

We've Got Bad Blood: Canine and Feline Leukemias

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Lecture Goals

Differentiate between leukemia and leukemic lymphoma

Classify major types of leukemia

Confidently perform diagnostics and/or know when to refer

ID what to monitor/when to treat CLL

Implement immediate action in clinically critical patients

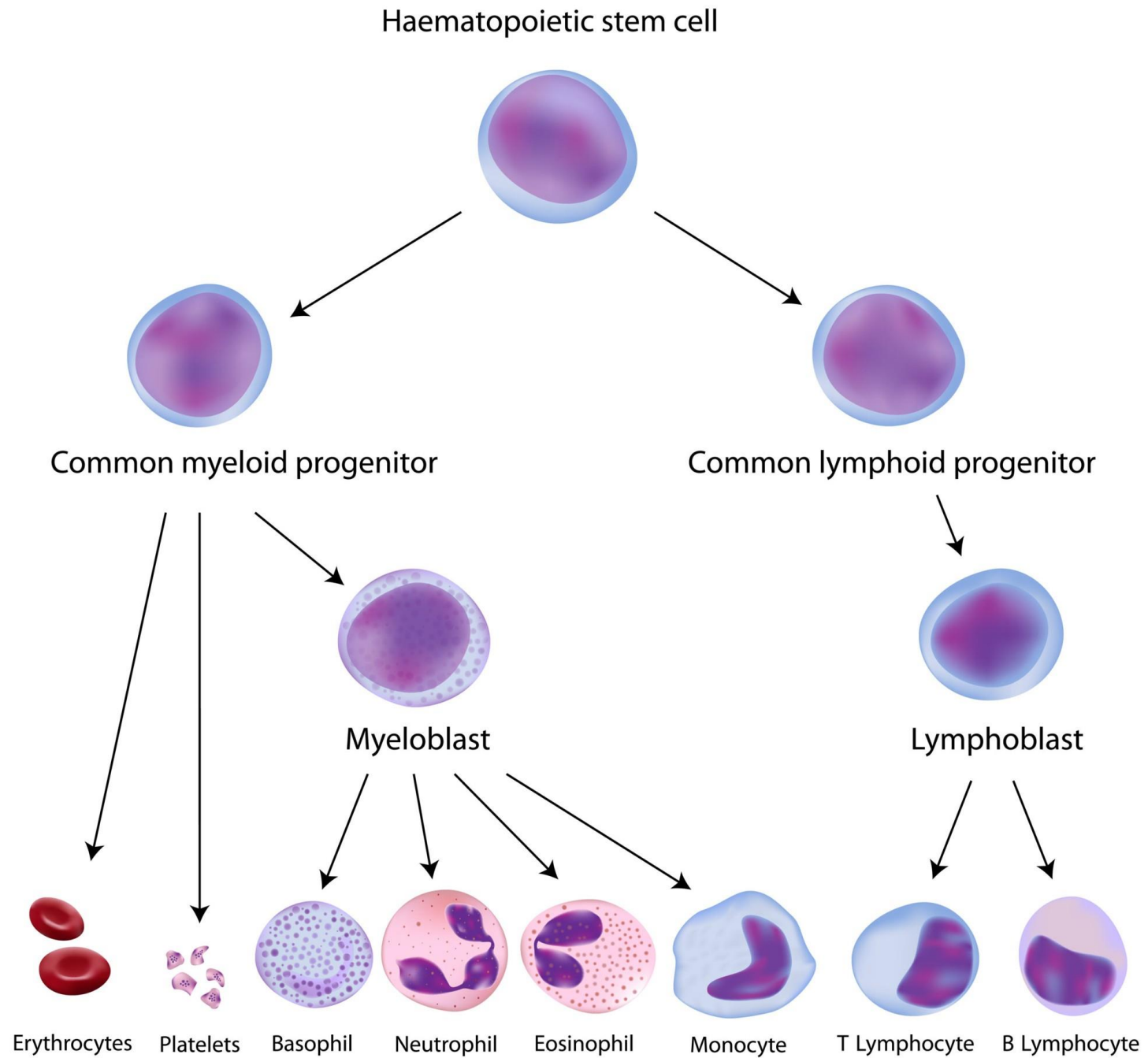
What is leukemia?

= Malignancy arising from the bone marrow (which produces all blood cells)

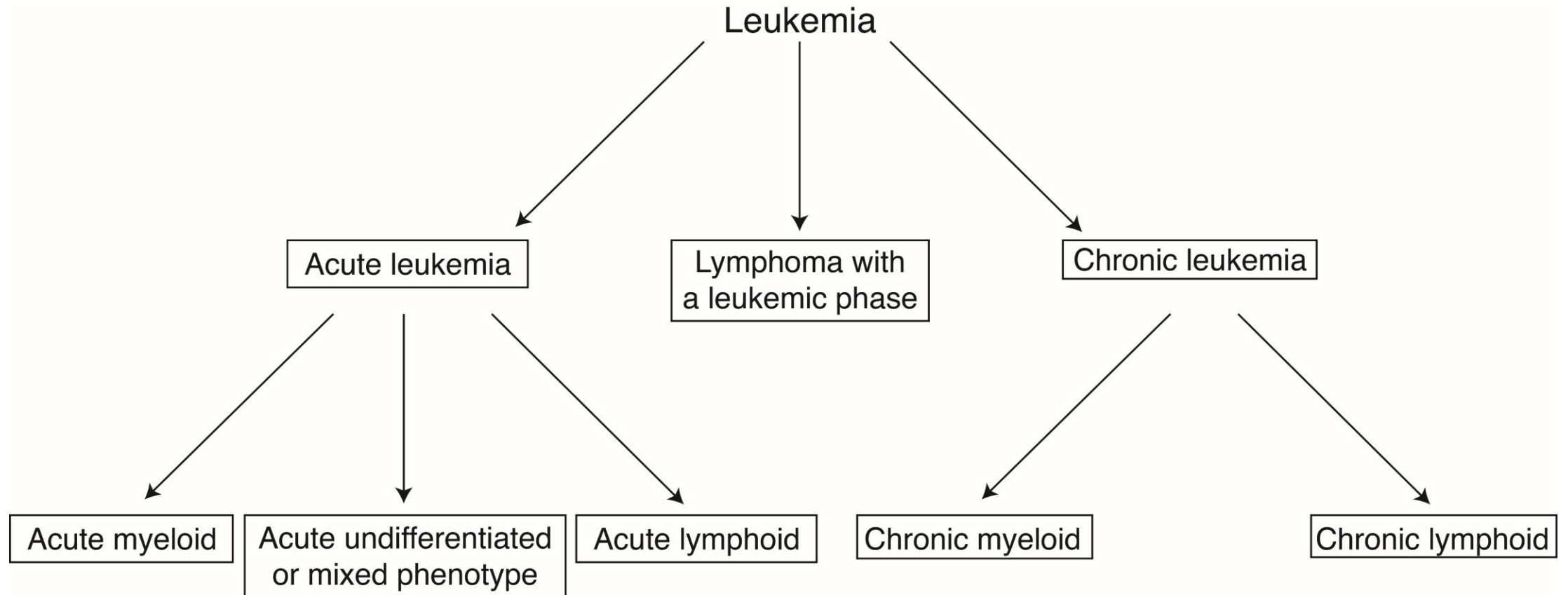
→ Detectable abnormalities in circulation

Distinguish from: malignancy of lymphocytes originating outside of the bone marrow (in other lymphoid tissues like the lymph nodes), then invading the bone marrow +/- peripheral blood = lymphoma (leukemic/stage V)

Hematopoiesis



Leukemia types



Diagnostics: Complete blood count (CBC)

Simple, daily in-house

Often only sign of disease

Will not detect: aleukemic

Machine may misclassify cells!



