



Aetiology of Childhood Leukemia

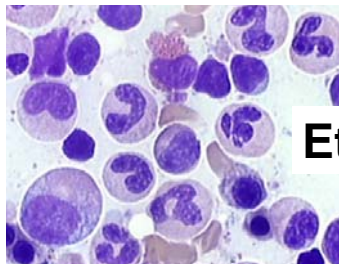
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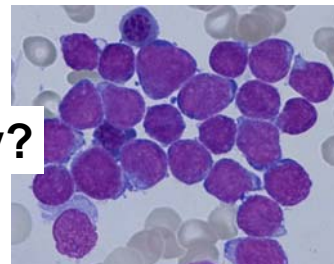
03 Nov 2009

Leukemogenesis

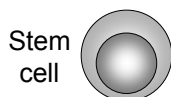
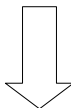
Normal bone marrow



Acute leukemia



Etiology?



Stem
cell

Molecular events



Disruption of process of
differentiation, survival, self-renewal



- Natural History of the Disease
- Role of Genetic Factors
- Role of Environmental Factors

- Natural History of the Disease
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Leukemia in Twins

Monozygotic twins
have concordance rate
of ~5%

Genetic predisposition?

*Simultaneous exposure
to a common
leukemogenic event?*

*Placental crossing of
leukemic cells?*

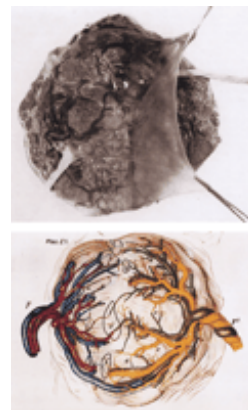
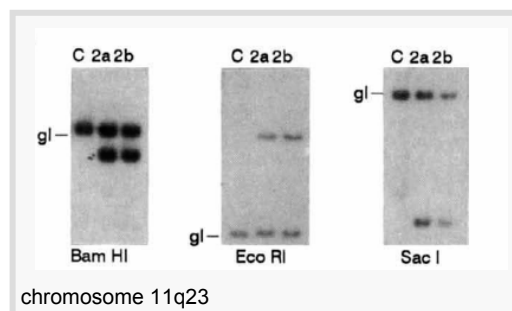


From: Greaves, M. F. et al., Blood 2003

Leukemia in Twins

***In utero* rearrangements in the
trithorax-related oncogene in
infant leukaemias** NATURE · VOL 363 · 27 MAY 1993

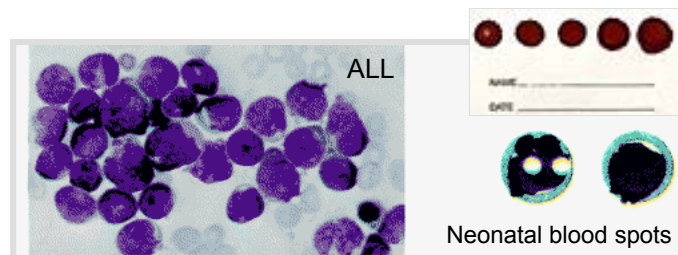
Anthony M. Ford*, Susan A. Ridge*,
Maria E. Cabrera†, Hazem Mahmoud‡,
C. Michael Steel§, Li C. Chan|| & Mel Greaves*



