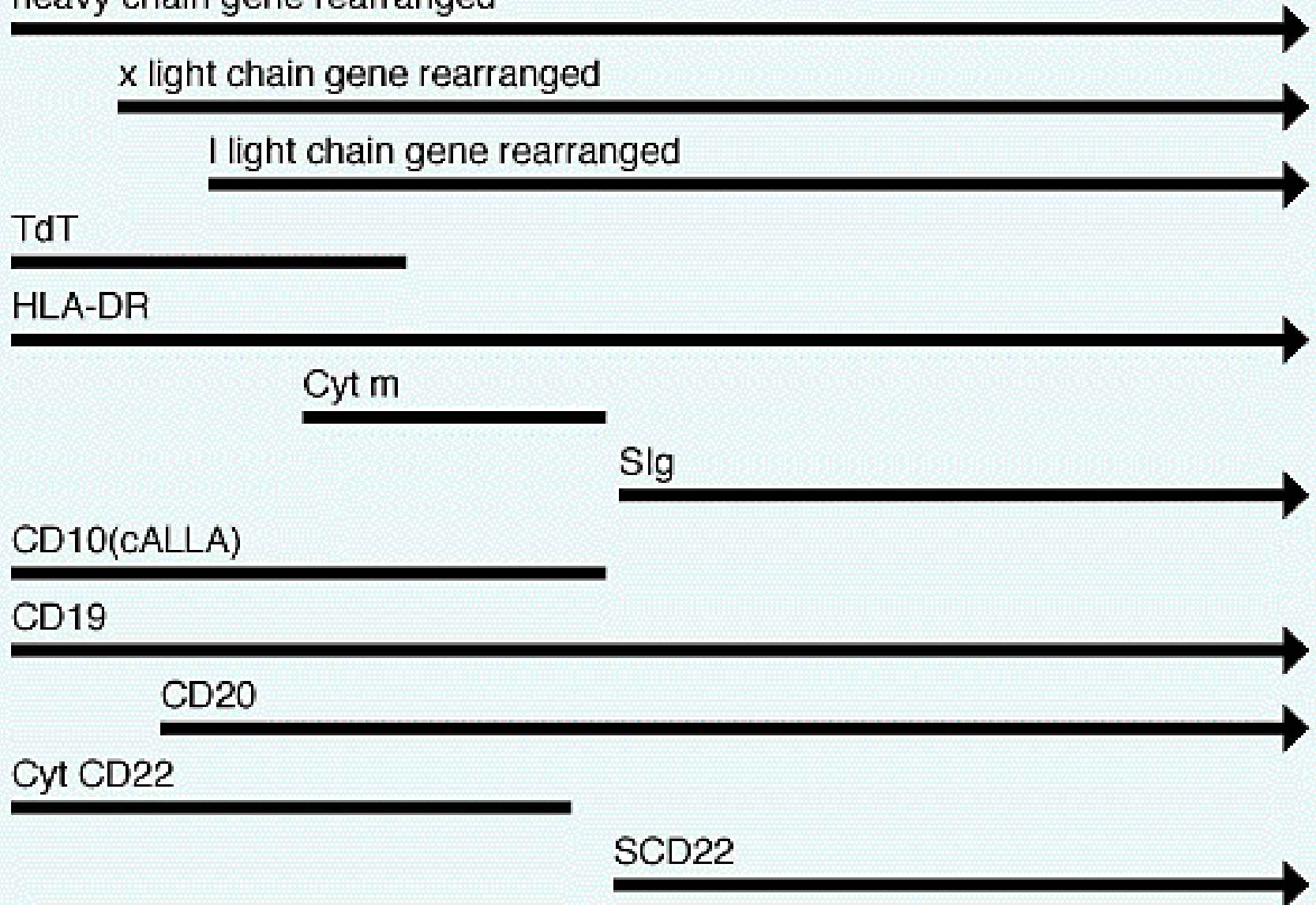
CD10(cALLA)