Is it leukemia?

Lymphocytosis ($>6000 \mu/L$),
persistent

Cytopenias:
Thrombocytopenia,
Neutropenia, Anemia

Large, unclassified cells

Monocytosis



Abnormal CBC?

Don't panic!

Diagnostics: Blood smear

Ideally both in-house and sent to a clinical pathologist to review

- An easy add-on at big reference labs (IDEXX, Antech)
- Or send to clin path dept. at local academic hospitals (ISU)

Look for infectious organisms

Compare lymphocyte size to that of a normal neutrophil

- “Large”/BLASTS = 1.5-2+ x
- “Intermediate” = ~same
- “Small” = smaller

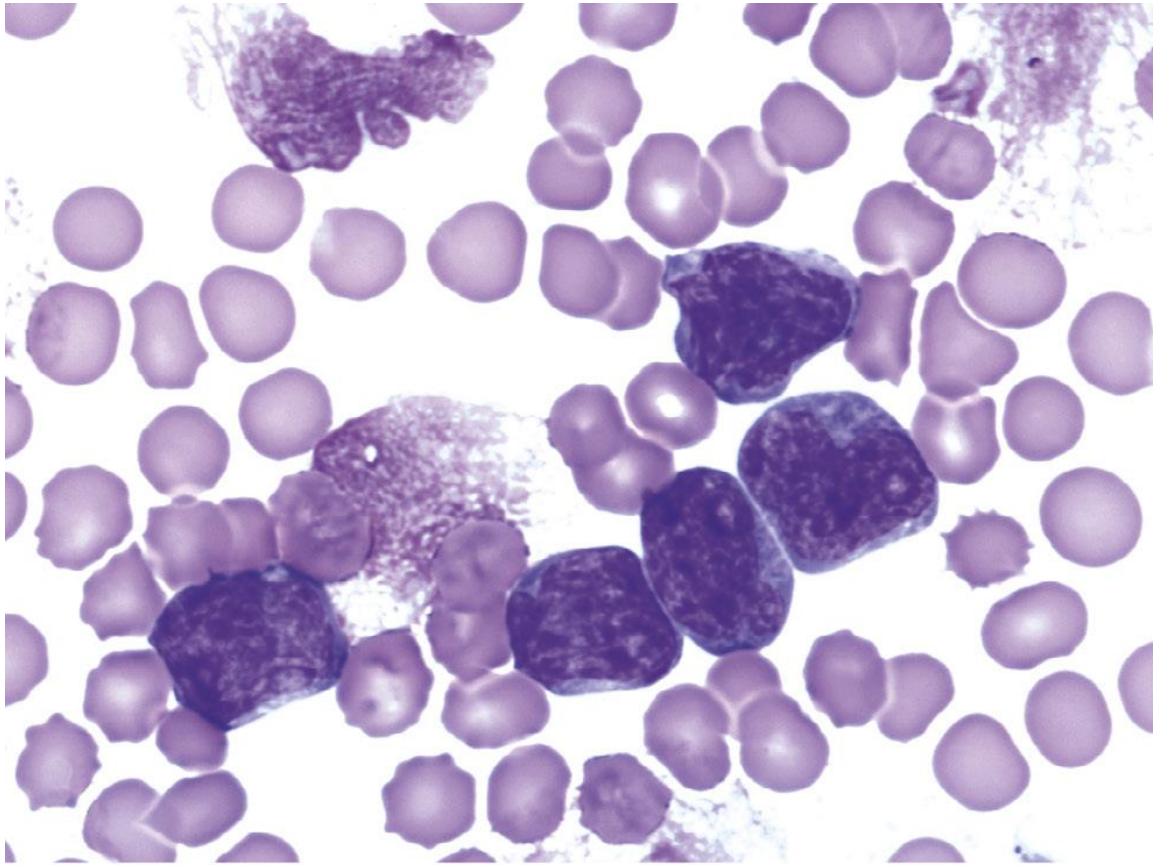
Blasts: Cytology Characteristics

BIG

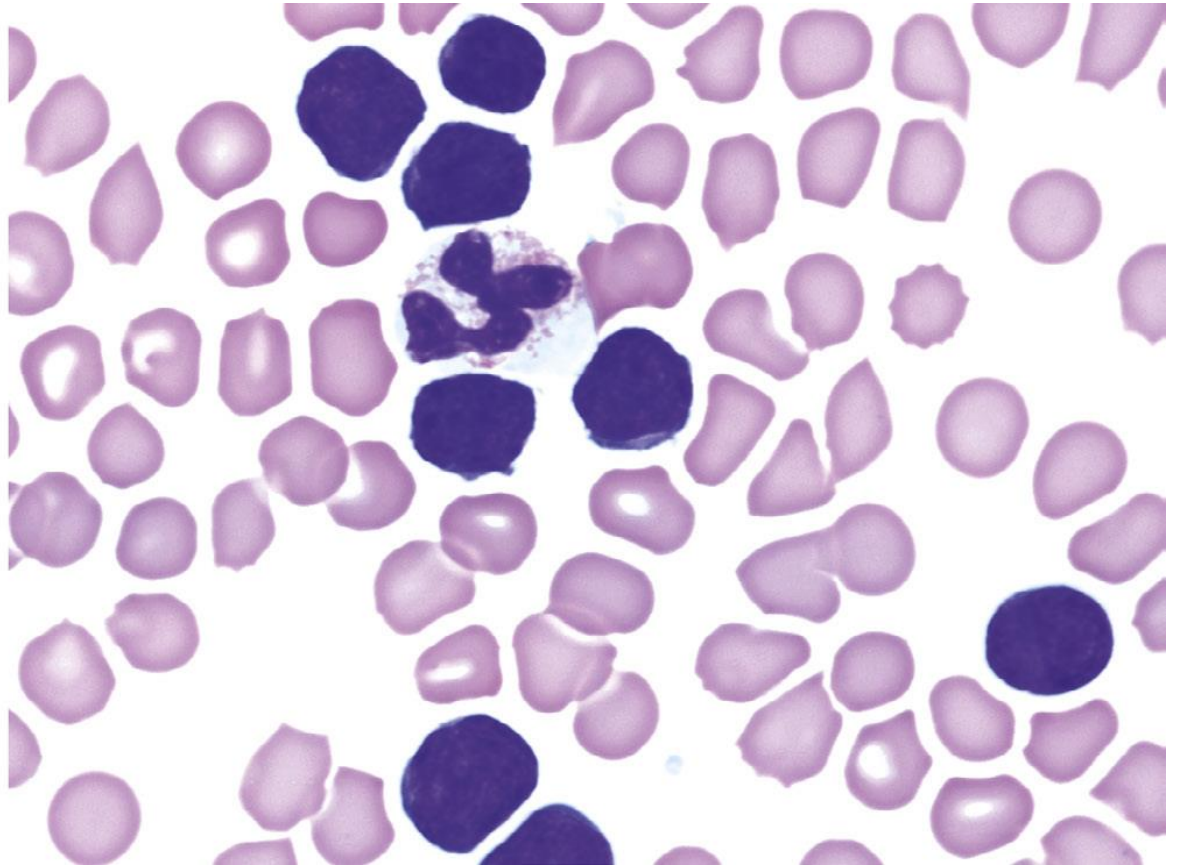
BLUE

BAD

Diagnostics: Blood Smear



Acute lymphocytic leukemia (canine)



Chronic lymphocytic leukemia (canine)



Rule Outs

Infectious disease

- neutrophilic leukocytosis
- lymphocytosis $<20,000/\mu\text{L}$
- *Ehrlichia*, *Babesia* (canine)
- *Cytauxzoon felis*, *Toxoplasma gondii*,
Aelurostrongylus abstrusus,
Leishmania infantum, *Mycoplasma*
haemofelis, *Bartonella henselae*,
FeLV/FIV (feline)

Persistent, nonneoplastic/polyclonal
