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Prognostic relevance of soluble CD23 levels in CLL

We read with interest the paper dealing with the prognostic relevance of a scoring system based on clinical and biological parameters in early B-cell chronic lymphocytic leukemia. While the determination of parameters that can serve as indicators of disease progression in B-CLL patients remains a subject for debate, the prognostic value of soluble CD23 levels is useful in CLL. When compared to lactate dehydrogenase, albumin and β2 microglobulin levels, only sCD23 is higher than the normal value for Stage A patients, and significantly so for those Stage A patients who experience disease progression.

Recent data from a series of 101 B-CLL patients followed-up in a single centre (Centre Hospitalier Universitaire de Nancy, France) confirm the clinical value of sCD23 determination. Patients (61 males; 40 females) with a median age of 62 years were classified at diagnosis into Stage A (n = 66), Stage B (n = 15) and Stage C (n = 20). Disease evolution was evaluated according to recommendations from the National Cancer Institute and immunophenotyping (Smlg, CD5, CD22, CD23 FMC7) gave a score of 5 in 48% of patients, 4 in 36% and 3 in 16%. Soluble CD23 levels (sCD23) were determined using the Bender ELISA kit (Medsystems, San Diego, USA), which specifies a normal range of 0 – 100 U/ml. Calibration tests conducted with samples from blood donors were never higher than 50 U/ml.

Disease progression was observed in 23 patients, including nine of the 47 Stage A patients, and overall survival was 10.4 years. In all cases, sCD23 was higher than the reference value of 100 U/ml and correlated with survival was 10.4 years. In all cases, sCD23 was higher than the reference value of 100 U/ml and correlated with survival.

We conclude that sCD23 serves as indicators of disease progression and shorter survival. Determining levels of soluble CD23 is, therefore, of important predictive value in identifying the subset of Stage A CLL patients who are likely to experience disease progression and, thus, likely to benefit from more intensive therapy.

Jean-François Lesesve, Alexandra Meyer
Florence Girard
Marc Maynadie and Pierre Feugier
Service d’Hématologie biologique,
CHU Nancy, France

References