CD19

CD20

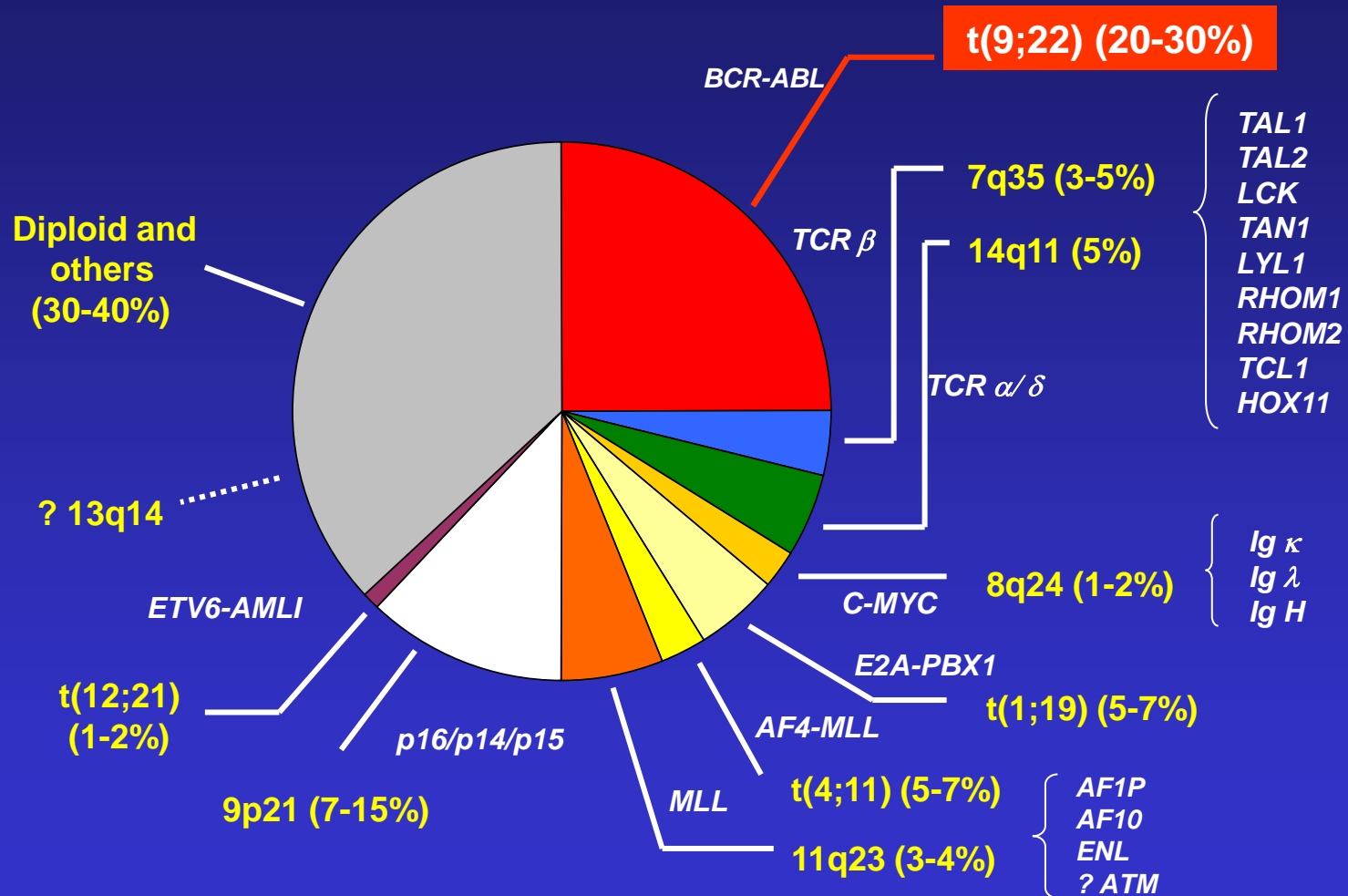
Cyt CD22

SCD22



Marcatori immunologici e riarrangiamenti genici nella leucemia acuta				
	LAL Linea B	LAL-B	LAL-T	LAM
Cellula staminale				
Deossinucleotidil transferasi terminale (TdT)	+	-	+	-
HLA-DR	+	+	-	±
CD34	±	-	-	±
Associati alla cellula B				
CD10	+ (in pro-B)	±	-	-
CD19 (m)	+	+	-	-
CD20	+	+	-	-
cCD22	+	+	-	-
CD79a (cit)	+	+	-	-
catena μ ... (cit)	+ (pro-B)	+	-	-
Smlg	-	+	-	-
Associati alla cellula T				
CD2	-	-	+ (- in met)	-
cCD3	-	-	+	-
CD5	-	-	+	-
CD7	-	-	+	-
Associati alla linea mieloide/monocitica				
Anti-MPO	-	-	-	+
CD11	-	-	-	+
CD13	-	-	-	+
CD14	-	-	-	+ (soprattutto M_4, M_5)
CD33	-	-	-	+
Megacarioblastico (gpIIb/IIIa piastrinico)	-	-	-	+ (M_7)
CD41				
CD42		-		
CD61	-	-	-	+ (M_9)
Glicoforina A (gp 41)		-		
Geni delle immunoglobuline	Riarrangiato	Riarrangiato	Linea germinale o riarrangiato	Linea germinale
Geni per il recettore T	Linea germinale o riarrangiato	Linea germinale	Riarrangiato	Linea germinale

