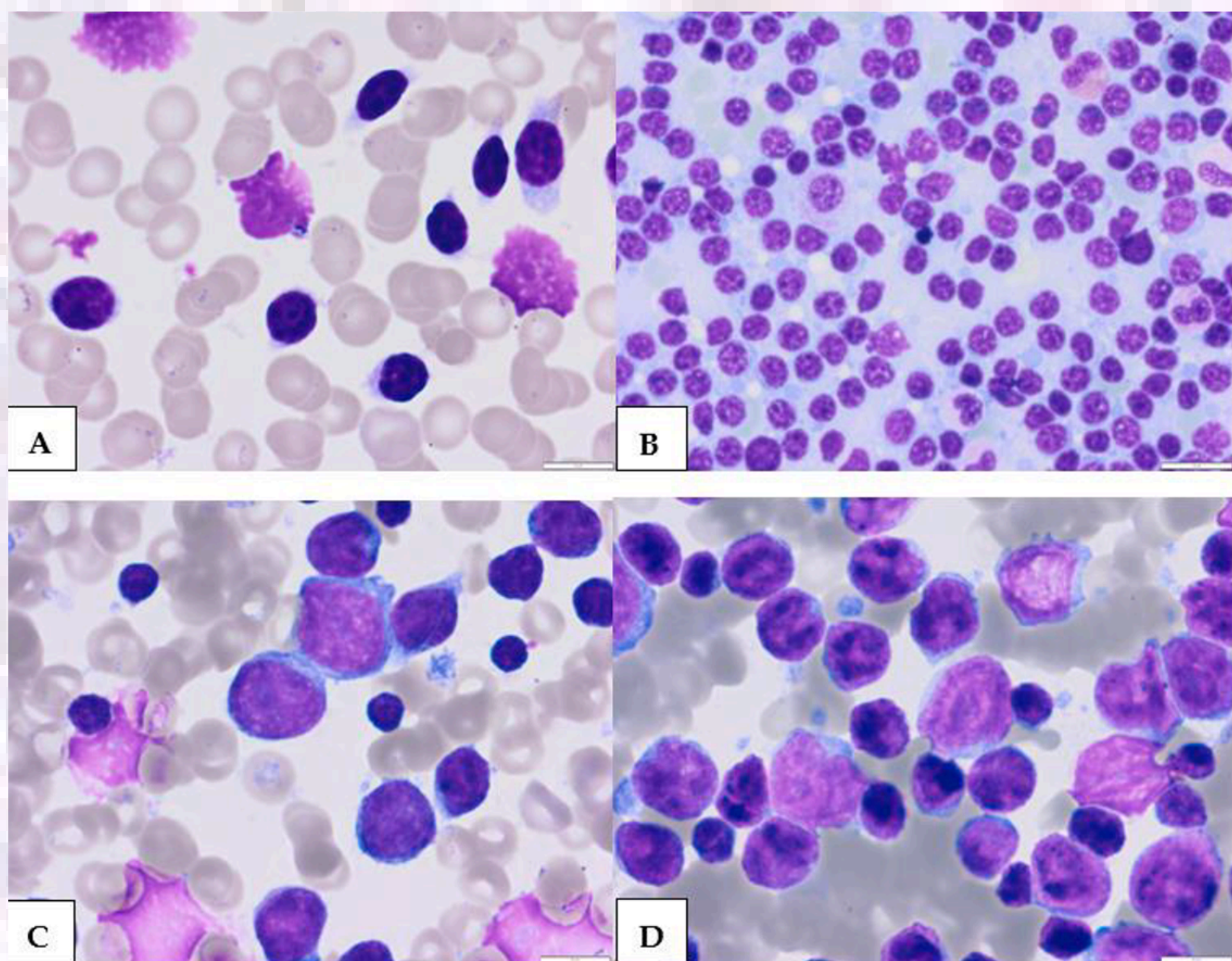


# “Atypical chronic lymphocytic leukemia. Analysis of immunophenotype, cytogenetics and clinics. Retrospective assessment of patients diagnosed with atypical chronic lymphocytic leukemia.”

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Lymphatic B-cell neoplasm	Antigens					
	CD19 CD20 CD22	CD23	CD5	CD10	CD11c	CD43
CLL	+	+	+	-	-/+	+
CD5- CLL	+	+	-	-	-/+	+
CD23- CLL	+	-	+	-	-/+	+
LPL	+	-	-	-	-/+	+/-
MCL	+	-	+	-/+	-	+
FL	+	-	-	+/-	-	-
SMZL	+	-	-	-	+/-	+/-
HCL	+	-	-	-	+	-
DLBCL	+	-	-/+	-/+	-	-

Morphological features of classic (A,B) and large (C,D) CLL cells. Mature CLL cells are lymphocytes with a narrow border of cytoplasm and partially aggregated chromatin in a dense nucleus ((A)—peripheral blood, (B)—bone marrow). Large atypical CLL cells ((C)—peripheral blood, (D)—bone marrow); magnification 63.

