

Key References in Hematology and Oncology

AN ANNOTATED GUIDE

ROGER JAY KURLANDER,

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Preface

It was my purpose, in preparing this relatively short collection of annotated references, to provide a source that can be used as an introduction to the recent medical literature pertinent to hematologic and oncologic problems. The annotations of the sources provide a fairly detailed summary of the data presented and of the author's conclusions. In addition, possible problems in interpretation of the data are discussed. The detailed annotations should make it much easier for the reader to select for closer scrutiny those articles that are particularly pertinent to his study. It is hoped that this collection will be useful for medical students and house officers who are becoming familiar with the medical literature for the first time.

In selecting references for inclusion in this collection, I have attempted to distinguish between those diseases that have been extensively studied in the recent past, such as various lymphomas and testicular carcinoma, and those that have not, such as anemia of chronic diseases and alcoholic leukopenia. In those study areas characterized by a very rapid rate of change, I have attempted to include relatively recent references, whereas, in less active areas, I have often favored the older, more classic descriptions. Not surprisingly, the more recent references are more controversial, and many of the findings may not stand the test of time. Nonetheless, they give the reader some feeling for the major issues in the current literature. The older, often classic references are useful as a concise summary of a large body of well-established information.

Roger Jay Kurlander, M.D.

Key References in Hematology and Oncology

HEMATOLOGY	6
Red Cell Disorders	6
Aplastic Anemia	
General Review	
Pathophysiology	
Therapy and Prognosis	
Non-immune Hemolytic Anemias	
General Review	
Unstable Hemoglobins	
Stomatocytosis	
Immune Hemolytic Anemia	
IgG Antibody Mediated Hemolytic Anemia	
Pathophysiology	
Therapy	
IgM Mediated Immune Hemolytic Anemia	
(Cold Agglutinin Disease)	
General Review	
Etiology	
Therapy	
Microangiopathic Hemolytic Anemia	
Paroxysmal Nocturnal Hemoglobinuria	
General Review	
Pathophysiology	
Therapy	
Iron Deficiency Anemia	
General Review	
Pathophysiology	
Diagnosis	
Anemia of Chronic Disease	
Anemia in Renal Failure	

Anemia in Liver Disease	
Megaloblastic Anemias	
General Review	
Occurrence	
Diagnosis	
Therapy	
Pure Red Cell Aplasia	
Refractory Anemia	
Sideroblastic	
The 5g Syndrome	
Hemoglobinopathies	
General Review	
Hemoglobin S-Trait	
<i>Clinical Findings</i>	
Sickle Cell Disease	
<i>Pathophysiology</i>	
<i>Clinical Findings</i>	
Therapy	
Thalassemia	
Reviews	
<i>Pathophysiology</i>	
Incidence	
Prenatal Diagnosis	
Therapy	
Porphyria	
Acute Intermittent Porphyria	
<i>Pathophysiology</i>	
<i>Clinical Features</i>	
Therapy	
Variegate Porphyria	
Porphyria Cutanea Tarda	
Erythropoietic Porphyria	
Lead-Induced Anemia	
Alcohol and Circulating Blood Cells	
Platelet Disorders	38
Thrombocytopenia	
Autoimmune Thrombocytopenia	
General Review	
Diagnosis	
Therapy	
Immune Thrombocytopenia Associated with Sepsis	
Immune Thrombocytopenia Associated with Drugs	
General Review	
Heparin Induced Thrombocytopenia	
Thrombotic Thrombocytopenic Purpura (TTP)	

<i>General Review</i>	
<i>Therapy</i>	
Disseminated Intravascular Coagulation (DIC)	
General Review	
Diagnosis	
Therapy	
Disorders of Platelet Function	
General Review	
Bernard-Soulier Syndrome	
Thrombasthenia	
Mild Disorders of Platelet Function	
Coagulation Disorders	47
Disorders of Factor VIII and Factor IX Production	
General Review	
Von Willebrand's Disease	
<i>General Review</i>	
<i>Pathophysiology</i>	
<i>Diagnosis</i>	
<i>Clinical Findings</i>	
Hemophilia	
<i>Diagnosis</i>	
<i>Clinical Findings</i>	
<i>Prenatal Diagnosis</i>	
<i>Therapy</i>	
Disorders of Fibrinogen	
Hypercoagulability	
Pathophysiology	
Clinical Findings	
Therapy	
Disorders of Leukocytes	56
Leukopenia	
Congenital and Acquired Idiopathic Neutropenia	
<i>General Review</i>	
<i>Pathophysiology</i>	
<i>Therapy</i>	
Felty's Syndrome	
<i>Pathophysiology</i>	
<i>Diagnosis</i>	
<i>Therapy</i>	
Other Syndromes of Immune Leukopenia	
Disorders of Leukocyte Function	
Preleukemia	
Acute Leukemia	
<i>General Review</i>	
<i>Classification</i>	

