Chronic lymphocytic leukemia in 2003

During the last decade, there has been a resurgence of interest in research about chronic lymphocytic leukemia (CLL). An understanding of the molecular basis of this hematologic malignancy has led to the appreciation that several different B-cell diseases are represented under this name.

Several lines of data now suggest that B-cell chronic lymphocytic leukemia may actually be two diseases, reflecting the mutated and unmutated state of the immunoglobulin heavy-chain gene. The current use of fluorescent in situ hybridization permits a more accurate evaluation of the cytogenetics of the malignant cells, identifying distinct subsets of patients with strong correlations between the chromosome abnor-

mality, clinical course, response to therapy and outcome. There have also been important therapeutic advances in the last years. Several recently reported trials have helped to transform our paradigms for the treatment of CLL. A clear example of this is that fludarabine is now used as the preferred initial treatment for the disease. Nevertheless, the failure to cure patients has led to new strategies being explored and to the development of new drugs.

An increasing number of new biological agents are being evaluated, including Campath-1H, recently approved for the treatment of fludarabine-resistant CLL. There has been a marked increase in the use of submyeloablative transplants, offering a more immunology-based therapy than does standard bone marrow transplantation, potentially with less toxicity.

A meeting on recent advances in chronic lymphocytic anemia took place in Milan, Italy, on November 14, 2003. The papers presented have been published in a supplement of this journal; the supplement is downloadable free of charge from http://www.haematologica.org/free/cll2003.pdf.

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References