

EBMT/ERIC recommendations for stem cell transplantation in T cell prolymphocytic leukemia (T-PLL): **who**



Criteria for the diagnosis of T-PLL

Major

Lymphocytosis above $5 \times 10^9/L$, CD4+, CD8+, or CD4+,CD8+ cells **plus** TdT- CD2+ CD5+ CD3+ CD7+ **plus** characteristic cytogenetic abnormalities [inv(14)(q11q32), t(14:14)(q11q32), del(14)(q12), t(11:14)(q23;q11), t(7:14)(q35;q32.1), t(X:14)(q35;q11) and/or idic(8) (p11)] detected in either marrow and peripheral blood cells or TCL1 expression. Presence of more than 10% marrow infiltration with cells of the same phenotype and/or cytogenetics.

or

Lymphocytosis above $50 \times 10^9/L$ composed of either CD4+, CD8+ or CD4+,CD8+ cells **plus** TdT- with or **without** aforementioned cytogenetic abnormalities. Presence of more than 10% marrow infiltration with cells of the same phenotype and/or cytogenetics.

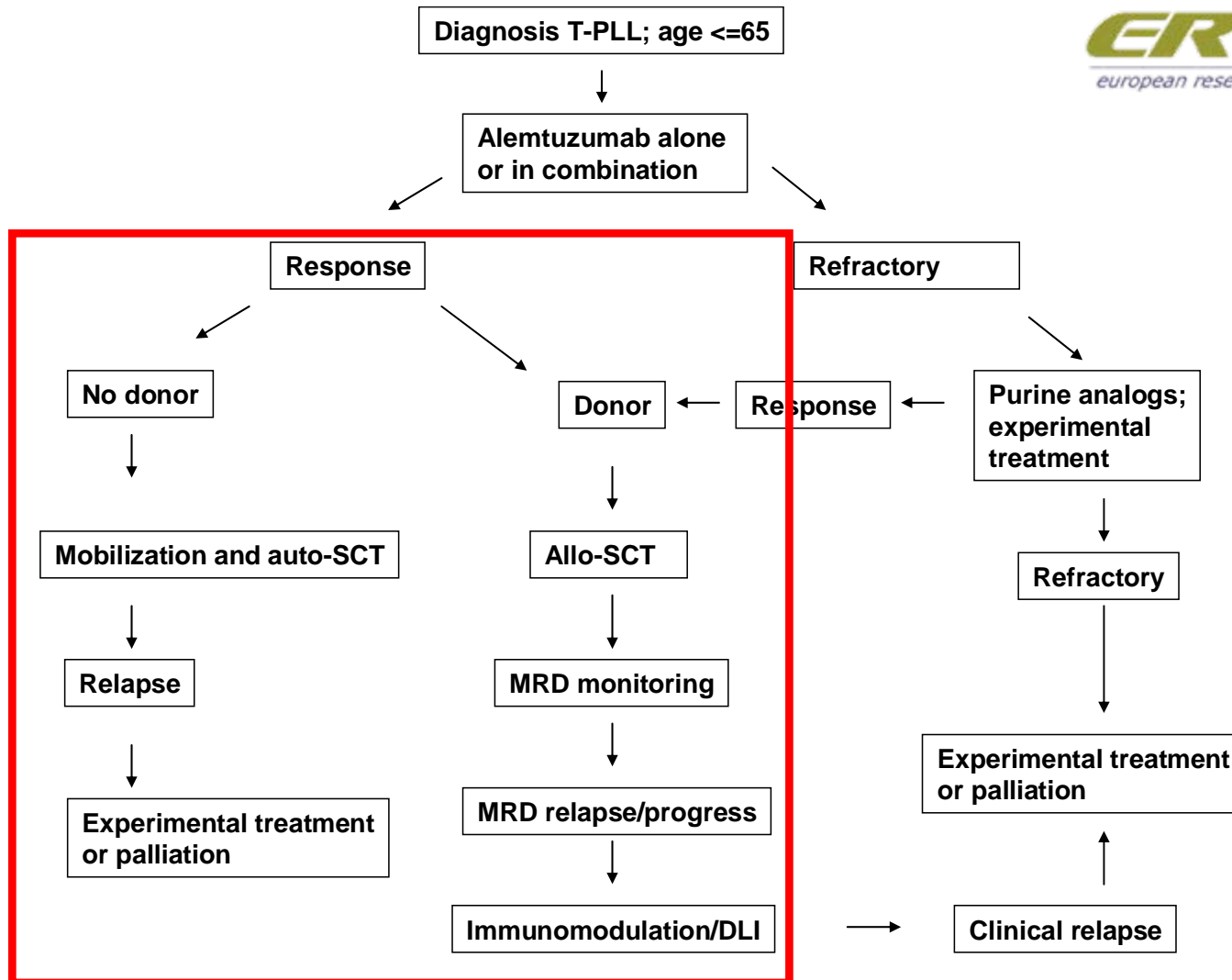
Minor

- Presence of effusions with cells of aforementioned appearance and phenotype
- Enlarged spleen at diagnosis.
- Progressive lymphoproliferation (doubling time of lymphocytosis in blood of less than 6 months)

One major and one minor criterion are required for diagnosis.



EBMT/ERIC recommendations for stem cell transplantation in T cell prolymphocytic leukemia (T-PLL): **when**



EBMT/ERIC recommendations for stem cell transplantation in T cell prolymphocytic leukemia (T-PLL): **how**



Eligibility for SCT

- diagnosis of T-PLL based on EBMT/ERIC criteria (see separate Table)
- Preferentially in 1st CR or PR. SCT in untreated or refractory patients is discouraged.
- PS 0-1; age \leq 65 years; no serious infectious, renal, hepatic, pulmonary or cardiac comorbidity



Remission induction for SCT

- preferentially with alemtuzumab or an alemtuzumab-containing regimen (see algorithm)
- an alemtuzumab wash-out interval of at least 4 weeks prior to conditioning should be observed

Auto-SCT or allo-SCT?

- allo-SCT preferred; auto-SCT should be restricted to those patients without a an HLA-identical donor

Donor

- 8/8 HLA-identical donor, based on high resolution typing of A/B/C/DRB1 loci, related or unrelated

Conditioning for allo-SCT

- non-myeloablative regimen (preferentially a purine analogue – alkylating agent combination)

GvHD Prophylaxis

- standard Cyclosporin A + methotrexate protocol
- no in-vivo or ex-vivo T-cell depletion except for ATG

MRD monitoring

- should be performed if FACS- or genetic marker available

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in T cell prolymphocytic leukemia (T-PLL):**

Members of responsible expert committees



**Wieslaw Wiktor-Jedrzejczak, Mauricette Michallet, Don Milligan, Johannes Schetelig,
Liisa Volin, Theo de Witte, Peter Dreger**

**on behalf of the Chronic Leukemia Working Party of the European Group for Blood and Marrow
Transplantation (EBMT)**

**Claire Dearden, Peter Dreger, Robin Foà, Michael Hallek, Georg Hopfinger, Eva Kimby,
Wieslaw Wiktor-Jedrzejczak, Daniel Catovsky**

on behalf of the European Research Initiative on Chronic Lymphocytic Leukemia (ERIC)