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## 612.ACUTE LYMPHOBLASTIC LEUKEMIAS: CLINICAL AND EPIDEMIOLOGICAL

## Acute Lymphocytic Leukemia (ALL) in Pregnancy, Case Report and Literature Review

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Introduction: Leukemia is rare in pregnancy, occurring in up to 1 in 100,000 pregnancies. A 28F G2P1 was diagnosed at our institution with Philadelphia (Ph) negative B-ALL at 24 weeks' gestation. She was induced with UKALL14 and achieved a flow negative complete remission post-induction. During induction chemotherapy, regular ultrasound scans showed that the fetus was growing normally for gestational age. The patient was kept on weekly vincristine and prednisone and had an elective c-section at 31+3 weeks, in light of her previous caesarean section, poor bishop score, and in order for her to safely resume chemotherapy. Baby girl had an uneventful hospital course and was discharged after 29 days. Given the sparse data on this challenging topic, we decided to review the literature for all reported cases of ALL in pregnancy.

Methods : We reviewed the literature for all reported cases of ALL from 2000 to 2023. We collected available data on the patient, pregnancy, and fetal outcome as well as leukemia characteristics and chemotherapy received.

*Results*: We found 57 patients across 20 studies. The median age at diagnosis was 26 years (range 16-41 years). Most affected pregnancies were during the second trimester (T2) (n 23/57) and third trimester (T3) (n 20/57). The subtype of ALL was reported in 49 patients; of those, B ALL was the most common (n 35/49). Ph was reported positive in eight patients. A total of 53 patients received chemotherapy, of those 33 patients were received during pregnancy, while 13 were after pregnancy, and the remaining 7 had unclear timing. Patients received different combinations of standard ALL chemotherapy agents including vincristine (n 49/53), cyclophosphamide (n 25/53), prednisone (n 42/53), dexamethasone (n 23/53), L-asparaginase (n 20/53), pegaspargase (n 1/53), daunorubicin (n 36/53), doxorubicin (n 7/53), idarubicin (n 4/53), cytarabine (n 11/53), 6-mercaptopurine (n 8/53), cytosine arabinoside (n 1/53), and methotrexate was given to 8 patients intrathecally during pregnancy; 6 during T2 and 2 during the first trimester (T1). Dasatinib and imatinib were given to two patients at 33 and 24 weeks respectively. There were no reports of patients who were treated with immune therapy while pregnant.

All four patients who did not receive any treatment died from progressive disease. Complete remission (CR) was reported in 45 patients. One patient died during induction from septicaemia, five were refractory to induction chemotherapy and 2 did not have induction outcome reported. Of those who achieved a CR, 21 were reported alive and 16 reported dead at last follow up. Among those mortalities, 8 were due to relapsed leukemia, 3 due to infectious causes, 2 due to respiratory failure and 2 from unspecified causes. Five patients were reported to have persistent or refractory leukemia, 4 of whom died.

Among the 14 T1 pregnancies, 10 were terminated electively, 3 spontaneously, and there was one maternal death due to declining treatment. Three patients received chemotherapy during T1, two suffered a spontaneous abortion and one had a missed miscarriage. Among the 23 T2 pregnancies, 17 resulted in live deliveries, one stillbirth during chemotherapy, one maternal death and 4 spontaneous abortions; 2 of which received chemotherapy during pregnancy, one did not receive treatment and one abortion with unclear timing of chemotherapy initiation. Among the 20 T3 pregnancies, 19 had successful deliveries and one stillbirth at an unindicated gestational age after receiving chemotherapy. Five babies were reported to have low birth weight, four had neonatal cerebral ischemia, one had intraventricular hemorrhage and one suffered from intestinal

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obstruction 2 weeks after delivery. All babies were discharged from hospital with no adverse congenital or developmental complications.

*Conclusion* : Treatment of women presenting with ALL at or beyond T2 is possible with high early remission rates for the mothers and delivery of healthy babies. The outcome is highly dependent on the gestational age. It is important that more cases are reported on this topic due to its challenging and multidisciplinary nature especially given the sparse data available and potential for reporting bias.