lymphocytosis (English Bulldogs)

Addison's disease (mild lymphocytosis)

Not the good kind of “viral”

Include retroviral testing in your minimum database!

- FeLV
 - 20% of lymphoma cases (mediastinal, renal, spinal, ocular)
 - 62x greater risk of developing lymphoma
 - 70-90% of myeloproliferative disorders (MDS)
- FeLV + FIV
 - 70% greater chance of leukemia or lymphoma
 - 5.6x greater risk than if only FeLV or only FIV

Lymphocytosis in Cats

JVIM, 2019, Rout et al

- Lymphocytosis defined as $>6000/\mu\text{L}$
- Most common phenotype: neoplastic T-cell (CD4+)
- MST for this type: 752 days (~2 years)
- Flow cytometry best

Diagnostics: Flow Cytometry

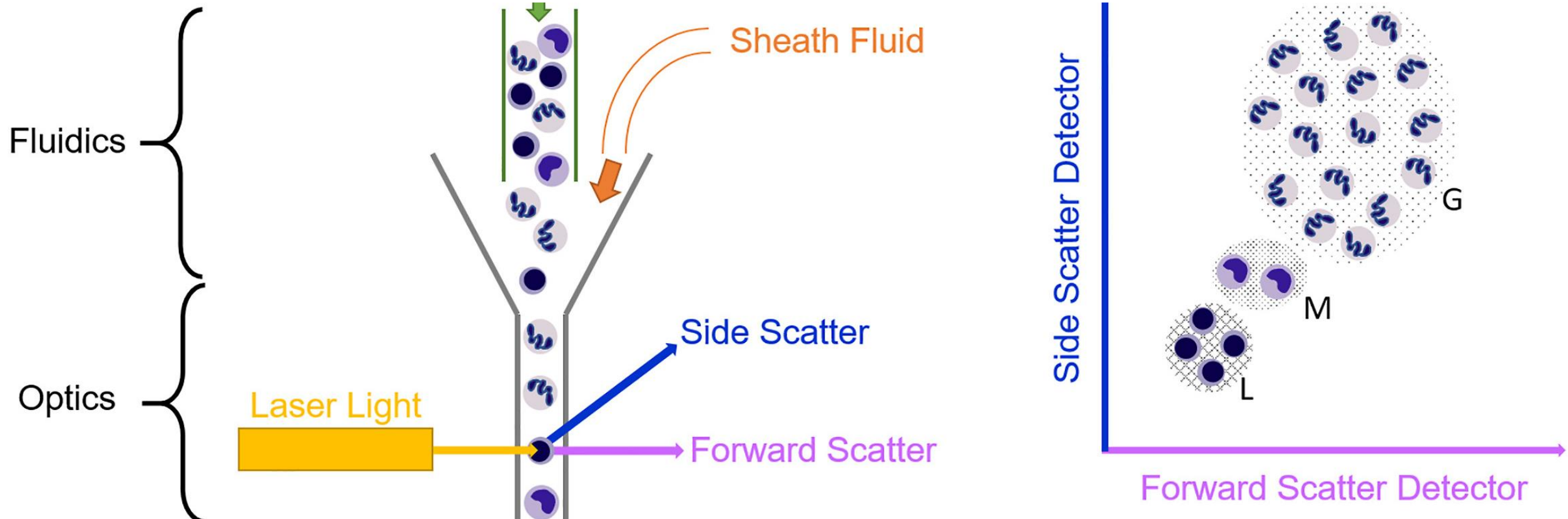
Emerging as the gold-standard test for diagnosis and classification canine and feline leukemias

Easy to acquire in-house and use on fresh blood (same as for CBC)

Individual cell counting, sorting, labeling (used to classify multiple disorders) –does NOT directly determine clonality but can be inferred

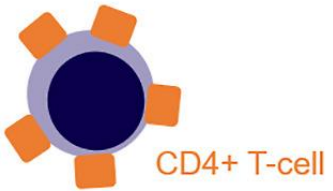
May not “match” cell morphology on blood smear

