

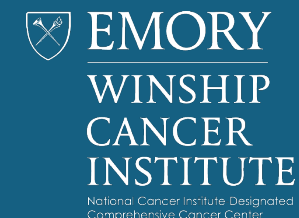


Patient-Based Panel Discussion Leukemic Malignancies

All Speakers: Drs. Frank, Hunter, Vale, Langston,
Blum, Arellano, & Kantarjian

Case presented by Emory University Heme-Onc
fellow: Pranav Santapuram, MD

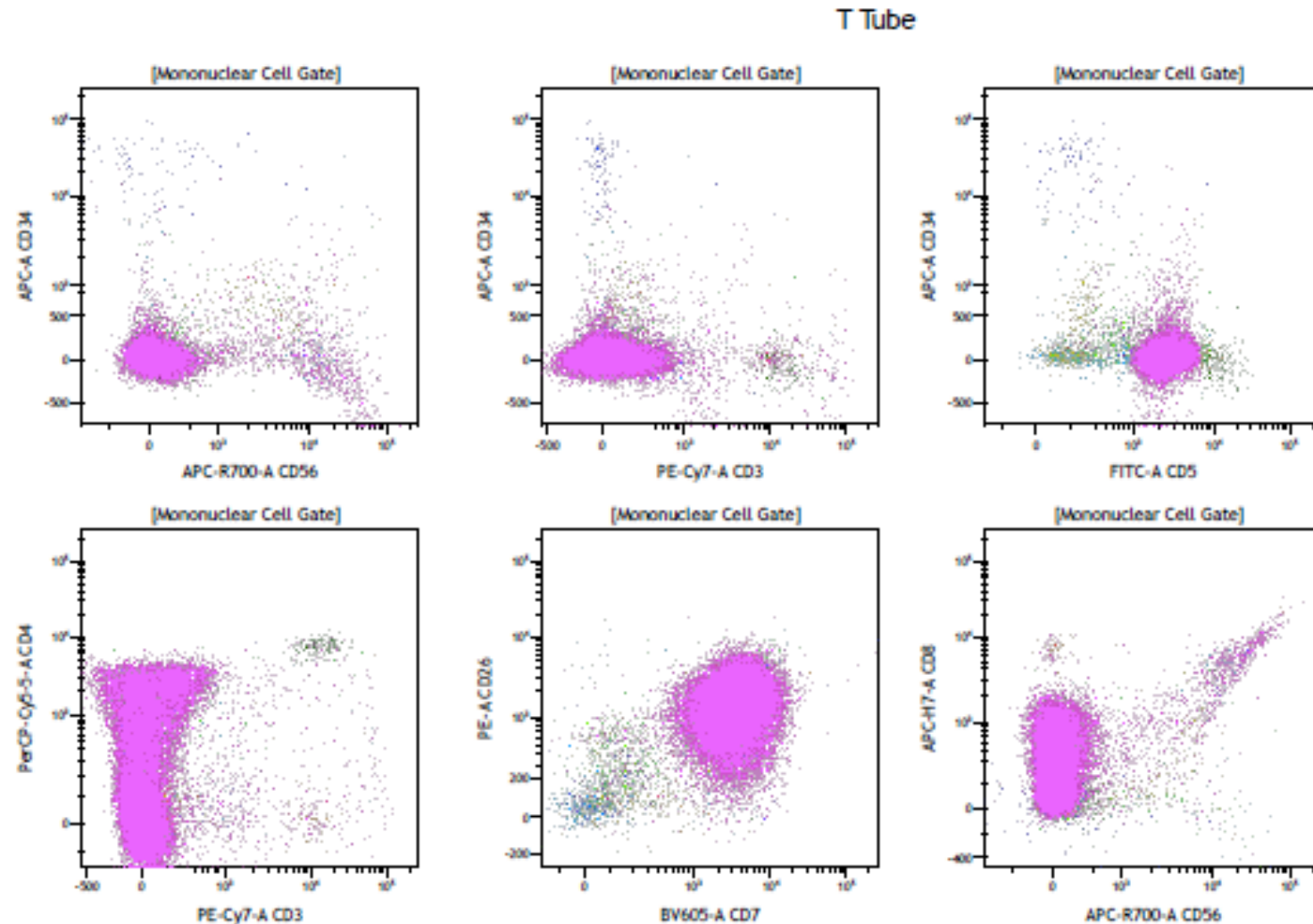
July 25th, 2024



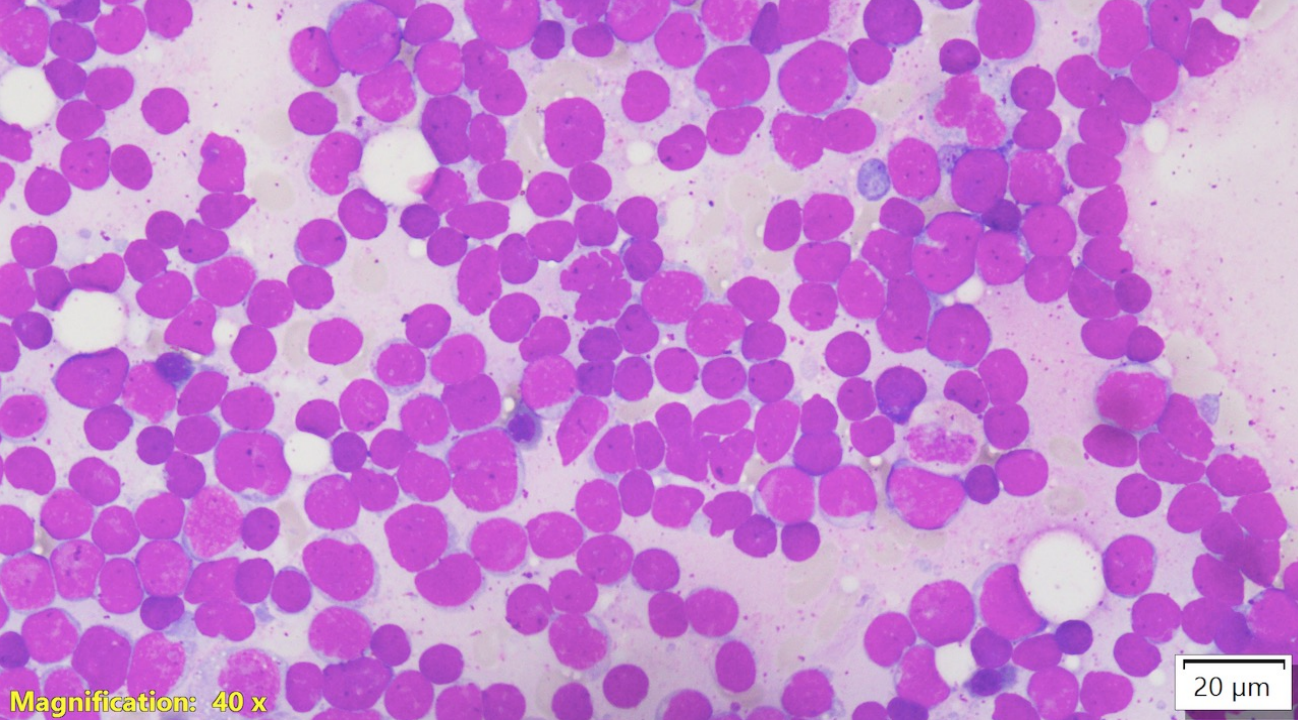
Case Summary

- A 50YO with IDDM (s/p R BKA, L 4th/5th toe amputations), CKDIII was admitted for SOB, cough and chest pain in March 2024
 - WBC 170, diff notable for 80% other cells; Hb 7.3; plt 125
 - Imaging notable for 1-3 cm LAD in RP, inguinal, pelvic, axillary and mediastinal nodes
- Peripheral blood flow c/f T cell neoplasm, most compatible with T lymphoblastic leukemia
 - BMBx confirmed diagnosis --> patient transferred to leukemia service and started on Dex for cytoreduction
 - WBC 170-->7.1 in 3 days; pt developed TLS