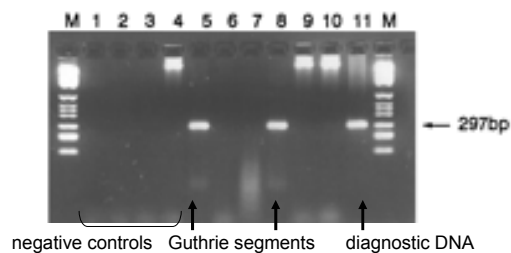
From:
Greaves et al., Blood 2003

Prenatal Origin of Childhood ALL

Gale, ...Greaves, PNAS 1997



3 patients
5, 6 and 24 mo old
t(4;11), MLL/AF4+



Prenatal Origin of Childhood ALL

Wiemels, ...Greaves, Lancet 1999

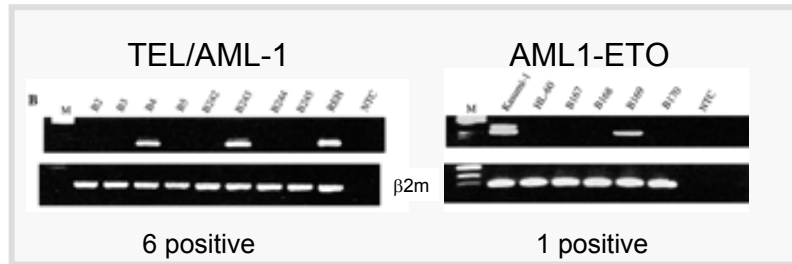
Patient	Patient's age at diagnosis	Guthrie segments tested	Guthrie segments positive for TEL-AML1
K Twin A	3 years 11 months	4	2
K Twin B	4 years	4	2
1	2 years 1 month	3	3
2*	2 years 10 months	4	1
3	3 years 3 months	12	1
4	3 years 4 months	14	0
5	3 years 5 months	12	0
6*	3 years 6 months	4	1
7	3 years 11 months	14	0
8	4 years 3 months	20	6
9*	5 years 1 month	2	2

*Patients from Italian centre. Other patients are from UK.

Prenatal Origin of Childhood ALL

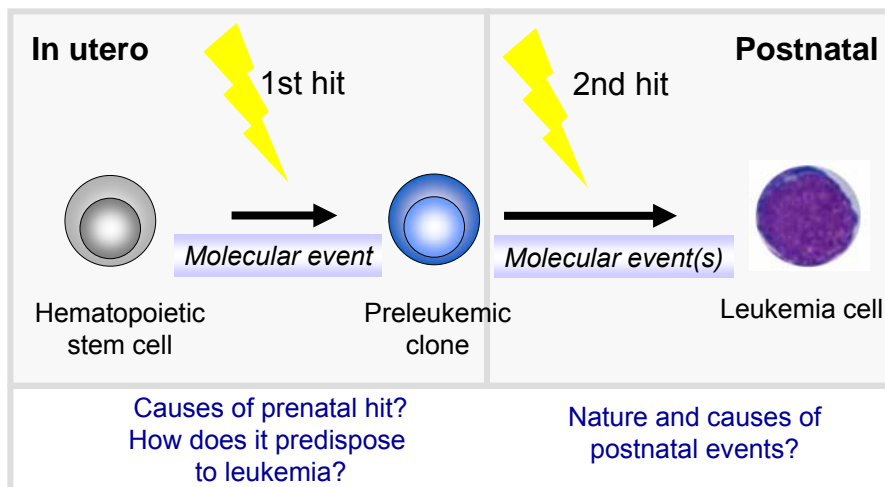
Mori, ..., Greaves, PNAS 2002

PCR screening of 496 cord blood samples
for the presence of preleukemic fusion transcripts



⇒ Estimated frequency of fusion gene-positive cord bloods: ~1/100
Frequency of overt childhood leukemia: ~ 4-5/100.000

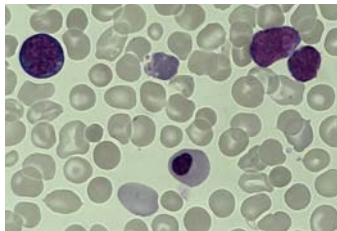
Model for Leukemogenesis in Children



- Natural History of the Disease
- **Role of Genetic Factors**
- Role of Environmental Factors

