Terry's Corner

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Although trisomy 12 was the first chromosomal abnormality identified in CLL, it is by no means the commonest and there is something rather odd about such cases. Many years ago we identified that they are likely to have atypical morphology [1], and I get a lot of emails from patients who are worried that CLL might not be the right diagnosis because CD20 is bright and FMC7 positive on their cells. I reply that it is like that they have trisomy 12. Now, published in the British journal of Haematology comes mathematical confirmation of our observation, from Michael Keating's group [2].

In patients with trisomy 12 there were 23,603 CD20 antigenic sites per cell compared with 10,781 for del 13q, 9,341 for del 17p, 8,828 for those with negative FISH and 5,886 for those with del 11q. The figures for trisomy 12 and del 11q patients were statistically significantly different.

Does this matter? Yes, because rituximab targets CD20. In the same paper the MDACC group report that the combination of rituximab and GM-CSF produced responses in 93% of patients with trisomy 12, 73% in patients with negative FISH, del 13q or del 17p, and 50% in patients with del 11q.

References

[1] Trisomy 12 defines a group of CLL with atypical morphology: correlation between cytogenetic, clinical and laboratory features in 544 patients. Matutes E, Oscier D, Garcia-Marco-J, Ellis J, Copplestone A, Gillingham R, Hamblin T, Lens D, Swansbury GJ, Catovsky D. Brit J Haem 1996 92: 382-8