**Disclosures** No relevant conflicts of interest to declare.

	Short Reference	Yne	Maternal Age (years)	B/Teel	P8- 10 <sup>14</sup> 10	Moleculor	GA at Ds (weeks)	Course of programmy	Pregnancy estrome	GA at delivery	Fetal outcome	Classetlerage	Induction chemotherap y during pregnancy or after delivery	response to induction therapy	Patient estrome	servival alt dispersis
	Koheyashi, Shuhei et al	2823	33		ph tur		33	-	Delivery - CS	34+1	live hirds	Dearinh + arroid	during	CR	aller (Alle-HSCT)	24 months
	Koheyushi, Shubei etal	2823	36		ph-10		15 (relapse)	PEROM	Delivery - SVD	3416	live birth	MyperCRAD (CPM, VCR, ADR, DEXA)	during	a	dead	52 months
1	Da, Dintal	2022	13	1.0.1	18-10		34		Delivery - CS	iern .	live birth	ONR + VCR + CPM + PRID	during	(2	dead from Pulm infection	i nosta
1	Zhu, Dietal Zhu, Dietal	2821	41	BALL BALL	ph-se ph-se		17 04		Delivery - SVD	proteilara	live birth	DNR + VCR + CPM + PRED Declared	deing	01	dend from refractory leukamia dend, declined treatment	16 months
	Vijm-Kevit A, Jena NGE, Mol E, et al.	2018	37.	TALL		(19;14)(q24;q11) TLXCI translocation with a complex	36		Delivery - SVD	37+2	live birth	PRED prophase	during	OR after reminion-induction chemotherapy	Alex	
	Fieladar N., et	244.9		BALL		karyotype 4730X +10, -17, -18 +22, mar(6)			Decive termination	14+4		CI MIE young adult protocol (VCR, ADR, PRED, CPM, L- ASP.)				
İ		ATT /	1		-		14.				posterioge		4163	rising	and the second s	
1	-		25	BALL		de899	6		Elective termination.	7 wks	micartinge	VCR, ADR, PRED, CPM, L-ASP CALBGN111 preservel (VCR,	after	CR.	albe deud from septic shock + resp failure (post	-
			м	Per BALL	12.14	- 56XX,+X,-X,+4, +6,+10,+14,+17,	19		Sportate out abortion	19 win	micurriage	(PM, L-ASP, DNR, PRED.)	during	CR.	ala-S(T)	X months
			19	ALL LI	-	+18, +21, +21	16	Silbiti	silbrà	22 witz	dead	ONR + PRID + VCR	daring	CR.	dead from resp failure	
		-	28	9.AJ.L.	-	ukarea	15		Delivery - SVD	38 wk	live birth	DNR + PRED + VCR AlyperCRAD (CPM, DEXA,	after	CR.	dead - refractory ALL	15 months
ļ	Mainor C, et al.			B ALL	Ph inc			Absormal biophysical profile	Delvery - CS			ADR, VCR), CTR, imatinib (neuplate)		Natroparad	dead from septecenia and small howel obstruction	
1	Saleb AJ, et al.	2014	23	Pr 8 ALL	25.110	-	38	- beholvers have	Delway	38 WK	weight live birth	Note	during	Pear repared	Dead from progressive disease	
			74	Pr BALL		47xx,+1, (4,11)(q21,q21)	12		Spontaneous abortion	13 +4	miscarriage	_			Dead from prograshe datase	
1	-		Ĩ.	1.000		ASU AND AND		1		1			30			
			23	Pre B ALL pre B ALL		-	0		Spontaneous abortion Spontaneous abortion	14	micarriage micarriage	VCR, ADR, PRED, CPM, L-ASP NON	during		Alive (SCT) dead from progressive discase (post SCT)	
1				per 8 ALL		450, #411XeN eNt	39		Delivery		live birth	VOR, ADR. PRED, CPM, L-ASP	Arris .	12		
			37	TALL		(4010)(g21,g23) -	н	2	Delwey Delwey	38	live birth	VCR, ADR, PRED, OPM, L-ASP VCR, PRED		(R (R	dead from progressive disease (post SCT)	
	Khandaker S. Manuhi S.	2014	в				35	interim muintenance given (Vincristine + MTX + mercaptopurine)	Delivery - CS	34 wk	lve birth	DEXA, PRED, MIX (IT), VCR L-ASP	during	a	abe	
