

Table 2.1. Case series of HTLV-1 and adult T-cell leukaemia/lymphoma (ATLL)

Reference, study location, year(s) of study	Cases and testing methodology	Results				Comments
Tsukasaki et al. (1999) (Japan)	50 ATLL cases (36 acute and 14 chronic cases phenotypically confirmed to have >90% ATLL cells in peripheral blood mononuclear cells); cell morphology determined with peripheral blood smears; surface phenotypes of ATLL cells determined with a panel of mono	Morphological type	% of cell type in Acute cases	% of cell type in Chronic cases	<i>p</i> -value	Diversity in genotype, phenotype, morphology and behaviour of ATLL are closely associated and CLL-like morphology is a good prognostic factor for chronic type
		All cases	100%	100%		
		Prototype	48.9 ± 23.8	29.6 ± 18.9	0015	
		CLL-like	16.6 ± 13.2	52.0 ± 24.9	<0.0001	
		Prolymphocytoid	3.2 ± 12.1	1.6 ± 1.5	NS	
		Lymphoblastoid	9.1 ± 12.9	2.1 ± 2.8	0017	
		Vacuolated	8.3 ± 14.0	0.6 ± 1.4	0,0001	
		Granular pleomorphic	0.8 ± 2.5	0	NS	
		Large	1.9 ± 5.5	0	0001	
		Intermediate	8.2 ± 4.8	10.4 ± 4.7	NS	
Granular lymphocyte	3.5 ± 3.8	3.5 ± 4.1	NS			
Unusual morphology	20.1 ± 18.7	2.7 ± 3.2	<0.0001			
Farias de Carvalho et al. (1997) (Rio de Janeiro area, Brazil, 1992–4)	504 haematological malignancy patients without history of multi-transfusion; antibody by ELISA and Particle Agglutination (PA) assay with Western blot; PCR	Identified 44 ATLL patients (29%) of T-cell malignancies based on serology and PCR				

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Barbosa et al. (1999) (Bahia (north-eastern coast) Brazil)	28 HTLV-1-associated lymphomas/leukaemia cases born in the state of Bahia; Serological study; Southern blot analysis to detect clonal integration of HTLV-I proviral DNA; PCR		N	
	Average age 47 yrs; 20 cases T-cell pleomorphic leukaemia/lymphoma; 5 cases Mycosis fungoides; 3 cases of large-cell anaplastic lymphoma; and 4 cases of CD8+ lymphoma	Southern blot +	8	
Pombo De Oliveira et al. (1999) (Brazil, 1994–8)	150 cases from the National Cancer Institute ATLL Registry tested with antibody by ELISA and PA assay, Western blot; PCR or Southern blot	ATLL Subtype	n(%)	Registry not population-based; No significant differences among ATLL subtypes by age or gender Occurrence of ATLL consistent with population seroprevalence
		Acute	90 (60)	
		Lymphoma	33 (22)	
		Chronic	15 (10)	
		Smouldering	12 (8)	
Marin et al. (2002) (North-west Argentina)	Evaluation of 34 ATLL-like lymphomas; ImmunoMax for detection of p40 and p27; PCR	Identified 5 ATLL cases - all in native Americans		

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Adedayo and Shehu (2004) (Dominica, 1992–2001)	Evaluation of 98 haematological malignancies; antibody by ELISA, Western blot	31/80 were HTLV-1 antibody positive including all 6 ATLL	No DNA testing
Chan and Liang (1996) (Hong Kong Special Administrative Region)	First case of HTLV-1-associated ATLL in Hong Kong Special Administrative Region High-molecular-weight DNA extracted from whole blood of 42-year-old patient diagnosed with ATLL; pX, pol, and env regions amplified by PCR and compared to published sequences of a Japanese prototype (ATK)		Nucleotide sequence from ATLL patient seemed to be related to that of the Japanese, suggesting an origin for the integrated provirus

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Au and Lo (2005) (Hong Kong Special Administrative Region)	5911 cases of non-Hodgkin lymphoma (NHL) registered in Hong Kong Special Administrative Region between 1993 and 2002 screened for HTLV-1 antibody by unspecified method	6 cases of lymphoma found HTLV-1 positive; clinically consistent with ATLL cases	Estimated 4×10^{-5} HTLV-1 prevalence in Hong Kong Special Administrative Region population Treatment by chemotherapy and zidovudine did not result in remission but associated with frequent opportunistic infections with survival ranging from 1–6 mos No risk factors for 4 of the cases presenting with HTLV-1-related lymphoma but 2 volunteered extensive travel history and sexual exposure in endemic areas
Pombo De Oliveira et al. (1999) (Brazil, 1994–8)	150 cases from the National Cancer Institute ATLL Registry tested with antibody by ELISA and PA assay, Western blot; PCR or Southern blot	No significant differences by subtype for age and gender. Occurrence of ATLL was consistent with population seroprevalence	Registry not population-based