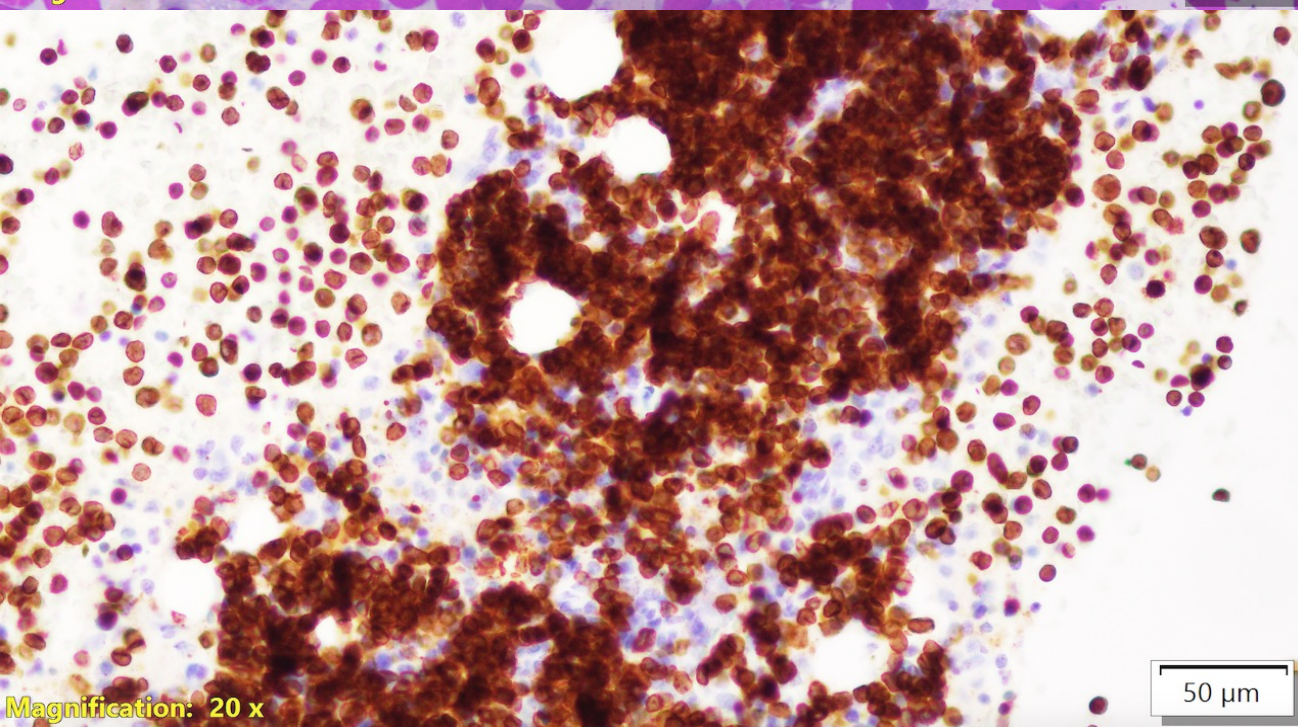
Flow Cytometry



- CD2+ CD 4+ CD5+ CD 7+
- Negative for surface CD3
 - Positive for cytoplasmic CD3



- BM Aspirate



- Bone marrow core, CD3 staining

Case Summary

- Given significant comorbidities and functional status, plan was mini-CVD which patient began 3/20
- On Day 15 of C1A, FISH ALL returned showing
 - Typical t(9;22) in 46% of cells
 - Variant t(9;22) with gain of one extra fusion signal in 40% of cells
 - Negative for 11q23 KMT2A
- Karyotype unable to be performed
- Quantitative BCR-ABL of 3.3016
- Patient began Dasatinib
- C1B complicated by osteomyelitis of L foot and DKA
 - Later in hospital course developed multi-drug resistant Klebsiella UTI
- Decision made to hold off on additional chemotherapy and only continue TKI

Panel Discussion

- 1) If this patient had not had significant comorbidities, what would the optimal frontline treatment have been?
 - What is the role of allogeneic SCT?
- 2) Now that our patient is on Dasatinib monotherapy, what would be the role of MRD testing in her?
- 3) If she progresses on Dasatinib, would there be a role for nelarabine in this setting?