Flow Cytometry: How it works



Flow Cytometry: How it works

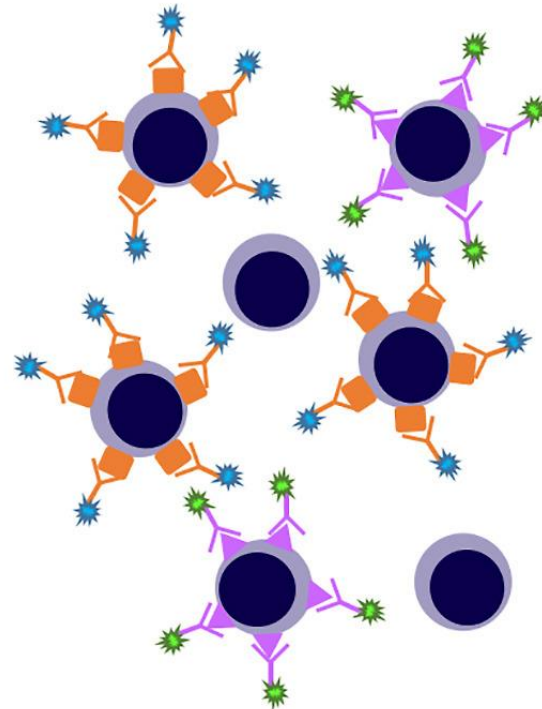
Heterogeneous Lymphocytes



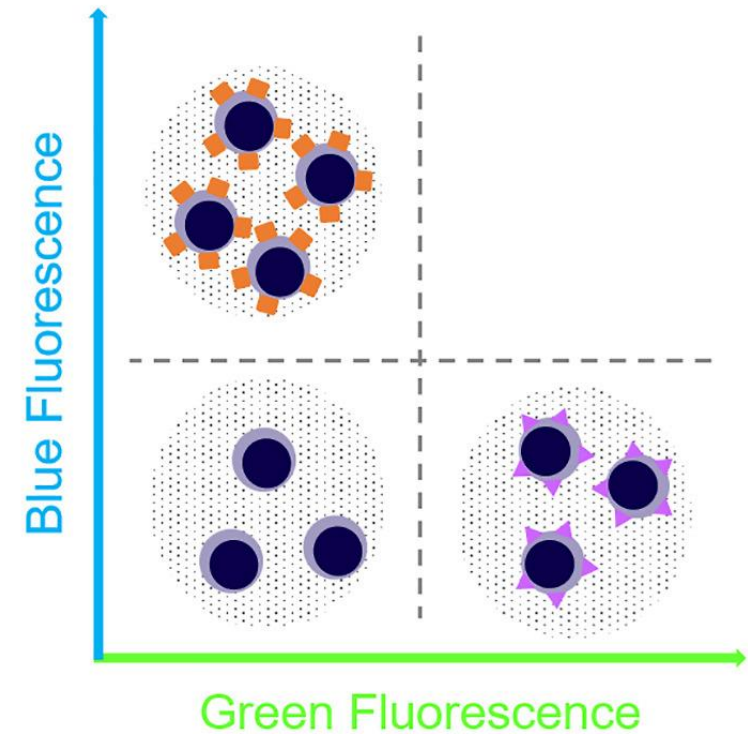
Fluorescent Antibodies



Labeled Cells
Interrogated by Laser



Flow Cytometry
Data



Flow Cytometry: How-to

Collect blood (peripheral or jugular vein, depending on thrombocytopenia risk)

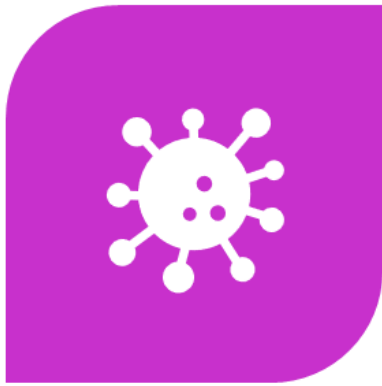
Send to lab of choice ASAP

Send a copy of the CBC too! Or request to have it run by lab

Flow Cytometry: Labs

- Colorado State Clinical Hematopathology Laboratory:
<https://vetmedbiosci.colostate.edu/chl/choose-a-test/>
- Other veterinary schools: Minnesota, Penn, Auburn, NC State
- IDEXX and Antech

Flow Cytometry: Sample requirements



ALIVE



LIQUID



CHILLED

FLOW CYTOMETRY RESULTS

Date of Assay: 2/8/2024

%Dead cells: 3

Accession: **F240012250**

	Total count per ul		Reference interval per ul
T cell subset: CD4	718		306 - 2063
T cell subset: CD8	275		157 - 965
Pan T cell: CD3	1373		594 - 3383
Pan T cell: CD5	2260		593 - 3375
B cell: CD21	11785	H	0 - 724
B cell/Plasma cell: CD21-CD22+	0		0
Monocytes: CD14	444		33 - 839
Neutrophils: CD4+CD5-	5914		2379 - 12544
Precursor/Acute leukemia: CD34+MHCII-	0		0
T zone cells: CD5+CD45-	0		0
Aberrant T cell: CD4+CD8+	0		0
B cell size:	SMALL		

Flow Cytometry: Interpretation


TEST RESULTS

Flow cytometry

CD21 LYMPHOCYTOSIS

INTERPRETATION

The flow cytometry study revealed a homogeneous expansion of small CD21+ B cells. The flow cytometry features are most consistent with a diagnosis of B cell chronic lymphocytic leukemia, but rarely other subtypes of small B cell lymphoma have lymphocytosis (Hughes et al, Vet Path 2021). Approximately 45% of canine B cell CLL cases have peripheral lymphadenopathy, 50% have splenomegaly and 25% have hyperglobulinemia. A study from our laboratory found that most cases of B cell lymphocytosis involving small cells have a good long-term survival, but a subset have more aggressive disease (Rout et al, JVIM 2021). Cases with lymphocyte counts greater than 60,000/uL had poorer prognosis (median survival 173 days) than cases with less than 60,000/uL (median survival 526 days). If the clinical picture is not consistent with the suggested prognosis, additional prognostic information may be available by enumerating Ki67 expression, which is a measure of proliferation. The Ki67 prognostic information was determined in untreated cases and we do not know how treatment affects Ki67 expression. Testing is recommended prior to starting treatment and samples must be taken no more than one day before submission. This test is only performed Tuesdays and Wednesdays.



Diagnostics: Bone Marrow Aspirate

Needle aspiration of the bone marrow and cytologic examination of the cells obtained

Only way to compare cells in the circulation to those in the bone marrow

Largely being replaced by Flow cytometry of blood (Flow easier to obtain and has many markers)

Indications

Aleukemic/subleukemic (not
enough cells for Flow of
peripheral blood to be diagnostic)