Cytogeneic Abnormalities in Adult ALL



CONFRONTI FRA BAMBINI E ADULTI

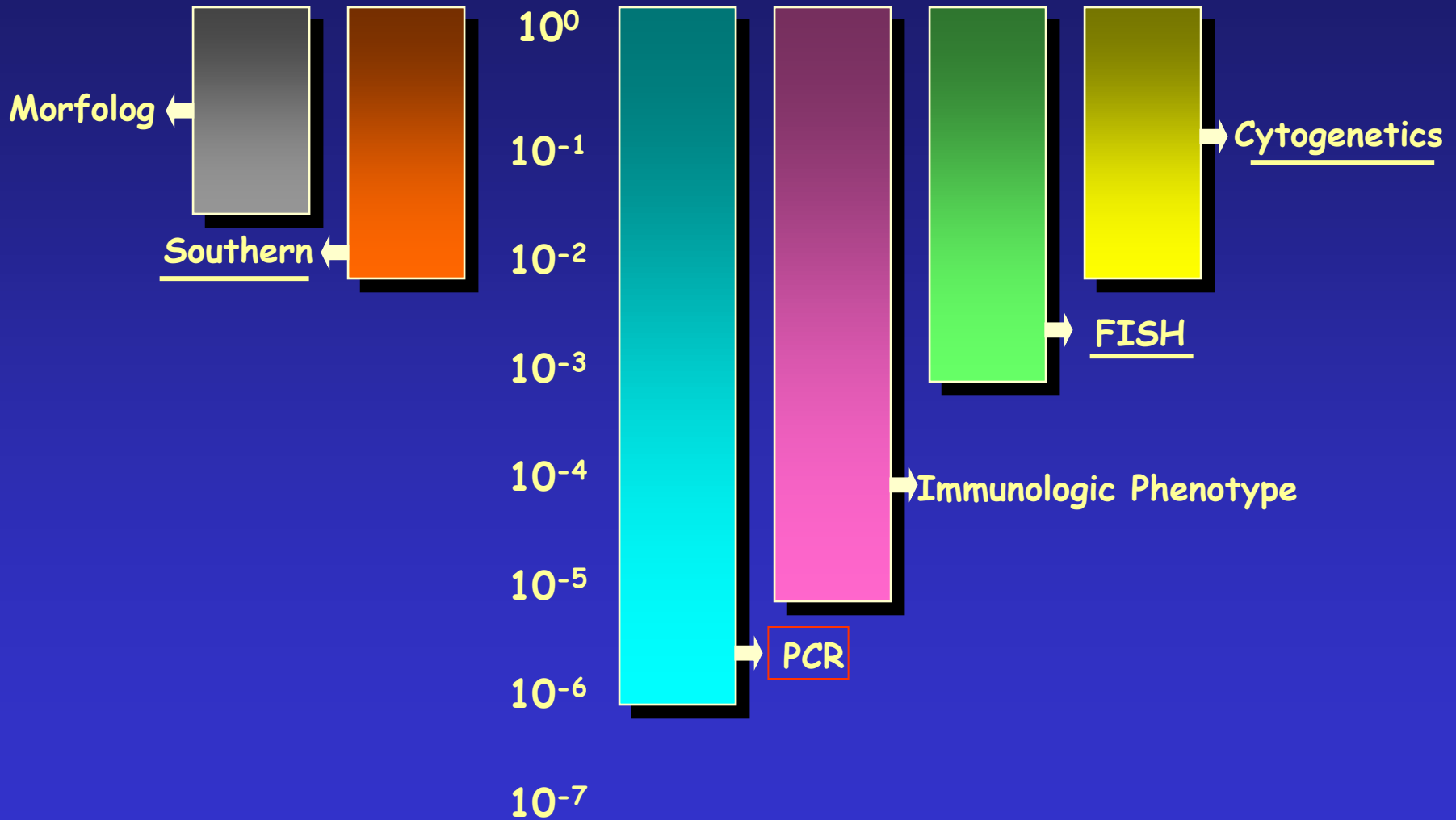
	<i>Bambini</i>	<i>Adulti</i>
Remissioni complete	95%	80%
Lunghi sopravvivenenti	> 70-80%	20%
Citotipi prevalenti	L1	L2
Immunofenotipi prevalenti	pre-B-comune	nessuno
Immunofenotipi ibridi	rari	frequenti
Cariotipo t(9.;22) (Ph+)	raro	frequente

Leucemia Acuta Linfoide – Fattori di Rischio

- **Età > 15 aa var. continua**
- **Interessamento SNC**
- **Anomalie del Cariotipo:**
- **Fenotipo T / B maturo**
- **MDR + (Pgp)**
- **Leucocitosi > 30 x 10⁹/L**