Constitutional Chromosomal Abnormalities in Childhood Leukemia

*Peripheral blood
at birth*

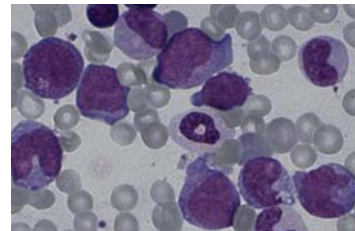


„Transient leukemia“



Spontaneous resolution
within 3 months

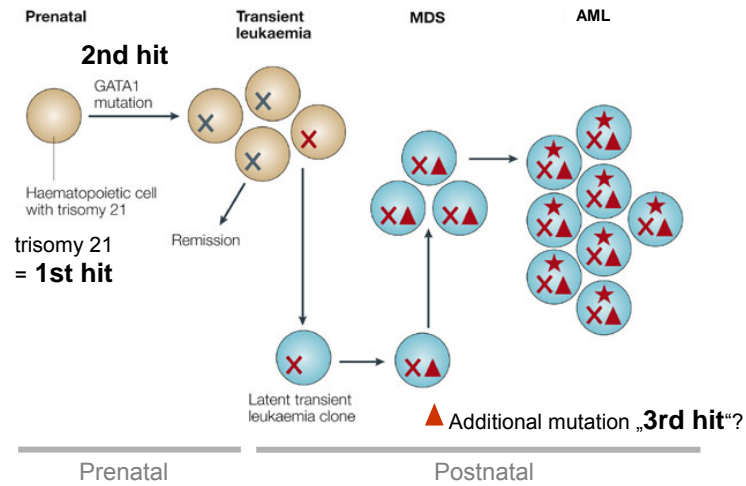
*Bone marrow
at 2 yrs of age*



AML FAB M7

**Incidence 500x increased
in Down's syndrome!**

Pathogenesis of Down AML



Nature Reviews | Cancer
Hitzler/Zipursky 2005

Constitutional Chromosomal Abnormalities in Childhood Leukemia

	% of childhood leukemias (Narod, BJC 1991)
• Down's syndrome	2.3
• Germline BRCA2 mutations	} 0.3
• Beckwith-Wiedemann syndrome	
• Neurofibromatosis type I	
• Fanconi's anemia	
• Shwachman Diamond syndrome	
• Ataxia teleangiectatica	

*Inherited susceptibility through normal allelic variation,
involved in gene-environment interactions?*

- Natural History of the Disease
- Role of Genetic Factors
- Role of Environmental Factors

Prenatal Exposures

Birthweight and Leukemia

Recent population-based case control study, USA:

	Controls (N = 4980)	ALL cases (N = 376)		AML cases (N = 85)	
	%	%	OR* [95% CI]	%	OR* [95% CI]
<i>Infant characteristics</i>					
Birthweight (g) ^b					
<2500	5.1	5.5	1.2 [0.8, 1.8]	10.0	2.2 [1.1, 4.4]
2500-3999	81.0	74.4	1.0 Reference	74.4	1.0 Reference
4000+	13.9	20.1	1.6 [1.2, 2.0]	15.6	1.2 [0.7, 2.1]

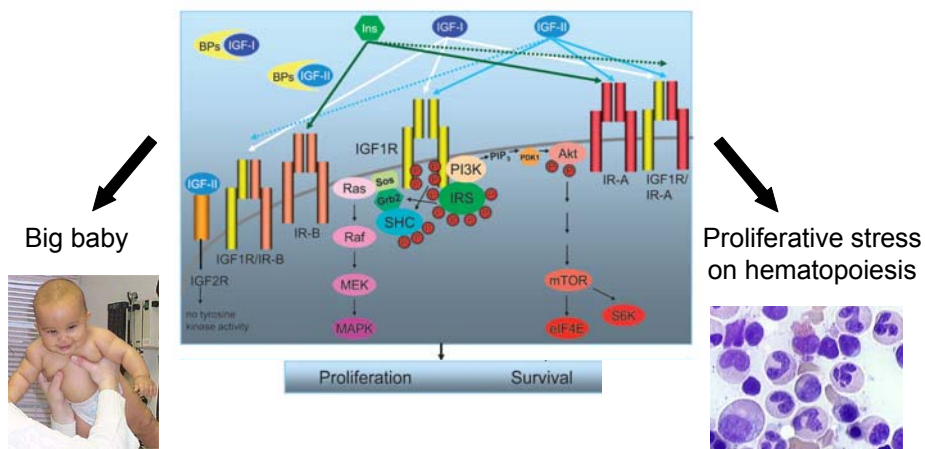
Podvin, Paediatr and Perinatal Epidem 2006

⇒ Association of high birthweight with ALL;
consistent with most but not all studies

Birthweight and Leukemia

HYPOTHESIS:

Increased fetal exposure to growth hormones?



Maternal Diet during Pregnancy

Naturally occurring **topoisomerase inhibitors**:
Risk factors for infant leukemia?