1	Zasti, A et al.	2814		BALL	-	1		(intro-paperne)		16 wks	and the second second	ONR, VCR, ASP, PRED, MTX	during		for these schemes how shows	
ł						46.XX.(92214)4		-	Spontaneous abortion		micarriage	(TT) AlyperCKAD (CPM, VCR, ADR,		norphologic remission	dead from publicitary better thege	
1	Ticks, J et al	2013	22	0.ALL	by east	q11.2)	35	2	Delivery - CS	30 wk	live birth	DEXA)	during	morphologic remission	Alive	•
	Nakajima Y., et					46,3XX,1922,193(q) 34,q11,2p13(2)46 3X, der(9)deR(9)(p14)( 9,293(q)4q13),der( 199(19,223(p13)q) 12), der(22)(9,223(q)4, q11,2)(3)46,3XX(1)			Dulivey - CS		live birth				1.00	
	ell Renderd Miller	2013	м		Brie.	<u>9</u> .	27			32+1		DNR, VCR, CPM, PRED	during	(3	Alive	790-deys
1	I, et al.	2017	27	per BALL	14.60		26		Delivery - CS	38	live hirds	VCR, DNR, jegosporgow, PRED, CTR.(IT), MTX (IT)	during	CR	Alsq	-
	Aljurf, Metal	2009	37	per BALL		(4;11) (q21, q23)	29		Delivery - SVD		ive birth , anemia	NOR DEXA, IDR, ASP	during	(2	Dead after relapse (refractory), refused SCT	
ļ	Aljuri, Metal	2005		PT BALL		(4;11)-(q21, q23)	14		Spontaneous abortion		-	VCR, DEXA, IDR, ASP	and the	short remission then recurrence	Dead - Primary refractory	
1															Dead - relapse 6 membs after CR and 10	
1	Aljurf, Metal. Aljurf, Metal.	2009	21	per TALL per BALL	-	Normal karyotope (4,11)-1421, 4231	30		Delivery Elective termination	11	live brth, anemia miscarviage	VOR, DEXA, IDR, ASP OPM, VOR, DEXA, IDR, ASP	after after	08. 08	norths post Alle-SCT Dead - relapse 3 years post Alle-SCT	-
1	Aljurf, Metal.	2009	27	per 8 ALL		Non informative	13		Spontateous abortion	14	Macarriage	not indicated	during	CR.	Alter (allo-SCT)	4 years
1	hrovichskova EN, et al	2009	30	BALL	Bire	46,333, (4,11)(q21,q25)	10		Elective termination	10 wk	miscarriage	PRED, DEXA, DNR, VCR	after	CR after 1st induction	dead due to refractory relayse	
	Parovichnikova (N. et al.	2009		TALL	2.4	MLL-org	10		Dective termination	11 **	miscorrises	PRED, DEXA, DNR, VCR, KPM, CTR, 6MP	after	CR after 2nd induction	alive (Ala-SCT)	
1	hriviclakera						2		Second and the			PRED, DEXA, DNR, VCR,				
1	IN, et al. Paroschukova	2009	24	TALL	Ph-10	46,XX, MLL-org	10		Delivery - CS	10-sk	live birth, IVII,	CPM, CTR, 6MP	after	CR after 2nd induction	alter (Auto-SCT)	
	EN, et al Parovicheikova	2009	D.	TALL	A-10	46,000, del (11q25)	15	-		35 wà	NO	PRED, DEXA, DNR, VCR	after	CR after 1st induction	dead due to refractory relayse	-
	EN, et al	2009	38	BALL	19.10	46,XX, MLL-H	36		Delwny - CS	36 wit	live hith	MED, DEXA, DNR.VCR	after	reliacery	dead due refractory ALL	
1	Parovicheskova EN, et al.	2009	24	BALL	2.11	46, XX, MLL-seg	40		Delivery - SVD	40 ak	live heth	PRED, DEXA, DNR, VCR	ater	CR after 1st induction	aller (Ala-SCT)	
	Perovicianikova								Delivery - CS		Eve birth , Intestinal obstruction at +2	PRED, DEXA, DNR, VOR				
	EN, et al	2009	25	TALL	B-11	MLL-seg	15			35 wh	sta	CPM, CTR, 6MP	during	CR after 2nd induction	alber (Auto-SCT)	
	Parovicheikova EN, et al	2009	29	TALL	B-14	0,00,00	20		Delivery - Cl	15 wit	Ive hirb., SGA	PRED, DEXA, DNR, VCR, CPM, CTR, 6MP	during	refractory	dead due to refractory ALL	
1	Parovichnikova EN, et al.	2000	15	BALL	A-14	46,XX, MLL-44			Delway - CS	35 wk	live birth	PRED, DEXA, DNR, VCR, CPM, CTR, 4MP	during	CR after prod-place	she	0