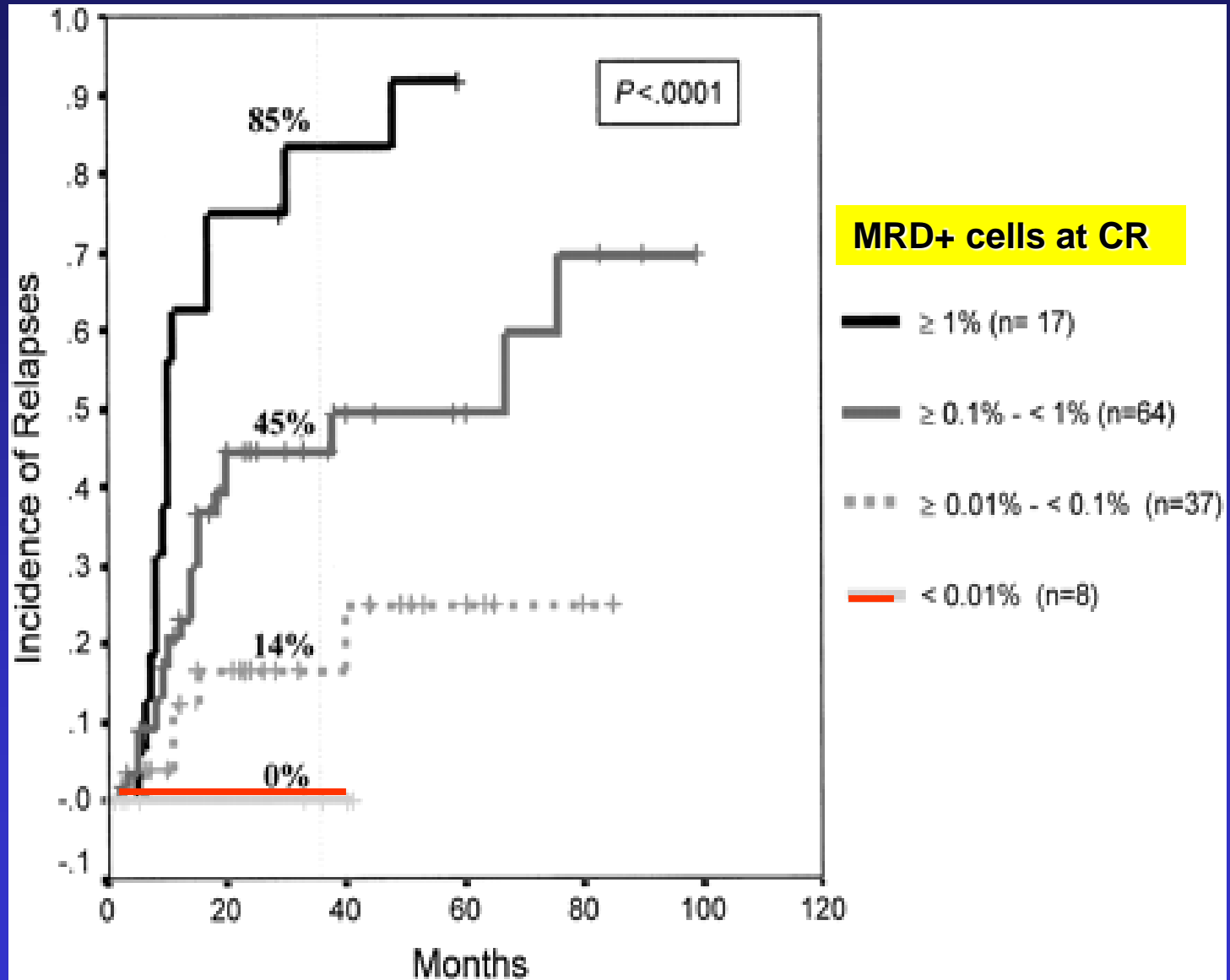
**ALTO
RISCHIO**

METHODS TO DETECT MRD.