Soy beans
Fruits, vegetables
Cocoa, tea, wine
Coffee

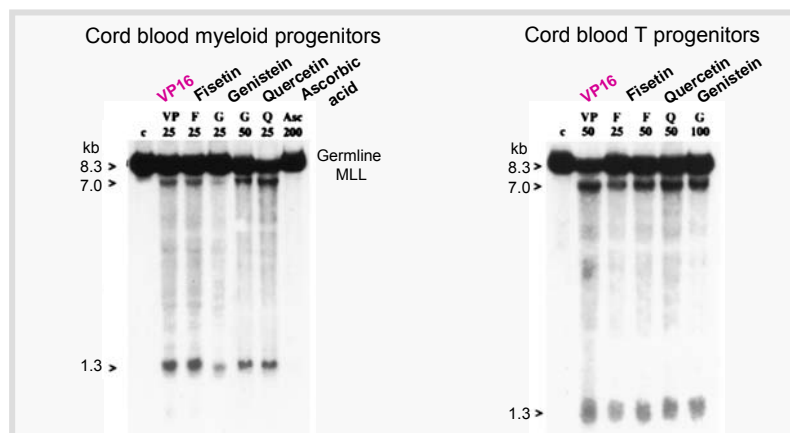
Combined exposure variable ↓

Category of exposure ^b	n = 84 matched sets			n = 54 matched sets			n = 30 matched sets		
	Overall dataset			infant ALL only			infant AML only ^c		
	OR ^d	(CI) ^a	Cases	OR ^d	(CI) ^a	Cases	OR ^d	(CI) ^a	Cases
Low	1.0	—	21	1.0	—	17	1.0	—	4
Medium	2.1	(0.9-5.0)	38	1.3	(0.4-4.2)	26	9.8	(1.1-84.8)	12
High	1.1	(0.5-2.3)	23	0.5	(0.2-1.4)	10	10.2	(1.1-96.4)	13

Ross, *Cancer Causes Control* 1996

Maternal Diet during Pregnancy

Dietary bioflavonoids cause *MLL* gene cleavage in human hematopoietic progenitor cells by inhibition of topoisomerase II



Strick, ..., Rowley. *PNAS* 2000

Radiation

Marie Curie

The Nobel Prize in Physics 1903
The Nobel Prize in Chemistry 1911



Died from leukemia
aged 66

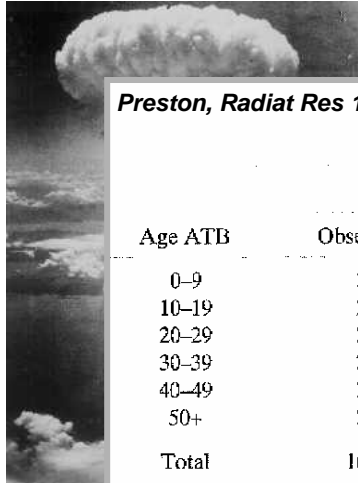
Irène Joliot-Curie

The Nobel Prize in Chemistry 1935



Died from leukemia
aged 58

Radiation-induced Leukemia: Atomic Bomb

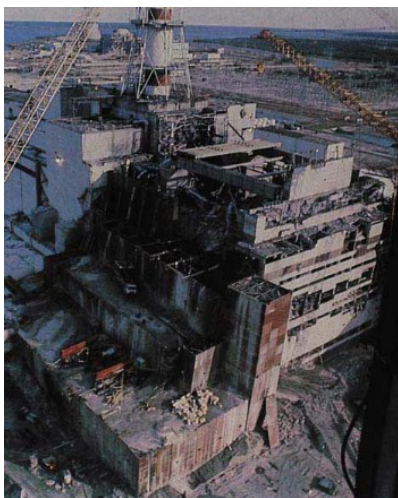


Preston, Radiat Res 1994

Age ATB	1950-1975		1976-1985	
	Observed	Excess	Observed	Excess
0-9	29	20	3	-3
10-19	29	18	7	-2
20-29	21	12	8	1
30-39	21	6	22	12
40-49	37	15	15	4
50+	23	-1	6	2
Total	160	70	61	14