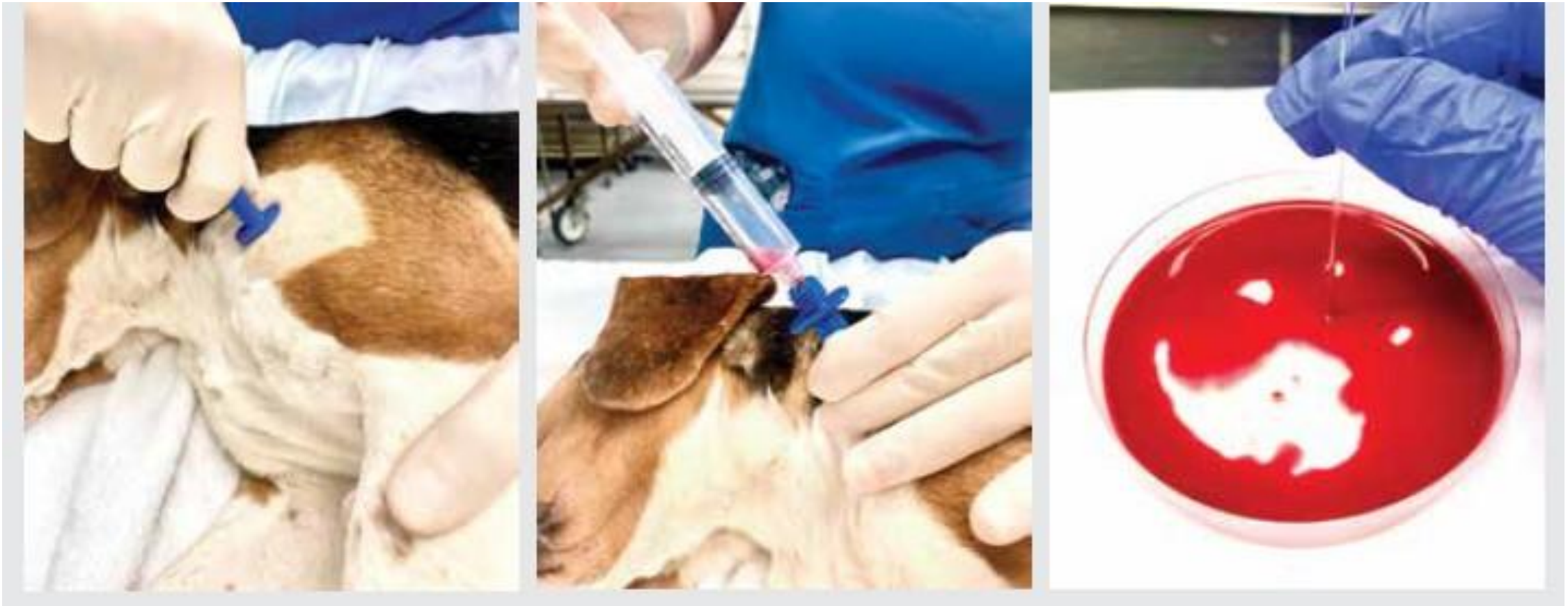
Cytopenias (bi-or pan especially)

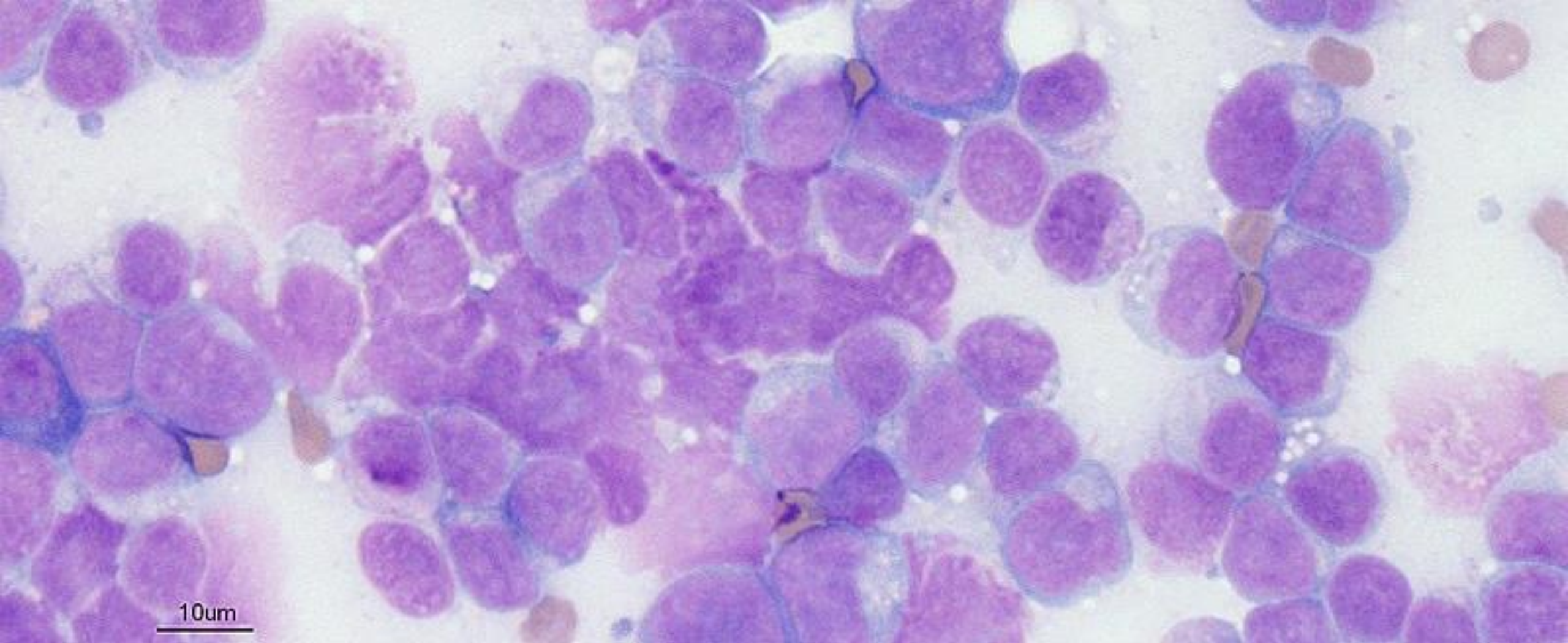
Stable patient

Bone Marrow Aspiration: How-to

- Perform under heavy sedation or general anesthesia
- Supplies: Sterile gloves, clippers and scrub solution, local anesthetic (optional), petri dish with 2.5% to 3% EDTA solution (approx 2 mL), glass microscope slides, microhematocrit capillary tubes, No. 11 surgical blade, sterile gauze, 10- or 12-mL syringe, and 14- to 18-gauge 1- to 2-inch bone marrow needles with stylet (Rosenthal, Illinois sternal, Jamshidi)
- Clip fur and sterilely prep site
 - proximal humerus, ilium, proximal femur, sternum (if sternal, use 20-22 g hypodermic needle)
- Prime collection syringe and needle with EDTA
- Make stab incision over area to sample (avoid joints), then pop needle in

Bone Marrow Aspiration: How-to





Bone Marrow Aspirate: Cytology

Leukemia types

Chronic Lymphocytic leukemia (CLL)

Chronic Myeloid Leukemia (CML)

Acute Lymphoid Leukemia (ALL)

Acute Myeloid Leukemia (AML)

