Therapeutic Response of Blastic Crisis of Chronic Myeloid Leukemia (CML)

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To the Editor,

It has been observed for some time that in the course of blastic crises of CML, two types with different reactivity to therapy [1] can be distinguished, one being cytochemically lymphoid. The constant presence of the Phi chromosome, even in the lymphoid type, suggested that it was due to profound enzymatic and metabolic alterations of the granulocytic line [1, 2]. Nevertheless, recent experimental data lead some authors to accept their lymphatic nature [3, 4].

In the past 3 years, we observed 20 patients who, according to generally accepted criteria [2], suffered from blastic crisis of CML. Chromosomal analysis was performed both on peripheral blood and bone marrow by means of the Q-banding technique. 17 cases, where mitoses could be analyzed, clearly show the constant presence of the Phi chromosome: one case revealed double and triple Phi chromosome. 4 cases out of 20 presented cytochemical characteristics of the lymphoid type and were treated by the therapy proposed by Canellos et al. [5]. 3 of them reached complete remission for 6 months after treatment with VCR and prednisone. Of the 16 nonlymphatic type cases, only 2 reached complete remission with daunorubicin, cytosine arabinoside and 6-thioguanine, whereas 4 reached only partial remission and 10 were insensitive to the therapy employed. The difference in response to therapy, together with the particular sensitivity to antilymphoblastic therapy of the first type, encourage us to believe that a classification of the cytological type may furnish helpful indications of the most effective therapeutic approach.

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