Hiroshima, August 6, 1945

Nuclear Accidents and Leukemia



Chernobyl, April 26, 1986

Reports from

- Soviet Union Ivanov Nature 1993
Davis Int J Epid 2006
- Sweden Hjalmar BMJ 1994
- Finland Auvinen BMJ 1994
- England Cartwright Lancet 1998
- Scotland Gibson Lancet 1988
- Germany Michaelis Nature 1997
- Greece Petridou Nature 1996

No strong evidence for
increased risk of childhood AL

Residence near Nuclear Power Plants

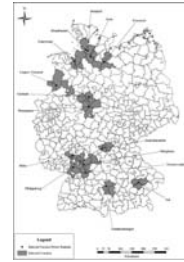


KiKK study, Germany (Spix et al., EJC 2008)



Null hypothesis: No association between proximity of housing to a nuclear power plant and the risk of cancer ≤ 5 yrs of age

Preselected areas around 16 nuclear power plants
1592 cases: All cancers ≤ 5 yrs in 1980-2003
4735 matched controls



- ⇒ Null hypothesis rejected
- ⇒ Statistically significant effect for ALL
- ⇒ Population-attributable risk of 0.3% for housing within 5 km

Electromagnetic Field Exposure

- Initial report in 1979 (Wertheimer and Leeper)
- No association in large studies from U.S.A, U.K., Canada (Linnet NEJM 1997; Cheng Lancet 1999; McBride Am J Epidem 1999)
- Metaanalysis (Ahlbom BJC 2000)

Relative risks (95% CI)

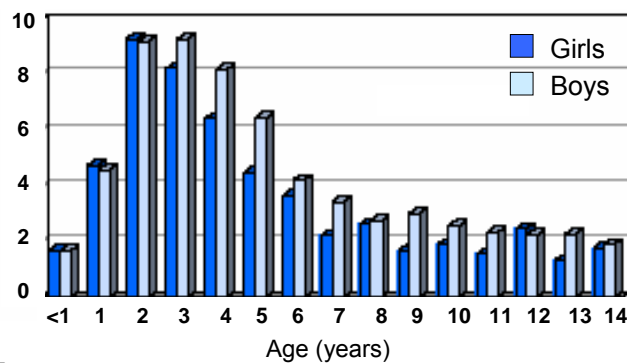
Measurement studies	0.1- $<0.2 \mu\text{T}$	0.2- $<0.4 \mu\text{T}$	$\geq 0.4 \mu\text{T}$
Canada	1.33 (0.86-2.07)	1.44 (0.79-2.60)	1.65 (0.66-4.01)
Germany	1.29 (0.68-2.60)	2.19 (0.62-7.71)	2.21 (0.29-16.7)
New Zealand	0.71 (0.21-2.44)	3 cases/0 ctrls	0 cases/0 ctrls
UK	0.89 (0.59-1.34)	0.87 (0.42-1.84)	0.88 (0.23-3.39)
USA	1.11 (0.81-1.53)	1.01 (0.65-1.57)	3.44 (1.24-9.54)
Calculated fields studies			
Denmark	0 cases/2 ctrls	0 cases/8 ctrls	2 cases/0 ctrls
Finland	0 cases/19 ctrls	4.31 (0.50-37.2)	6.79 (0.74-62.6)
Norway	2.25 (0.78-6.55)	1.49 (0.30-7.45)	0 cases/10 ctrls
Sweden	0.88 (0.11-7.19)	0 cases/20 ctrls	3.46 (0.64-14.3)
Summary			
Measurement studies	1.07 (0.87-1.31)	1.15 (0.84-1.56)	1.95 (1.14-3.35)
Calculated fields studies	1.42 (0.58-3.45)	0.84 (0.25-2.81)	2.08 (0.88-6.65)
All studies	1.08 (0.88-1.32)	1.12 (0.84-1.51)	2.08 (1.30-3.33)

Increased risk at highest exposure levels ($>0.4 \mu\text{T}$)