Not so bad blood: Chronic leukemias

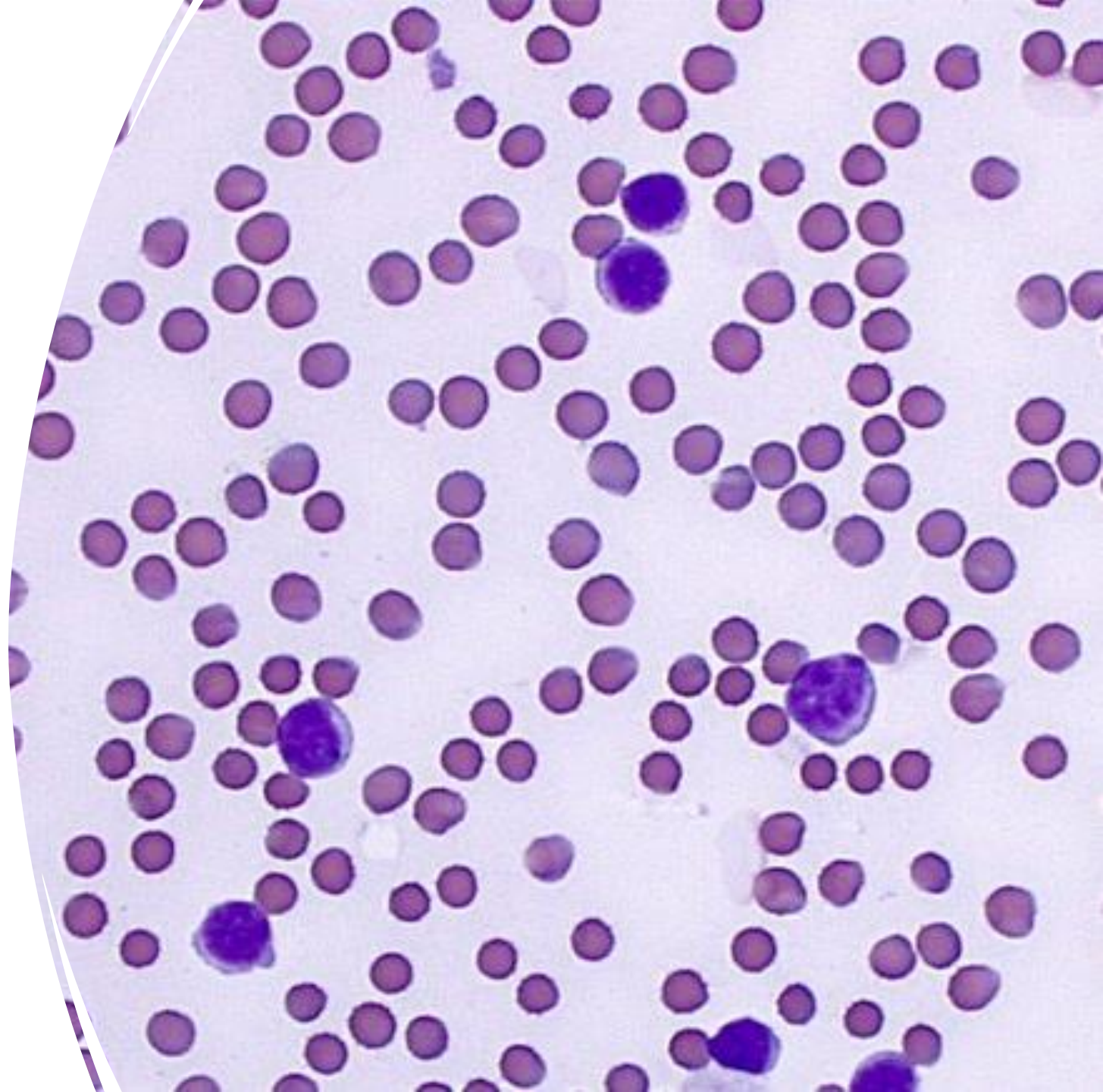
Clinical Presentation

- Older (10-11 yrs), small-breed
- Incidental – MOST COMMON
- +/- mild peripheral lymphadenopathy, splenomegaly/hepatomegaly

Diagnostic findings

- CBC/blood smear:
 - Moderate to severe lymphocytosis
 - Lymphocytes small to medium sized, mature/differentiated*
 - Cats: 50% anemic
- Chemistry:
 - Hyperglobulinemia (25%)

Chronic Lymphocytic Leukemia (CLL)



When to treat

Clinically signs (nonspecific)

Severe lymphocytosis ($\geq 60,000/\mu\text{L}^*$)

Cytopenias: Thrombocytopenia,
Neutropenia, Anemia

Hepatomegaly/Splenomegaly/other
organ involvement

Severe lymphadenopathy



CLL: Treatment and Prognosis

Treatment

- Delay until one or more criteria met
- Oral chemotherapy and steroids
 - Chlorambucil: 0.2 mg/kg or 6-8 mg/m² EOD or 20 mg/m² PO q2 wks
 - Prednisone/prednisolone: 1 mg/kg/day for 2 weeks, 0.5 mg/kg/day after
- +/- vincristine, cyclophosphamide
- No consensus on when to stop

Prognosis is GOOD

- 70% normalize lymphocyte count
- MSTs 1-3 years with good QOL
 - But will eventually progress

A decorative graphic consisting of several concentric, overlapping circles in various shades of pink, creating a soft, glowing effect around the central text.