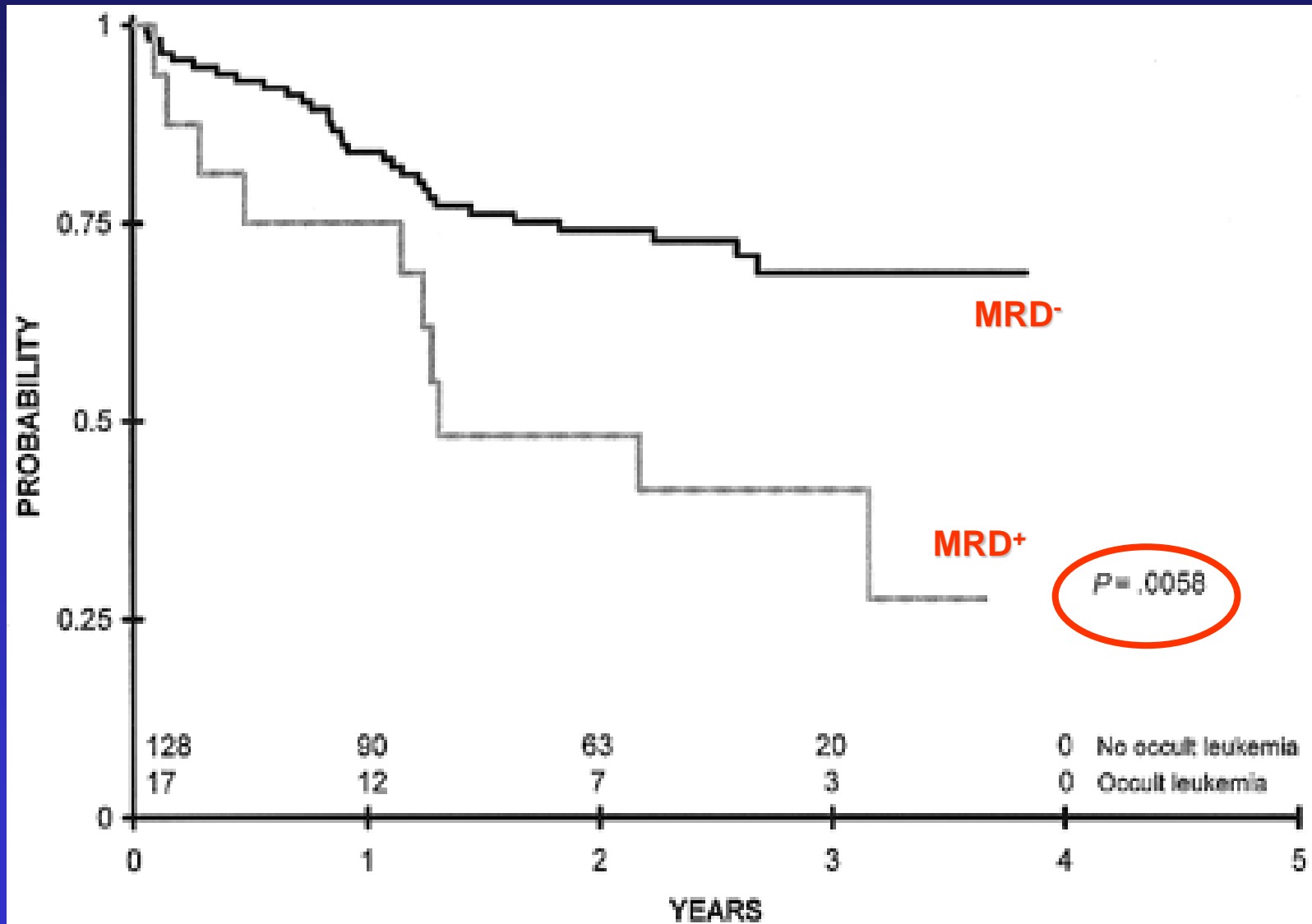
LAM: MMR ed incidenza di ricaduta

San Miguel, Blood 2001



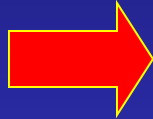
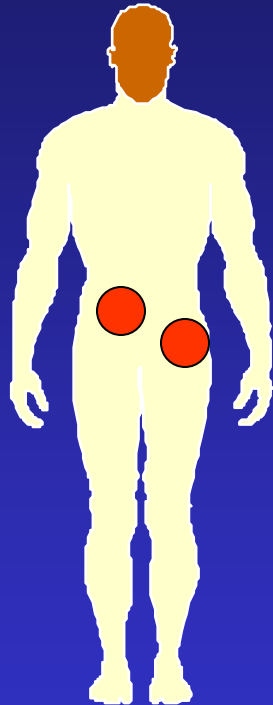
LAM: MMR e sopravvivenza

Sievers Blood 2003

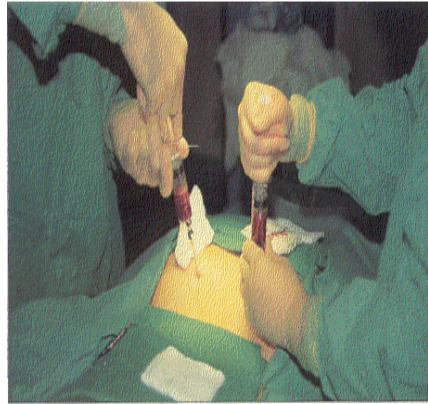


Trapianto di CS Autologhe

RC



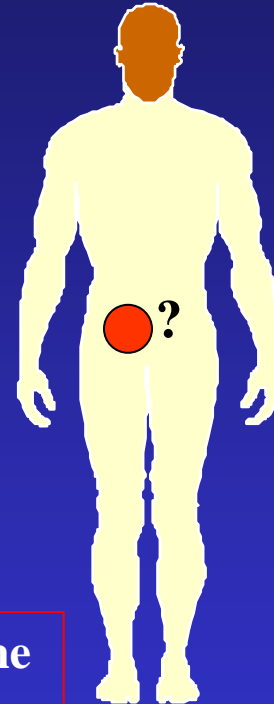
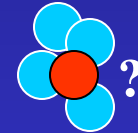
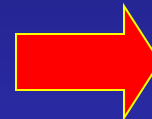
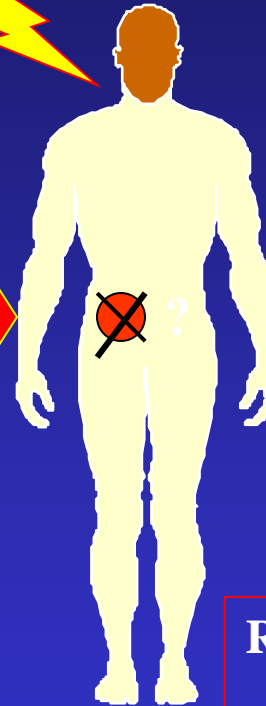
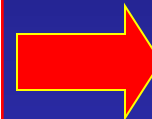
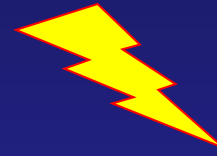
RACCOLTA DI CELLULE STAMINALI DA MIDOLLO OSSEO