Cytogenetics	
Cell Proliferation <i>In Vitro</i>	
Clinical Complications	
Supportive Therapy	
Acute Myelogenous Leukemia	
Conventional Chemotherapy	
Bone Marrow Transplantation in Association with	
Chemotherapy	
Acute Promyelocytic Leukemia	
Cytogenetics	
Clinical Findings	
Therapy	
Erythroleukemia	
Acute Monoblastic Leukemia	
Subacute Myelomonocytic Leukemia	
Acute Lymphocytic Leukemia	
Classification	
Immunology	
Therapy	
Complications of Therapy	
Chronic Leukemias and Myeloproliferative Disorders	
Chronic Myelogenous Leukemia (CML)	
Cytogenetics	
Cell Kinetics	
Therapy	
Blast Crisis of Chronic Myelogenous Leukemia	
Classification	
Therapy	
Myeloproliferative Disorders	
General Review	
Agnogenic Myeloid Metaplasia	
Polycythemia Rubra-Vera	
Chronic Lymphocytic Leukemia	
Classification	
Clinical Staging	
Therapy	
Hairy Cell Leukemia	
Classification	
Clinical Features	
Therapy	
Lymphoma	87
Hodgkin's Disease	
Epidemiology	
Classification	

Immunology	
Complications of Disease and Its Therapy	
Clinical Staging	
Therapy—Radiation Therapy and Combined Modality Therapy	
Chemotherapy for Primary Management	
Therapy of Recurrent Disease	
Non-Hodgkin's Lymphoma	
Classification	
Cytogenetics	
Immunology	
Clinical Findings and Complications of Therapy	
Clinical Staging	
Radiotherapy	
Chemotherapy	
Burkitt's Lymphoma	
T-Cell Lymphoma	
Sezary's Syndrome	
Immunoangioblastic Lymphadenopathy	
Malignant Histiocytosis	107
Monoclonal Disorders of Plasma Cell Proliferation	107
Benign Monoclonal Gammopathy	
Amyloidosis	
Plasmacytoma	
Multiple Myeloma	
Pathology	
Clinical Findings	
Therapy	
Macroglobulinemia	112
ONCOLOGY: GENERAL CONSIDERATIONS	113
Design of Clinical Trials	
Cytogenetics	
Complications of Disease	
Complications of Therapy	
Supportive Therapy	
New Approaches to Therapy	
Very Responsive Tumors That May Be	
Cured by Chemotherapy	118
Testicular Carcinoma	
General Review	
Tumor Markers	
Primary Surgical and Radiotherapeutic Management	
Chemotherapy of Metastatic Disease	
Trophoblastic Disease	
Small Cell Carcinoma of the Lung	

General Review	
Chemotherapy	
Prophylactic Cranial Irradiation	
Moderately Responsive Tumors That May	
Be Curable by the Adjunctive	
Use of Chemotherapy in Addition to	
Primary Surgical Therapy	122
Breast Cancer	
General Review	
Diagnosis	
Changing Approach to Surgical Therapy	
Adjuvant Chemotherapy After Surgery	
Hormonal Therapy of Metastatic Diseases	
Chemotherapy of Metastatic Disease	
Osteogenic Sarcoma	
Multimodality Approach to the Initial Therapy	
Less Responsive Tumors in Which	
Chemotherapy Frequently May	
Provide Palliation of Symptoms	127
Prostate Carcinoma	
Hormonal Therapy	
Radiotherapy	
Chemotherapy	
Ovarian Carcinoma	
General Review	
Chemotherapy	
Colorectal Carcinoma	
Adjuvant Chemotherapy	
Chemotherapy	
Islet Cell Carcinoma	
Malignant Melanoma	

HEMATOLOGY

Red Cell Disorders

Aplastic Anemia

General Review

Alter BP, Potter NU and Li FP: Classification and aetiology of the aplastic anaemias. *Clin Haematol*, 7:431-465, 1978.

