Key References in Hematology and Oncology

AN ANNOTATED GUIDE

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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.

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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

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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-