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HIMS/DME/2024/116

Date: 21.06.2024

Clinical Grand Round

Date : 22.06.2024
Day : Saturday

Time : 03:30 PM – 04:30 PM
Venue: Adi Kailash
(Former name New Auditorium above
HLT's)

Topic: "Management of Ph like ALL with MRD monitoring and newer precision medicines and use of Total body irradiation in ASCT for lymphoid malignancies." Followed by revisiting BMT services in CRI, HIMS

Abstract: Stem cell transplant (SCT) stands as a critical therapeutic intervention for various hematologic malignancies, including acute lymphoblastic leukemia (ALL). Philadelphia chromosome positive ALL (Ph+ ALL) represents a subtype characterized by the BCR-ABL1 fusion gene, posing significant therapeutic challenges due to its aggressive nature and potential for relapse. Philadelphia chromosome (Ph)-like acute lymphoblastic leukemia (ALL), also referred to as BCR-ABL1-like ALL, is a high-risk subset with a gene expression profile that shares significant overlap with that of Ph-positive (Ph+) ALL and is suggestive of activated kinase signaling is a new entity. Although Ph+ ALL is defined by BCR-ABL1 fusion, Ph-like ALL cases contain a variety of genomic alterations that activate kinase and cytokine receptor signaling. Despite advancements in therapies, a subset of patients may experience persistence of minimal residual disease (MRD), indicating residual leukemic cells below detectable levels by conventional methods.


This abstract focuses on a case study of a patient diagnosed with Ph like ALL who had MRD positivity post-induction chemotherapy, how it was managed extrapolating data from other scenarios. The patient underwent Allogeneic SCT as a consolidation therapy to eliminate residual leukemic cells and prevent disease recurrence using Total body irradiation(TBI) based conditioning which is an establish standard of care and is now also adopted by us in CRI as a result of multidisciplinary case management in association with radiation oncology department.

The case highlights the importance of MRD monitoring in assessing treatment response and guiding therapeutic decisions in ALL. The integration of SCT as a post-remission strategy underscores its role in achieving deep molecular remission and improving overall survival rates in high-risk ALL patients. Future directions include refining pre-transplant conditioning regimens, optimizing donor selection, and exploring novel therapeutic approaches to further improve outcomes in this challenging patient population.

Programme for Clinical Grand Round:

Introduction	Dr Ankit Batra Assistant Professor, Medical Oncology	10 minutes
Case Presentation	Dr Ankit Batra Assistant Professor, Medical Oncology	10 minutes
Work Up	Dr Mansi Barthwal Assistant Professor, Radiation Oncology	10 minutes
Revisiting BMT services in CRI	Dr Avriti Baveja Assistant Professor, Clinical Hematology	15 minutes
Discussion and Q&As	Dr S K Verma Dr Ankit Batra Dr Avriti Baveja	15 minutes

All Faculty & Post Graduate Residents are required to attend the Clinical Grand Round.


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