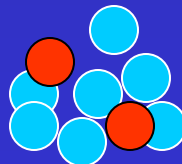
RACCOLTA DI CELLULE STAMINALI DA SANGUE PERIFERICO



Condizionamento
Tx_



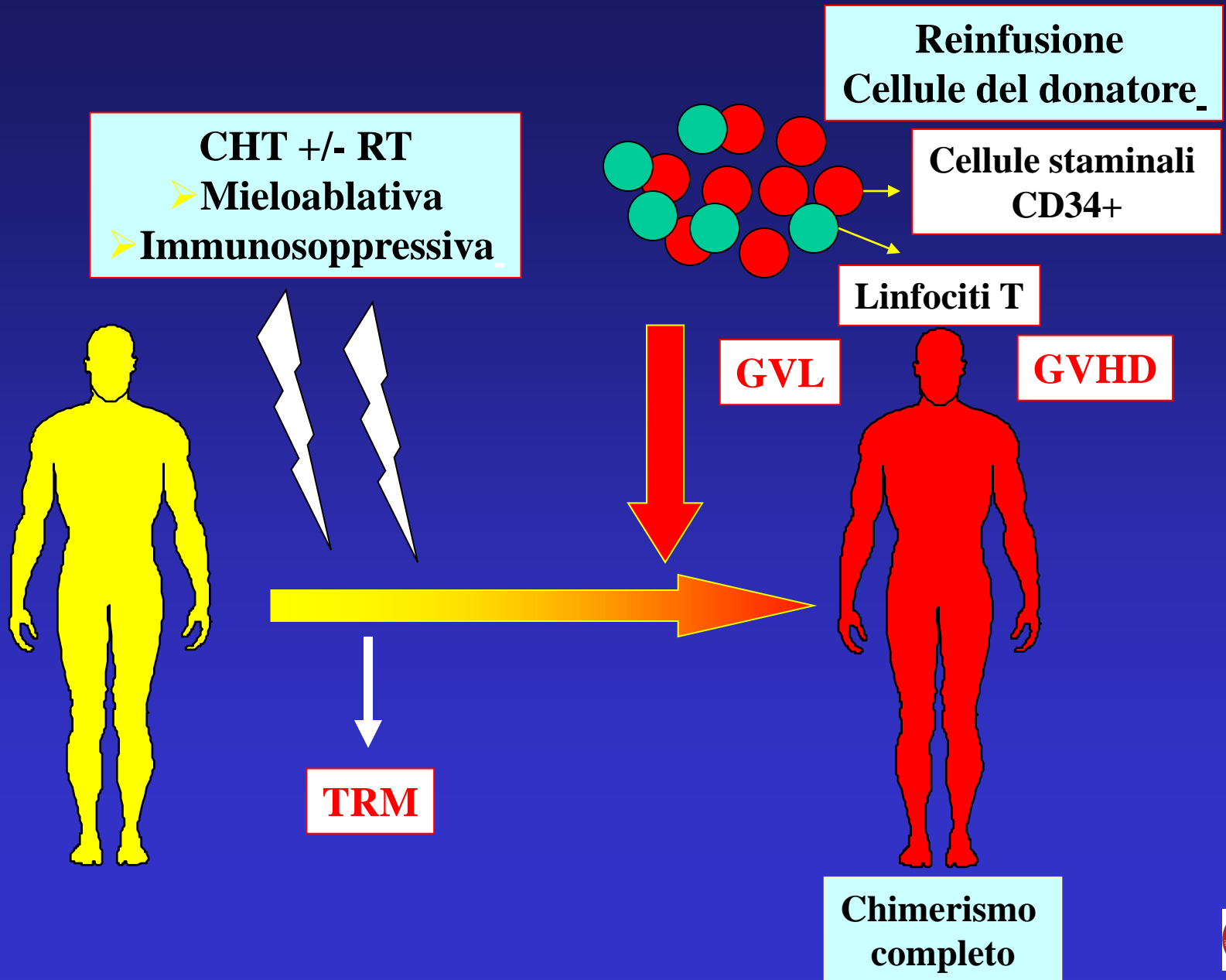
Reinfusione
CD34+_



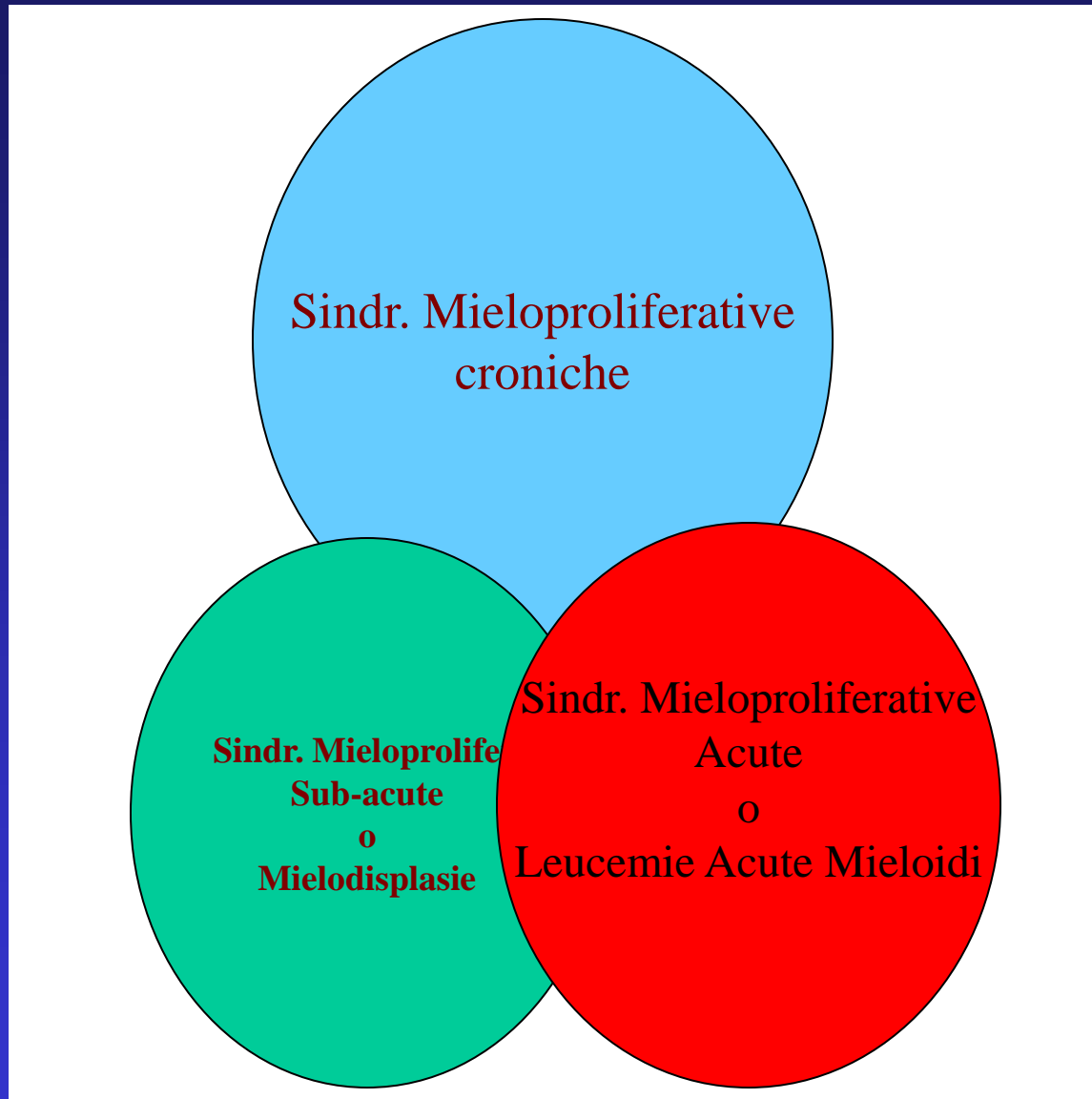
Schema della terapia delle leucemie acute e della sua azione sulla proliferazione cellulare leucemica



