Adult T-cell leukemia/lymphoma (ATLL): Where we are in 2015

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Adult T-cell leukemia/lymphoma (ATLL) is an aggressive peripheral T-cell lymphoma (PTCL) associated with clonal proviral DNA integration of human T-cell lymphotropic virus type 1 (HTLV1) with T-lymphocyte. Despite enormous advances in our understanding and treatments of aggressive lymphomas, the progress in ATLL has lagged behind. The acute and lymphomatous types have a poor prognosis with median survival of 6-13 months. Molecular and genetic characterization of this malignancy has been limited due to their rarity and often non-specific morphologic and immunophenotypic features. Currently gene expression profiling and gene sequencing studies are underway for better characterization of genetic abnormalities in this disease. Traditional chemotherapy agents are not very effective in this disease and recently the role of epigenetic dysregulation has been recognized in this disease, which may explain its sensitivity to histone deacetylase (HDAC) inhibitors. In the last 6 years, 4 new drugs have been approved by FDA for patients with relapsed/refractory PTCL: Pralatrexate and 3 HDAC inhibitors (romidepsin, belinostat & vorinostat). Multiple trials are currently underway to explore the integration of these agents in first line setting with standard chemotherapy. These recent advances are changing how we view this disease and hopefully have prepared us to change the future of this disease.

Biography
Nikhil Mukhi has received his MBBS degree from Gandhi Medical College, India. He has completed his Internal Medical Residency from New York Medical College, NY and he is currently in his Hematology/Oncology Fellowship at State University of New York Downstate Medical Center, NY. His interests are in T-cell lymphomas. He has been doing research on effective first line therapy in Adult T-cell leukemia/lymphoma (ATLL) and optimal regimens in relapsed/refractory setting.

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