Socioeconomic Status

Age-specific Incidence of ALL

Incidence rates per 100.000 children ≤ 14 yrs



Age peak

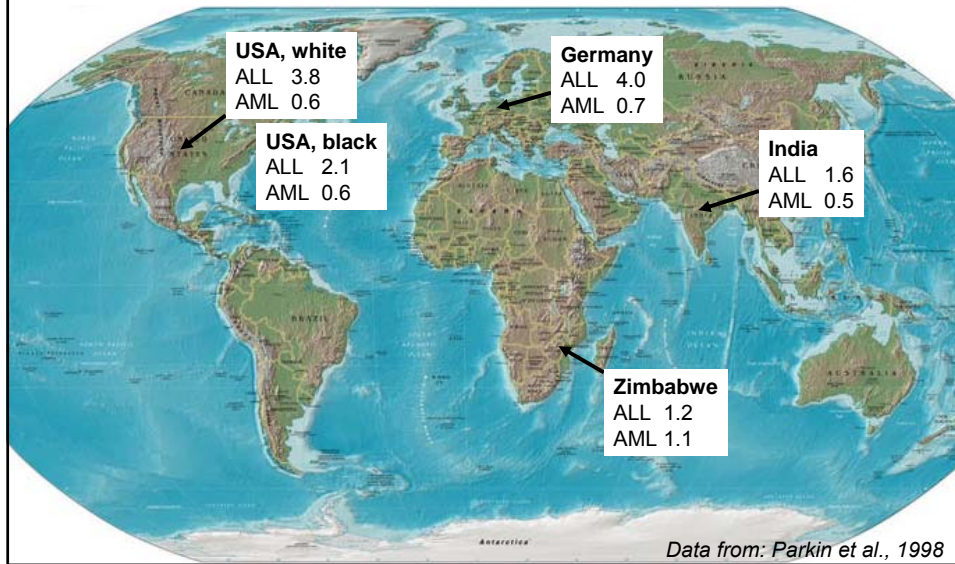
- Emerged at beginning of 20th century
- Restricted to B cell precursor ALL
- Lacks in less developed countries

Kinderkrebsregister Mainz
1980-2003



Geographical Pattern

Annual rates per 100 000 in children (≤ 14 yrs)

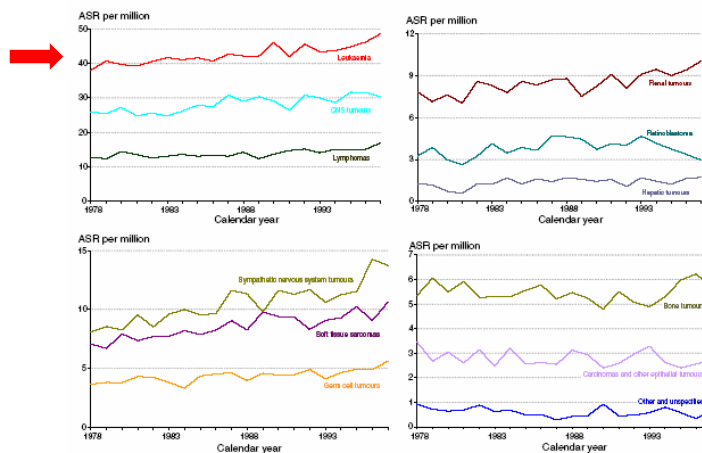


EUROPEAN JOURNAL OF CANCER 42 (2006) 1961-1971

Time trends of cancer incidence in European children (1978-1997): Report from the Automated Childhood Cancer Information System project

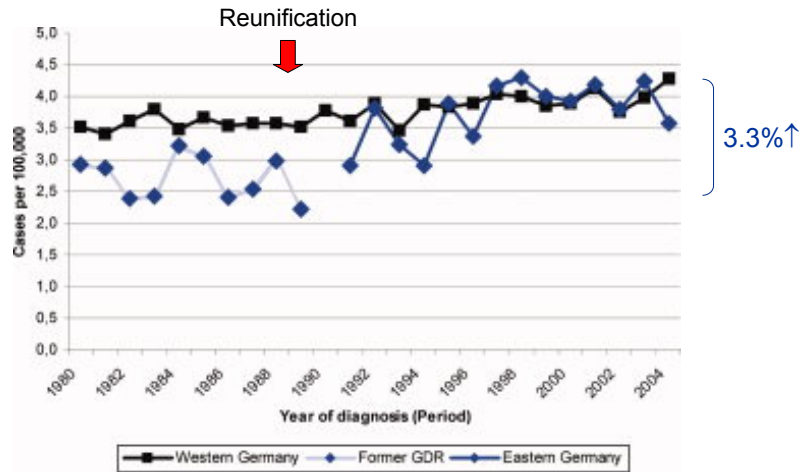
Peter Kaatsch^{a,*}, Eva Steliarova-Foucher^b, Emanuele Crocetti^c, Corrado Magnani^d,
Claudia Spix^a, Paola Zamboni^e