A detailed and well-referenced review of classical aplastic anemia and a variety of clinical syndromes associated with

Key References in Hematology and Oncology

HEMATOLOGY	6
Red Cell Disorders	6
Aplastic Anemia	
General Review	
Pathophysiology	
Therapy and Prognosis	
Non-immune Hemolytic Anemias	
General Review	
Unstable Hemoglobins	
Stomatocytosis	
Immune Hemolytic Anemia	
IgG Antibody Mediated Hemolytic Anemia	
Pathophysiology	
Therapy	
IgM Mediated Immune Hemolytic Anemia	
(Cold Agglutinin Disease)	
General Review	
Etiology	
Therapy	
Microangiopathic Hemolytic Anemia	
Paroxysmal Nocturnal Hemoglobinuria	
General Review	
Pathophysiology	
Therapy	
Iron Deficiency Anemia	
General Review	
Pathophysiology	
Diagnosis	
Anemia of Chronic Disease	
Anemia in Renal Failure	

Anemia in Liver Disease	
Megaloblastic Anemias	
General Review	
Occurrence	
Diagnosis	
Therapy	
Pure Red Cell Aplasia	
Refractory Anemia	
Sideroblastic	
The 5g Syndrome	
Hemoglobinopathies	
General Review	
Hemoglobin S-Trait	
<i>Clinical Findings</i>	
Sickle Cell Disease	
<i>Pathophysiology</i>	
<i>Clinical Findings</i>	
Therapy	
Thalassemia	
<i>Reviews</i>	
<i>Pathophysiology</i>	
<i>Incidence</i>	
<i>Prenatal Diagnosis</i>	
<i>Therapy</i>	
Porphyria	
Acute Intermittent Porphyria	
<i>Pathophysiology</i>	
<i>Clinical Features</i>	
<i>Therapy</i>	
Variegate Porphyria	
Porphyria Cutanea Tarda	
Erythropoietic Porphyria	
Lead-Induced Anemia	
Alcohol and Circulating Blood Cells	
Platelet Disorders	38
Thrombocytopenia	
Autoimmune Thrombocytopenia	
General Review	
Diagnosis	
Therapy	
Immune Thrombocytopenia Associated with Sepsis	
Immune Thrombocytopenia Associated with Drugs	
General Review	
Heparin Induced Thrombocytopenia	
Thrombotic Thrombocytopenic Purpura (TTP)	

<i>General Review</i>	
<i>Therapy</i>	
Disseminated Intravascular Coagulation (DIC)	
General Review	
Diagnosis	
Therapy	
Disorders of Platelet Function	
General Review	
Bernard-Soulier Syndrome	
Thrombasthenia	
Mild Disorders of Platelet Function	
Coagulation Disorders	47
Disorders of Factor VIII and Factor IX Production	
General Review	
Von Willebrand's Disease	
<i>General Review</i>	
<i>Pathophysiology</i>	
<i>Diagnosis</i>	
<i>Clinical Findings</i>	
Hemophilia	
<i>Diagnosis</i>	
<i>Clinical Findings</i>	
<i>Prenatal Diagnosis</i>	
<i>Therapy</i>	
Disorders of Fibrinogen	
Hypercoagulability	
Pathophysiology	
Clinical Findings	
Therapy	
Disorders of Leukocytes	56
Leukopenia	
Congenital and Acquired Idiopathic Neutropenia	
<i>General Review</i>	
<i>Pathophysiology</i>	
<i>Therapy</i>	
Felty's Syndrome	
<i>Pathophysiology</i>	
<i>Diagnosis</i>	
<i>Therapy</i>	
Other Syndromes of Immune Leukopenia	
Disorders of Leukocyte Function	
Preleukemia	
Acute Leukemia	
<i>General Review</i>	
<i>Classification</i>	

Cytogenetics	
Cell Proliferation <i>In Vitro</i>	
Clinical Complications	
Supportive Therapy	
Acute Myelogenous Leukemia	
Conventional Chemotherapy	
Bone Marrow Transplantation in Association with	
Chemotherapy	
Acute Promyelocytic Leukemia	
Cytogenetics	
Clinical Findings	
Therapy	
Erythroleukemia	
Acute Monoblastic Leukemia	
Subacute Myelomonocytic Leukemia	
Acute Lymphocytic Leukemia	
Classification	
Immunology	
Therapy	
Complications of Therapy	
Chronic Leukemias and Myeloproliferative Disorders	
Chronic Myelogenous Leukemia (CML)	
Cytogenetics	
Cell Kinetics	
Therapy	
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Classification	
Therapy	
Myeloproliferative Disorders	
General Review	
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Chronic Lymphocytic Leukemia	
Classification	
Clinical Staging	
Therapy	
Hairy Cell Leukemia	
Classification	
Clinical Features	
Therapy	
Lymphoma	87
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Classification	

