When should haematologists see patients with asymptomatic lymphocytosis?

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Background

- No clear guidelines for GPs on the appropriate threshold for referral for asymptomatic lymphocytosis, or for which of these patients would benefit from immunophenotyping.
- Overuse of immunophenotyping is costly to the NHS and can create a population of patients with a diagnostic label such as monoclonal B cell lymphocytosis (MBL) with uncertain clinical benefit.

Part 1 – Patient outcomes

Question

- What were the long term outcomes for patients with asymptomatic lymphocytosis referred to our centre?
- Did outcome correlate to initial lymphocyte count?

Methods

- A retrospective analysis of all patients who underwent immunophenotyping at our centre over the course of 18 months (01/01/2013 – 30/6/2014) with five years or more of follow-up
  - Inclusions: all patients with immunophenotyping request clinical details of ‘lymphocytosis’, ‘raised WCC’ or ‘?CLL’.
  - Exclusion criteria: no clinical records, any pre-existing diagnosis of a lymphoproliferative disorder (LPD) or evidence of constitutional symptoms or other cytopenias at the time of immunophenotyping.

Part 1 – Results

Immunophenotyping follow up results

	Patients with non-clonal pop. (total number)	Patients with clonal population (total number)			
		Remained under f/u, no treatment	Lost to f/u	Started treatment	Died from other causes
Lymphocytes < 10 x10^9/L	73	5	3	0	1 – bowel adenocarcinoma
Lymphocytes 10-20 x10^9/L	0	2	3	0	0
Lymphocytes 20-50 x10^9/L	0	1	0	①	0
Lymphocytes >50 x10^9/L	0	1	0	①	1 – SCC larynx 1 – died from unclear cause

- 73 of 93 patients included (78.5%) did not have a clonal population found. All of these patients had an initial lymphocytosis count of <10 x10^9/L.
- Of 20 patients with clonal populations only 2 required treatment
  - Both developed either B symptoms or other cytopenias as indications for treatment.
  - Both had initial lymphocyte counts of >20 x10^9/L

Conclusions

Routine referral and immunophenotyping for patients with asymptomatic lymphocytosis (with level < 10x10^9/L) does not provide clinical benefit.
There is a need for national guidelines in order to standardise practice.

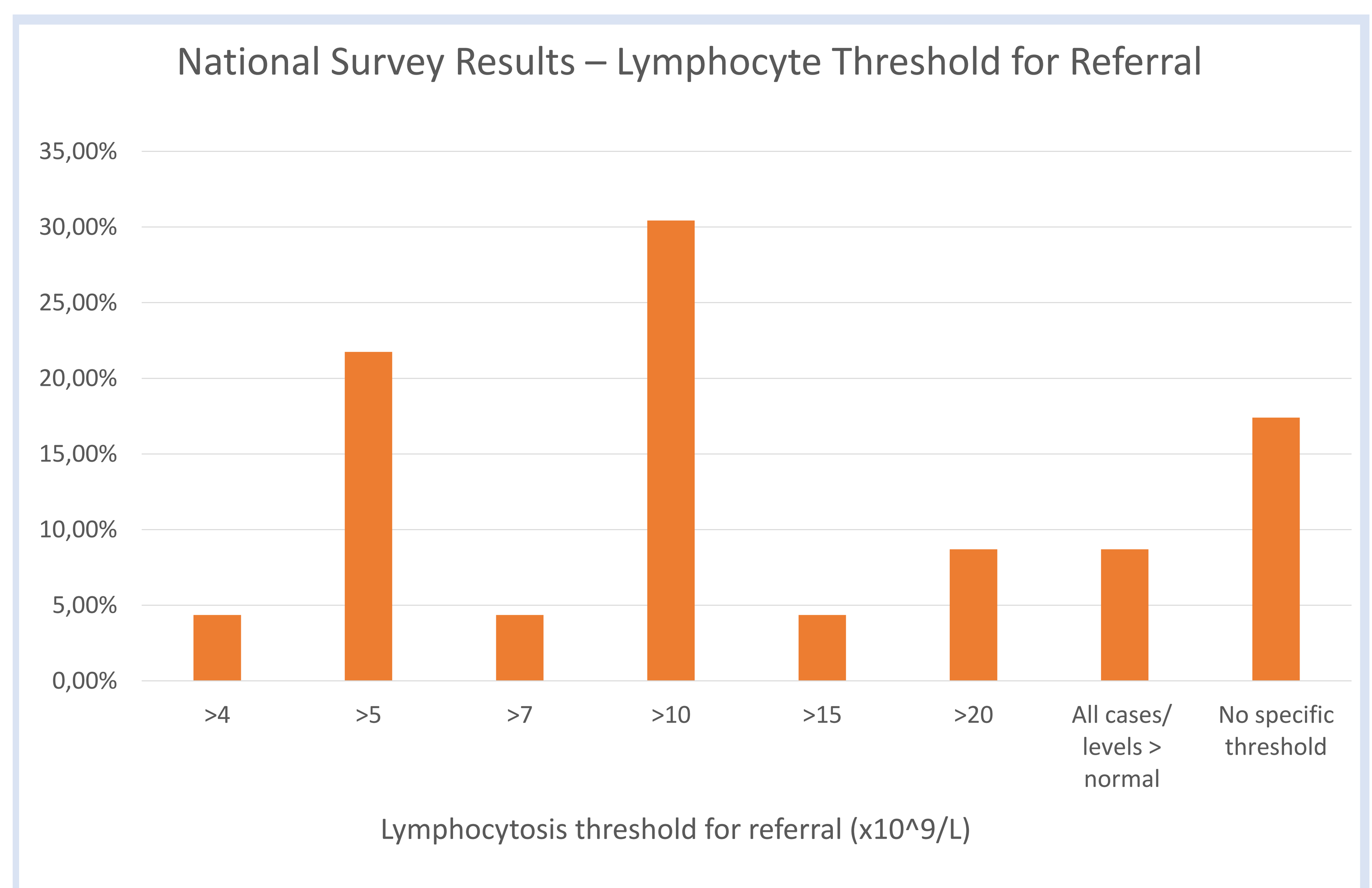
Part 2 – National Survey

Question

- What is the approach of other centres in the UK?

Methods

- A national survey which took responses from 23 other centres
- Questions included:
  - What lymphocyte threshold for referral to clinic?
  - Do you routinely immunophenotype?
  - Can GPs refer directly for immunophenotyping?
  - What is your follow up plan for MBL patients?



Results

Significant variation in referral threshold reflects the lack of national consensus

Poster presented at: British Society for Haematology Listening • Learning • Leading
PosterSessionOnline.com