33 population-based cancer registries in 15 European countries (77,111 cases)

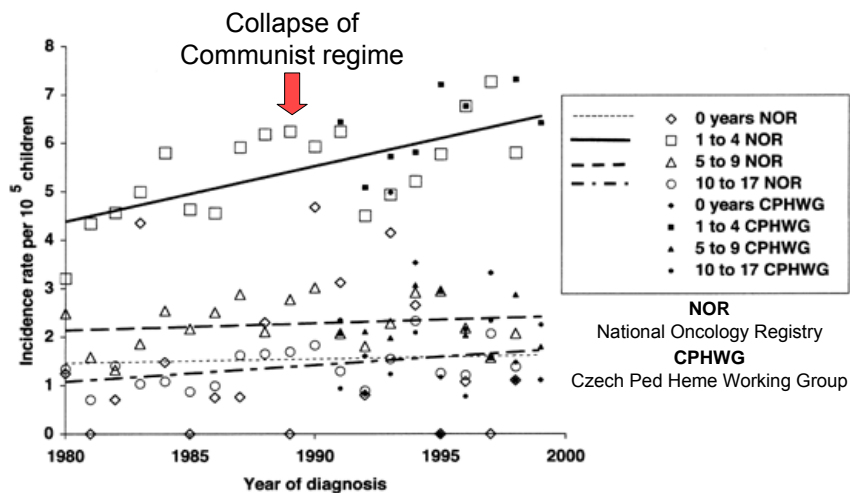


ALL Incidence during Economic Transition: Western and Eastern Germany

Spix et al., *Int J Cancer* 2008



ALL Incidence during Economic Transition: Czech Republic (Hrusak, *Leukemia* 2002)



Factors linked with Affluence and Modernization

- Maternal age at child-bearing
- Increased exposure to magnetic fields
- Breast-feeding
- Sibship size
- Early child care
- High hygiene level
- Rates of immunization

**Infections and
immunity?**

Infectious Etiology?

The Greaves hypothesis (*Leukemia 1988*)

Correlation between affluence/modernization and
peak ALL incidence at 2-5 years



„Delayed-infection hypothesis“:

Inadequate priming of the immune system,
followed by abnormal immune response during
late exposure towards common infections

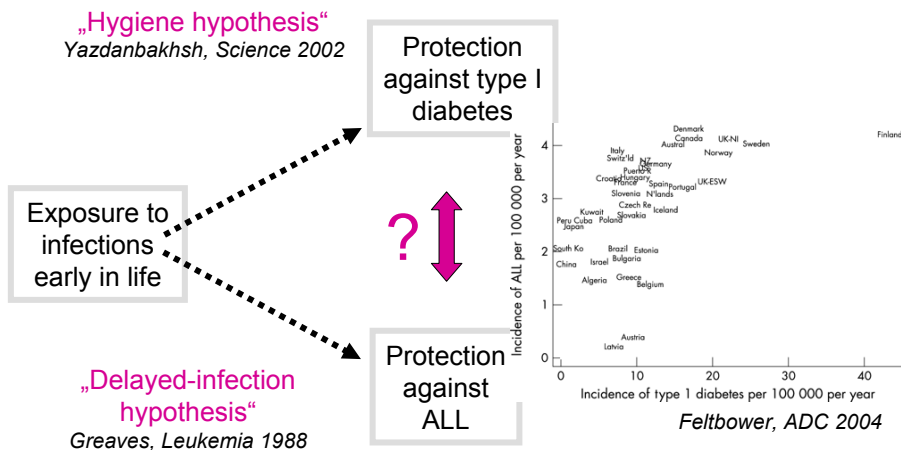
Evidence for Delayed-Infection Hypothesis