Immunology	
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Clinical Staging	
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Chemotherapy for Primary Management	
Therapy of Recurrent Disease	
Non-Hodgkin's Lymphoma	
Classification	
Cytogenetics	
Immunology	
Clinical Findings and Complications of Therapy	
Clinical Staging	
Radiotherapy	
Chemotherapy	
Burkitt's Lymphoma	
T-Cell Lymphoma	
Sezary's Syndrome	
Immunoangioblastic Lymphadenopathy	
Malignant Histiocytosis	107
Monoclonal Disorders of Plasma Cell Proliferation	107
Benign Monoclonal Gammopathy	
Amyloidosis	
Plasmacytoma	
Multiple Myeloma	
Pathology	
Clinical Findings	
Therapy	
Macroglobulinemia	112
ONCOLOGY: GENERAL CONSIDERATIONS	113
Design of Clinical Trials	
Cytogenetics	
Complications of Disease	
Complications of Therapy	
Supportive Therapy	
New Approaches to Therapy	
Very Responsive Tumors That May Be	
Cured by Chemotherapy	118
Testicular Carcinoma	
General Review	
Tumor Markers	
Primary Surgical and Radiotherapeutic Management	
Chemotherapy of Metastatic Disease	
Trophoblastic Disease	
Small Cell Carcinoma of the Lung	

General Review	
Chemotherapy	
Prophylactic Cranial Irradiation	
Moderately Responsive Tumors That May	
Be Curable by the Adjunctive	
Use of Chemotherapy in Addition to	
Primary Surgical Therapy	122
Breast Cancer	
General Review	
Diagnosis	
Changing Approach to Surgical Therapy	
Adjuvant Chemotherapy After Surgery	
Hormonal Therapy of Metastatic Diseases	
Chemotherapy of Metastatic Disease	
Osteogenic Sarcoma	
Multimodality Approach to the Initial Therapy	
Less Responsive Tumors in Which	
Chemotherapy Frequently May	
Provide Palliation of Symptoms	127
Prostate Carcinoma	
Hormonal Therapy	
Radiotherapy	
Chemotherapy	
Ovarian Carcinoma	
General Review	
Chemotherapy	
Colorectal Carcinoma	
Adjuvant Chemotherapy	
Chemotherapy	
Islet Cell Carcinoma	
Malignant Melanoma	

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A detailed and well-referenced review of classical aplastic anemia and a variety of clinical syndromes associated with

the depression of only one of the bone marrow derived blood components. The authors conclude that "aplastic anemias are actually a heterogeneous group of disorders, grouped together by the somewhat artificial constraints that they manifest pancytopenia and hypocellular bone marrows." 200 refs.

Pathophysiology

Kagan WA, Ascensao JL, Falk MA et al.: Studies on the pathogenesis of aplastic anemia. *Am J Med*, 66:444-449, 1979.

A study of the growth of bone marrow from 14 patients with aplastic anemia incubated alone or in the presence of bone marrow from normal donors in vitro. Marrow from 1 patient grew normally, marrow from 8 patients did not form colonies but did not suppress growth of normal donors and marrow from 5 patients did not grow and suppressed colony formation in normal marrow. This suggests that an inadequate marrow environment, defective stem cells and active suppression each may cause aplastic anemia in some patients. 22 refs.

Hoffman R, Zanjani ED, Vila J et al.: Diamond-Blackfan syndrome: Lymphocyte mediated suppression of erythropoiesis. *Science*, 193:899-900, 1976.

Studies demonstrating that peripheral blood lymphocytes from 6 patients with congenital hypoplastic anemia suppressed erythroid colony growth of normal bone marrow grown in vitro. The authors conclude suppressive lymphocytes may mediate the anemia observed in these patients. 21 refs.

Nathan DG, Hillman DG, Chess L et al.: Normal erythropoietic helper T-cells in congenital hypoplastic (Diamond-Blackfan) anemia. *N Engl J Med*, 298:1,049-1,951, 1978.

In vitro analysis of the progenitor and suppressor cell activity of peripheral blood lymphocytes from 3 patients with congenital hypoplastic anemia. While suppressor T-lymphocytes directed against bone marrow precursors could not be identified, defects in erythroid progenitor cell growth were easily detected. The authors conclude that hypoplastic anemia is caused by a defect in progenitor cell number or function, not by the presence of suppressive T-cells. 17 refs.

Singer JW, Brown JE, James MC et al.: Effects of peripheral blood lymphocytes from patients with aplastic anemia on granulocyte colony growth from HLA matched and mismatched marrows: Effect of transfusion sensitization. *Blood*, 52:37-46, 1978.

In vitro studies demonstrating that lymphocytes from 3 pa-