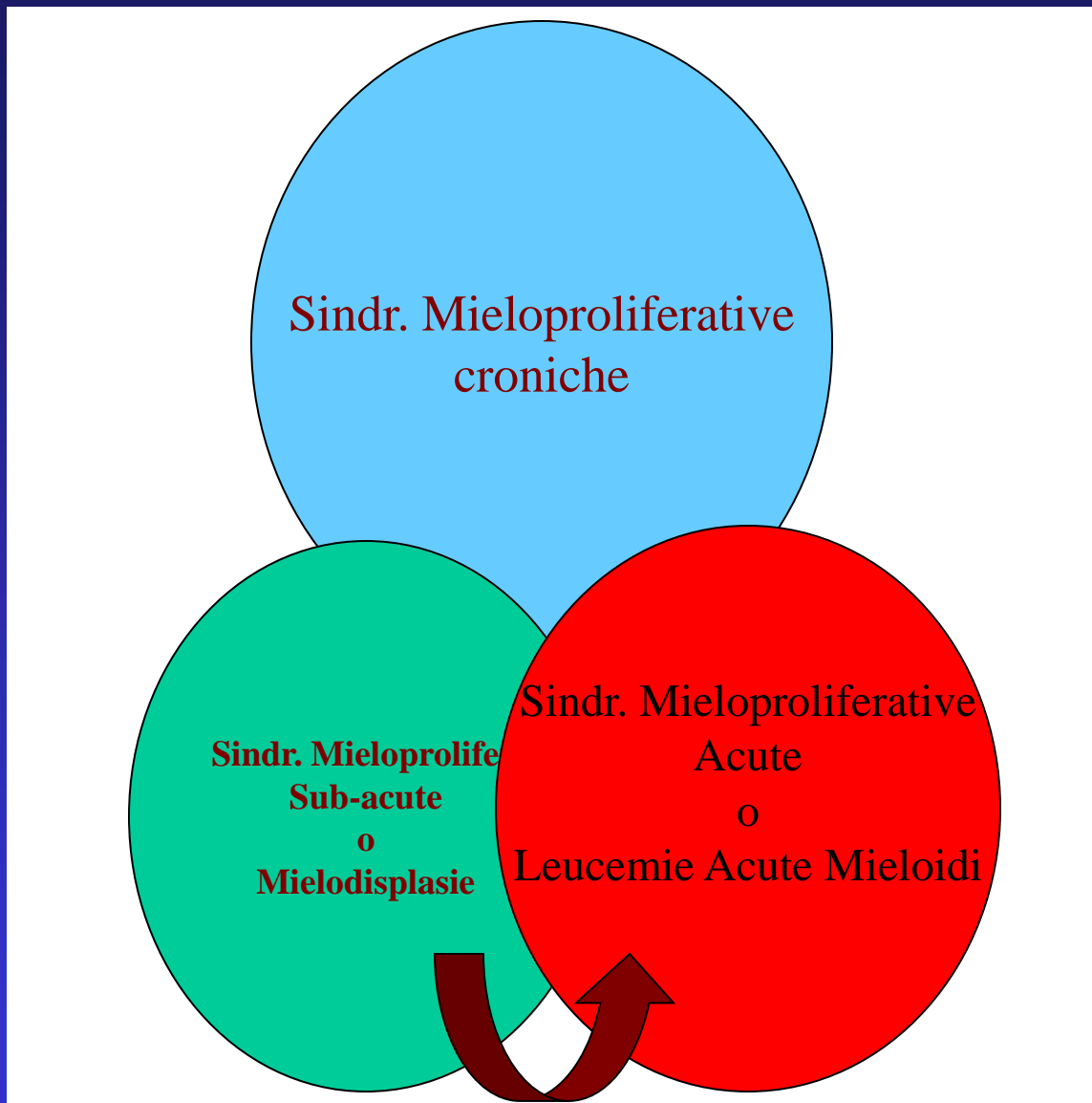
Trapianto di CS Allogeniche



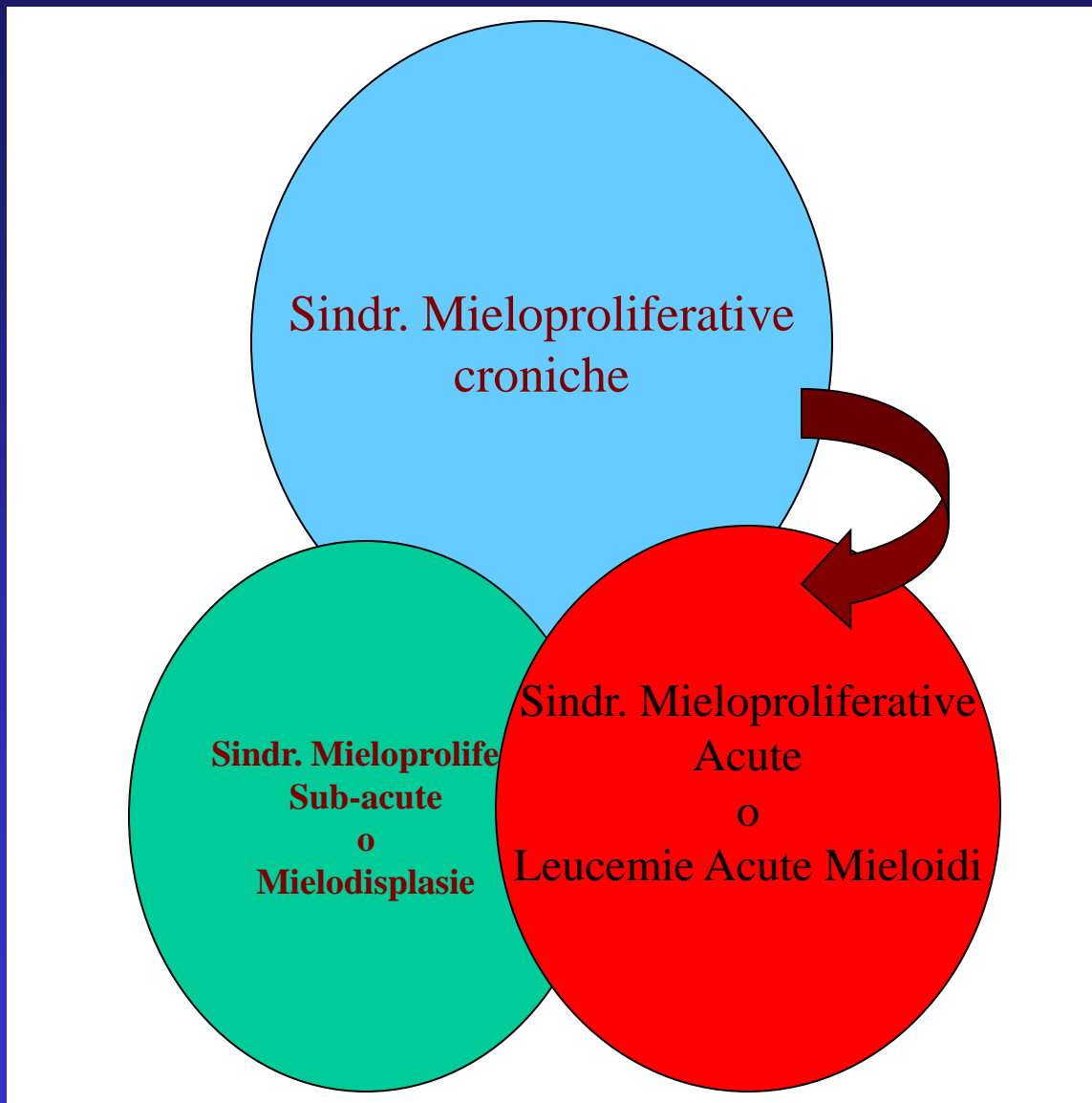
Sindromi Mieloproliferative



Sindromi Mieloproliferative



Sindromi Mieloproliferative



**SCHEMA DI CLASSIFICAZIONE
DELLE LEUCEMIE MIELOIDI
O SINDROMI MIELOPROLIFERATIVE**

ACUTE	SUBACUTE	CRONICHE
Leucemie acute mieloidi	Sindromi mielodisplastiche	Leucemia mielolde cronica
M1 (mieloblastica senza maturazione)	Anemia refrattaria (AR) con sideroblasti a corolla	Mielofibrosi con metaplasia mielolde splenoepatca
M2 (mieloblastica con maturazione)	AR senza sideroblasti a corolla	Trombocitemia primitiva
M3 (promielocitica)	AR con blastosi midollare	Policitemia vera
M4 (mielomonoblastica)	AR con blastosi midollare in trasformazione	
M5 (monoblastica)	Leucemia mielomonocitica cronica	
M6 (eritroblastica)		
M7 (megacarioblastica)		
<hr/>		
Leucemie acute ibride		
<hr/>		

Tabella 3.3

**PRINCIPALI CARATTERI BIOLOGICI E PATOGENETICI
DELLE LEUCEMIE MIELOIDI
O SINDROMI MIELOPROLIFERATIVE**

	ACUTE	SUBACUTE	CRONICHE
Proliferazione	Incontrollata, autonoma senza differenziazione	Parzialmente controllata con parziale differenziazione	Parzialmente controllata con differenziazione
Maturazione	Molto ridotta o assente	Ridotta e inefficace	Normale
Accumulo di blasti	Elevato	Modesto	Irrilevante
Produzione di: eritrociti, granulociti, piastrine	Fortemente difettosa	Difettosa	Aumentata
Clinica	Anemia, infezioni, emorragie	Anemia, più raramente infezioni e emorragie	Secondaria all'espansione del tessuto mieloide (splenomegalia, epatomegalia) e delle cellule mature (eritrocitosi, trombocitosi e leucocitosi)

Tabella 3.4.