Day-care attendance in infancy and risk of childhood ALL

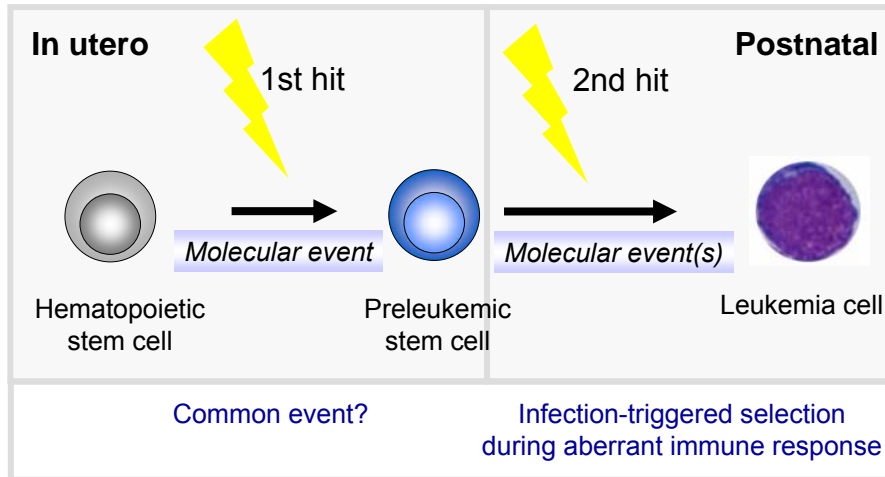
Country	Number of cases	Period	Odds ratio* (confidence interval [‡])	References
Greece	136	0–2 years	0.28 (0.09–0.88)	Petridou 1993
New Zealand	121	0–1 year	0.65 (0.36–1.17) [§]	Dockerty 1999
Quebec	491	0–1 year	0.49 (0.31–0.77)	Infante-Rivard 2000
Hong Kong	98	0–1 year	0.63 (0.38–1.07) [§]	Chan 2002
France	240	From birth onwards	0.6 (0.4–1.0)	Perrillat 2002
France	408	0–3 months	0.6 (0.4–0.8)	Jourdan-Da Silva 2004
California (a)	140	0–1 year	0.6 (0.45–0.95)	Ma 2002
California (b)	294	0–1 year	0.42 (0.18–0.99)	Ma 2005
United Kingdom**	1286	0–1 year	0.48 (0.37–0.62) [¶] 0.69 (0.51–0.93) [#]	Gilham 2005
United States of America ^{††}	1744	0–6 months	0.91 (0.72–1.15) [§]	Neglia 2000

From: Mel Greaves, Nat Rev Cancer 2006

Type I Diabetes and Childhood Leukemia

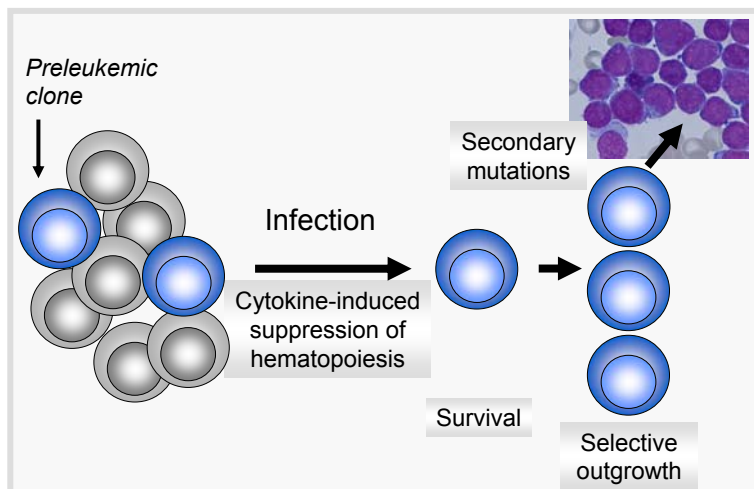


Model for Leukemogenesis in Children



Model for Infection-based Selection of Preleukemic Clones

Adapted from Greaves, *Nat Rev Cancer* 2006



Summary

The cause of childhood leukemia remains unresolved.

One common cause is highly unlikely.

Most cases are not attributable to a single specific genetic disorder or environmental exposure

Abnormal immune response during delayed infections is a plausible etiological mechanism – proliferative stress.

Large-scale studies are needed, including biologic specimens, to investigate gene-environment interactions.

