CD34 immunoperoxidase staining for the diagnosis of myelodysplastic syndromes and chronic myeloid leukemia

Horny et al. recently reported that immunoperoxidase staining of bone marrow biopsy specimens with the CD34/QBEND10 monoclonal antibody can be used to separate the myelodysplastic syndromes RAEB and RAEB-T from the RA and RAB subtypes. This report has now confirmed our previous findings that CD34/QBEND10 is a useful reagent of conventionally processed, paraffin wax-embedded bone marrow biopsy specimens. We have recently studied bone marrow biopsy specimens from 43 cases of primary myelodysplastic syndromes addressing the diagnostic value of CD34 staining in these conditions. We found that CD34 immunostaining can help in the detection of the increased number of blasts associated with the RAEB and RAEB-T subtypes. In addition, our study showed that QBEND10 represents a powerful prognostic tool for predicting survival and outcome in myelodysplastic syndromes. In primary RAEB cases median survival was 41 months in those with less than 1% CD34-positive cells, and 29 months in those with more than 1% CD34+ cells (p<0.05). Similar results were obtained in cases of therapy-related myelodysplasia: CD34+ cases had a mean survival of 10 months compared with 43 months for the CD34- cases (p<0.001). The authors also suggest that the potential usefulness of CD34 staining for identifying patients in the accelerated phase of chronic myeloid leukemia. Our recently published study of 59 bone marrow biopsy specimens representing the three phases (stable, accelerated and blastic) of chronic myeloid leukemia has confirmed the findings of a statistical relationship between CD34 value in the two aggressive phases of this disease compared with the stable phase.

Taken together, these data and those from Horny et al. show that QBEND10 is a very useful reagent for the study of routinely processed bone marrow biopsy specimens and may provide useful diagnostic and prognostic information in myelodysplastic syndromes and myeloproliferative disorders. This type of approach may be especially valuable when a paraffin wax-embedded specimen is the only material available for immunohistochemistry.

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Lung pathology course
October 31 to November 3 1995
National Heart and Lung Institute
For further information, please contact: Professor B Corrin, Histopathology, Royal Brompton Hospital, London SW3 6NP (fax: 0171 351 8435).

First Announcement
5th International Congress on Trace Elements in Medicine and Biology
New Orleans, 14-19 March 1996
Therapeutic Uses of Trace Elements
February 4-7 1996
Main topics include: Therapeutic forms of trace elements; large epidemiological and intervention studies related to trace elements; trace element supplementation of population groups of differing ages; and trace elements, bone physiology and bone diseases, among others.
For further information, please contact: Madame A Alcaraz, Laboratoire de Biochimie C, CHURG, B.P. 217, F-38043 Grenoble Cedex 9, France (tel: (33) 76 76 54 84; fax: (33) 76 76 56 64).

Postgraduate course
Current concepts in surgical pathology
November 6-10 1995
The Department of Pathology, Massachusetts General Hospital, Harvard Medical School, will present a postgraduate course in Surgical Pathology under the direction of Drs Nancy L Harris, Robert H Young and Eugene J Mark.
This course is designed for pathologists at resident and practitioner levels. It will provide an in-depth review of diagnostic surgical pathology with emphasis on morphologic features, newly recognised entities, and new techniques, presented by the faculty of the Department of Pathology, Massachusetts General Hospital. Instruction will be primarily by lecture, but will also include discussion periods. Each participant will receive a comprehensive course syllabus.

The course has Category 1 accreditation for approximately 35 hours CME credit by the American Medical Association. The fee for the course is $825.00 (£522.00) (residents and fellows $610.00 (£386.00)).
For further information, please contact: Department of Continuing Education, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA (tel: (617) 432-1525).

Correction
Microscopic thymoma and myasthenia gravis (J Clin Pathol 1995;48:682-683). The authors apologise for the errors which appeared in the Pathological findings section of their report. In the last line of the first paragraph, 272 x 71 mm should read 272 x 71 μm. In the final paragraph, 107 mm (range 41-237 mm) should read 107 μm (range 41-237 μm).