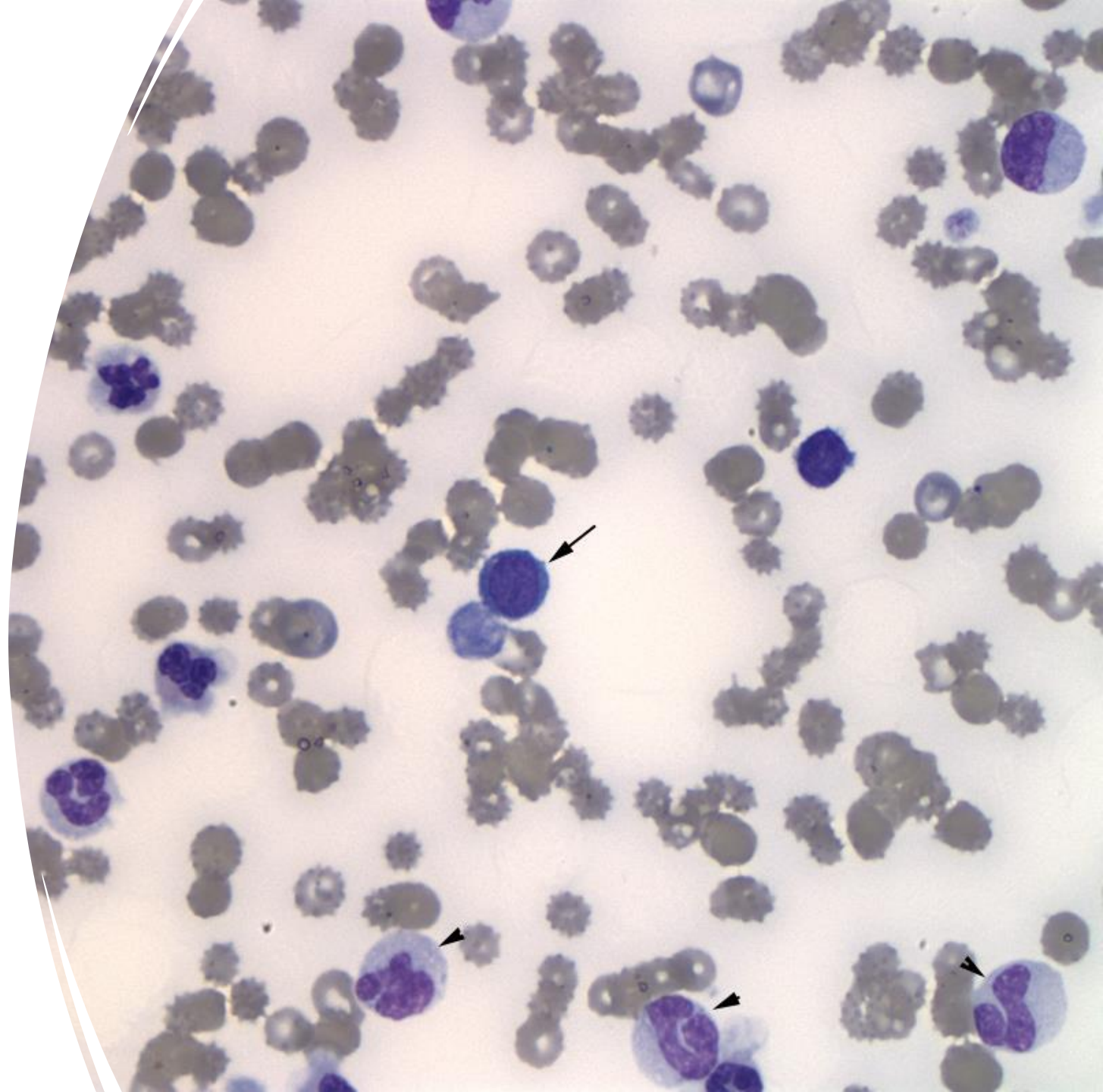
CLL prognostic considerations

Immunophenotype:
Atypical < B < T

Breed: Boxer, English Bulldog
(young, male)

Degree of lymphocytosis at
diagnosis

Chronic Myeloid Leukemia (CML)



CML: Treatment and Prognosis

Five-year survival rates for CML patients treated with Gleevec® currently top 89%.²⁸



NOTE:

CML is much rarer than CLL! Less is known about treatments and outcomes

Treatment

- Oral chemotherapy and steroid: hydroxyurea +/- busulfan, and prednisone
- Anecdotal: tyrosine kinase inhibitors (Palladia, imatinib)
 - Gleevac/imatinib effective in human patients due to BCL-ABL mutation

Prognosis

- ~ 1 year; range 41 days - 4.5 years

“Richter’s Syndrome” and “Blast Crisis”

Severe progression of chronic leukemia

New immature cells/blasts in circulation

Rapid clinical decline + lymphadenopathy

5% overall; 2% T-CLL and 10% B-CLL

MST 41 days



Acute leukemias are
not cute!

They're aggressive
and deadly!

Really bad blood: Acute leukemias

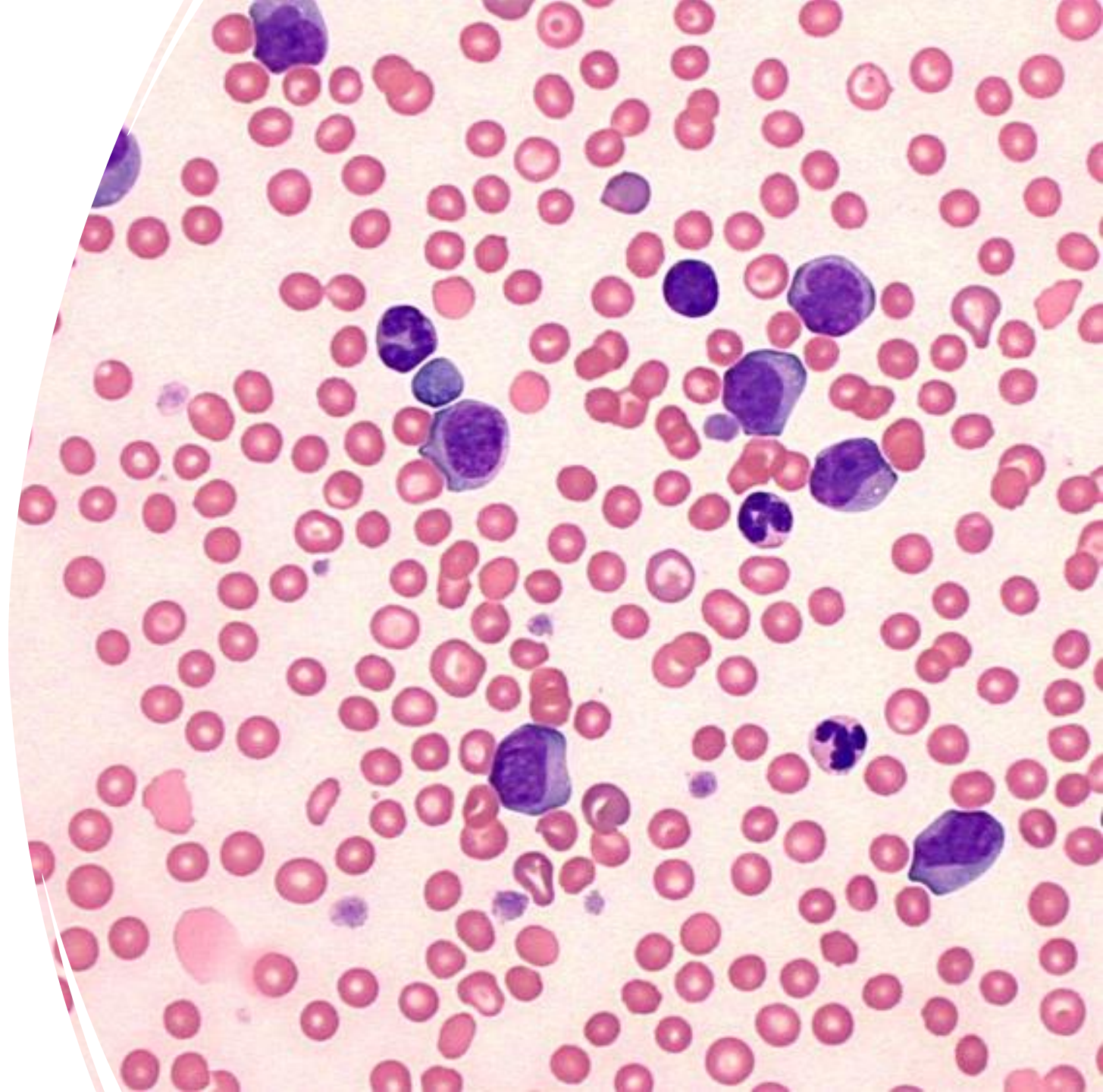
Clinical Presentation

- ACUTELY ILL (days to weeks)
- Vague constitutional
- pale MMs, epistaxis, petechiae
- Organomegaly
- Lymphadenopathy (mild to moderate)