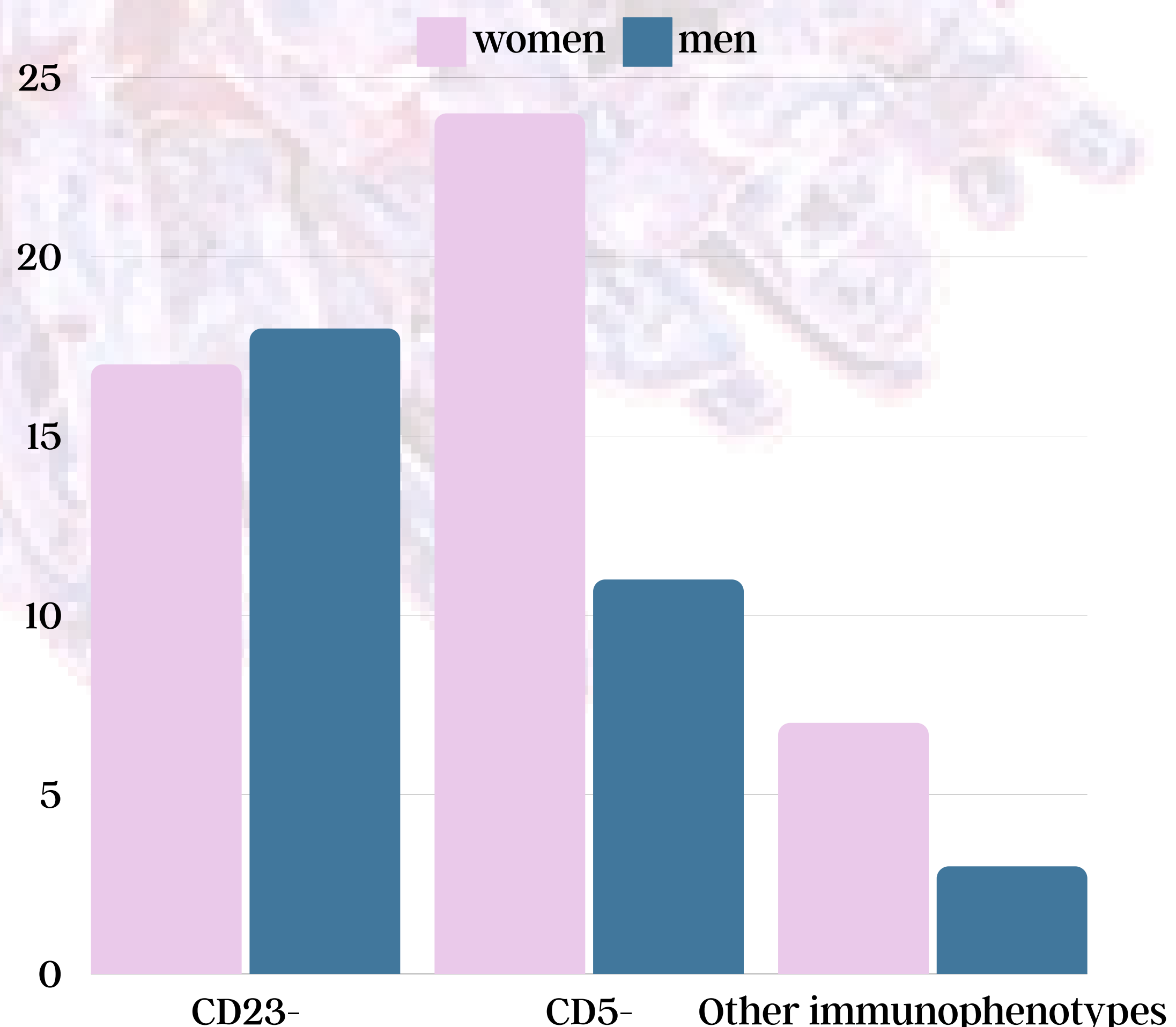
Atypical Chronic Lymphocytic Leukemia—The Current Status. Robak T. et al. *Cancers* 2023.

Atypical immunophenotype of chronic lymphocytic leukemia. Urbaniak M. et al. *Acta Haematol. Pol.* 2022.

## Evaluation of:

- 1)The immunophenotype (especially antigens: CD5, CD43, CD200).
- 2)Cytogenetics (especially CLL’s typical cytogenetic disorders, such as: chromosome 12 trisomy, 13q deletion, 17p deletion, 11q deletion).
- 3)Results of blood laboratory tests (morphology, biochemical tests: AST, ALT, urea, CRP, LDH; coagulation profile, immunoglobulins).
- 4)Molecular tests (mutations of genes: NOTCH1, TP53, IGHV).
- 5)Clinical course of atypical chronic lymphocytic leukemia (presence of typical signs and symptoms: weight loss, hyperhidrosis, fatigue, lymphadenopathy, hepatomegaly, splenomegaly, infiltration of non lymphoid organs).
- 6)Presence of complications typical for chronic lymphocytic leukemia (autoimmune hemolytic anemia, immune thrombocytopenia, pure red cell aplasia).
- 7)Response to the treatment (clinical response, blood tests results, bone marrow cytomorphology, immunophenotype, cytogenetics, molecular tests).

**Hypothesis:** The course of atypical chronic lymphocytic leukemia differs from the course of typical CLL, therefore demands an individual approach to the treatment process.



Outline of the database (April 2024)