1	Parovichnikova	Local Control of Contr	12		1				Delwary - CS			PRED, DEXA, DNR, VCR,	ter eg	CR after extended 2nd		-
ł	EN, et al. Pare-schekeva	2009		TALL	25-10	46,XX, MLL-91	25.		2000222	34 wk	live birth, NCI	CPM, CTR, 6MP	during	induction	albe (Alo-SCT + Auto-SCT)	-
	EN, et al	2009	1	9.ALL	75-10	47,XX,+9ar	36		Delivery - SVD	36+4	live birth	PRED, DEXA, DNR, VCR	ling	CR after 1st induction	aba	-
ļ	Parovichnikova EN, et al	2009	36	BALL	3.10	46,XX, add IGN (14g22)	28		Delivery - CS	34.94	live birth.	PRED, DEXA, DNR, VOR	lung	CR after 1st induction	dead in CR due to septic shock	
	Parivichnkova IN, et al	2009	29	B ALL	n-11	(4;11):(q21;q23)	39	1	Delivery - CS	Nuk	live birth , SGA, NCI	PRID, DEXA, DNR, VCR, CPM, CTR, 4MP	lung	(Rafer Isladiction	aller (Alla-SCT)	1
ļ	hrechnkera			· · · · · · · · · · · · · · · · · · ·					Delivery - SVD		live birth					
ł	EN, et al. Previchnikova	2009	3	TALL	24-10	MLL-neg	н		Orlivery - CS	36.94		PRED, DEXA, DNR, VOR	during	CR after 1st induction	alse	-
	<u>EX, et al</u> Popustonicu N, et al	2009	10	T ALL	1912	prosence of inchromosome SpgR9x[0] and the deficit of the short arm of chromosome 9, region 9p21	35		Deleny-CS	38 wk	live birth, NCI	PRED, DEXA, DNR, VCR German ALL-BFM FI protocol As (PRED, VCR, DNR, ASP, VTX (TT)	daring .	Ok after 1 is induction	alion Alion	18 month
	Mateuka, Cet								Delivery - CS							
ł	el Molkesheer, J.F	2007	30	BALL	ph rue	-	4	IUGR at 32 wks Mined micarriage		32	live birth , SGA miscurriage	DNR, VCR, ASP, PRED, MTX PRED, VCR, ASP, DNR, MTX (IT)	during	CR pervistant leakemia	Also doud after size col transplant secondary to	29 months
	Metal. Molkenboer, J.F	2000	-		-				Elective termination	-		(IT) PRED, VCR, ASP, DNR, MTX.		personal and see of a	sepis + ARDS	
1	Metal	2005	hi		59 + HL	-	0	-	Spontaneous abortion	22 #ks	micarriage	After 3 was CTR	during	persistant leukemia	dead	-
	Chelghoum Y., et al.	2005	25	TALL			27		Delivery - SVD		preturm	ONR, VOR, CPM, PRED	Not clear	Refractory		
	-		34	per BALL per BALL	-		9	-	Electve termination Delivary - CS	-	nicariage pretent	ONR, VCR, CPM, PRED ONR, VCR, ASP, PRED	Not clear Not clear	(3) (3)		
1			30	BALL	Phone.		10		Elective termination		mixariage	DNR, VCR, CPM, PRED		CR		
1			21	per BALL			28		Delawy - CS		preterm	ONR, VOR, CPM, L-ASP, PRED	Not clear	CR		
			25	TALL			£		Elective termitudion		micarriage	ONR, VCR, CPM, PRED		08		
J	Tenek MC., et el	2003	21	BALL			30-31		Delavay - CS	36-31	live heth	VCR, DNR, HED, L-ASP	after	ded	dead from septicents	18 days
	Greenhad LJ.	-				1		mother died in CR	minut hat			-			Dead from ARDS is CR	11
	r.d		3			CALLA+	33	during programsy	nuienal death Deliwrry	38 +4	ive birth	DNR, VCR, Ara-C, PEID impecified Cancer and Leadenia Group B Study HILI (INDUCTION	ster	α α	Dead from ARDS in CR Dead	1.5 months
	llanes WF., et	2000	34	BALL		-	34	Tassient oligolydramsies with every cycle	Delwoy - SVD	36-2 sk	live birth	Study HII (INDUCTION: CPM, VCR, PRED, DNR, L-ASP followed by 2 cycles of MIX (IT), CPM, 6MP, CTR, VCR, L- ASP)	during	OR after induction	alse	

## Figure 1

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