Diagnostic findings

- CBC/blood smear/bone marrow aspirate/FLOW
 - Severe lymphocytosis or neutrophilia
 - Anemia, thrombocytopenia, neutropenia
 - AML: aleukemic or subleukemic
 - $\geq 20\%$ blast cells
 - CD34+ (not always)

Acute Lymphoid Leukemia (ALL)



ALL: Treatment and Prognosis

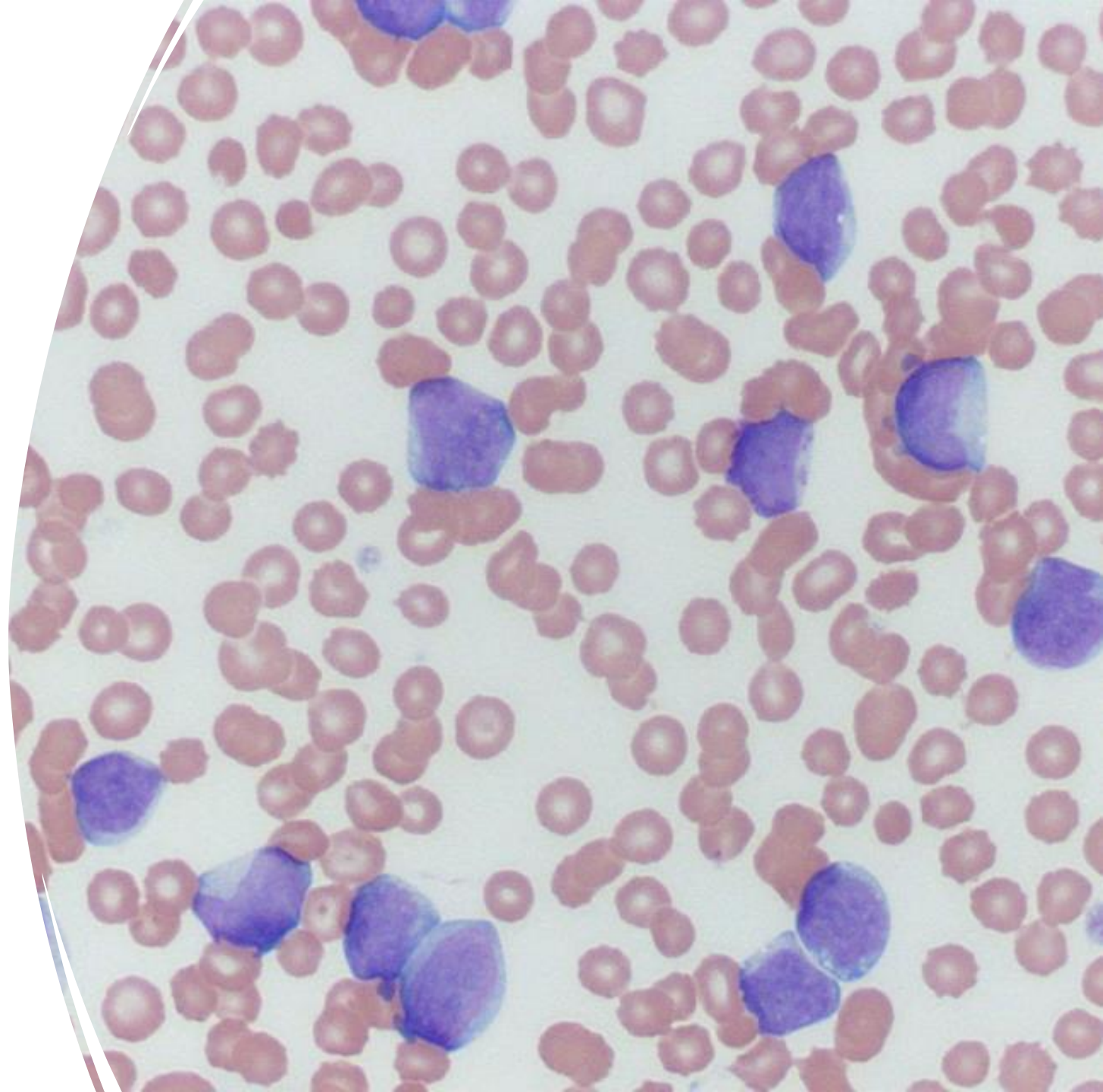
Treatment

- FIRST, STABILIZE PATIENT – fluids, transfusions, etc
- Intensive injectable chemotherapy and steroids
 - CHOP-based
- Possible acute tumor lysis syndrome (electrolyte abnormalities, AKI)
 - Diuresis 24-48 hours

Prognosis is BAD

- Risk for sepsis, hemorrhage, DIC
- Palliative (steroid) only: ~1 week
- Chemo + steroid: 16 – 129 days

Acute Myeloid Leukemia



AML: Treatment and Prognosis

Treatment

- FIRST, STABILIZE PATIENT – fluids, transfusions, etc
- Intensive injectable chemotherapy and steroids
 - CHOP-based +/- cytarabine
 - Doxorubicin + cytarabine
- Possible acute tumor lysis syndrome (electrolyte abnormalities, AKI)
 - Diuresis 24-48 hours

Prognosis is BAD

- Risk for sepsis, hemorrhage, DIC
- Palliative (steroid) only: ~1-14 days
- Chemo + steroid: 6 – 210 days

Myelodysplastic Syndrome (MDS)

Clonal/neoplastic disorder resulting in cytopenias

BM aspirate: Hyperplastic bone marrow with abnormal maturation

<20% blasts in circulation (dogs), <10% in cats but likely other organ (spleen/liver) involvement (lower than in AML)

MST ~ 1 yr; cause of death = cytopenias > acute leukemia

Summary



Presentation predicts prognosis



Go with the FLOW



Tailor treatment

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Image credits

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https://axolbio.com/wpcontent/uploads/2022/04/ir_attachment_12465.png

<https://www.nih.gov/sites/default/files/2025-01/fighting-cancer-case-study.pdf>

Questions?

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Reference list available
upon request

