PTCL and NKTCL Study

Institutional Affiliation

Date

This paper is a summary of pathology findings and the clinical outcomes of the International Peripheral T-Cell (PTCL) and Natural Killer/T-Cell Lymphoma (NKTCL) Study. Pathology is the process to which scientists study the nature of diseases, their causes, developments, processes and consequences. In the study of the pathology and the outcomes over three continents namely, North-America, Europe and Asia were selected to participate. The permissions were issued by the institutional review board and the scientific review committee.

The cases that were chosen for the study were patients between the age of 19 or older that were suffering from PTCL and NKTCL. Diagnostic slides, datasheets and tissue blocks were used and sent to regional centres for analysis. The clinical information of the patients included patient identifiers that were coded, date of birth, the ethnic origin, sex, sites of the disease and diagnostic biopsy. The symptoms, performance status, the diameter of the most massive tumour and immune systems disorders were also additional information that was included.

Their diagnostics that were made by the pathologists that were assigned to the case were based on molecular genetic data, clinical data, histology and immunophenotype. The variations of the geographic region were included in a table that showed that PTCL-NOS was the most common sub-type that was found in Europe and North-America. On the other hand, was NKTCL were common in areas in Asia. The disease also had some clinical characteristics which found that most of the subtypes that occurred were typically found in male patients. Some of the sub-types, on the other hand, affected the younger persons of less than 33 years.

The outcomes indicated that the subtypes of PTCL and NKTCL could live for 5years with some with an OS for 70% and others with an OS of 90%. The characteristics of the prognosis also varied as the five years OS had both low and High-risk IPI for each histologic sub-type that was studied. Although IPI was helpful, ATLL, PTCL and NKTCL had poor outcomes. For the treatment analysis, the therapeutic approaches varied from one region to another since the case studies were from 22 worldwide centres. Most of the patients received anthracycline-containing regimen as treatment whereas those with the localised disease were treated using radiation therapy.

The methods used in researching PTCL and NKTCL were tissue biopsy that extracted tissues for testing. A molecular genetic study was also performed which studied the genes and the chromosomes at a molecular level. Immunophenotypic markers were used which is the study of the heterogeneous population in the cells as a way of identifying the presence of other people of interest. The antibodies are also used to detect specific antigens that are expressed by the cells. The antibodies are therefore known as markers. The final method was the use of clinical information where the patients gave information on the history of their medical condition, the report was presented to and reviewed by the four expert hematopathologists and classified by WHO accordingly.

I agree that the publication remains the best publication and most through when it comes to PTCL and NKTCL studies. It also brought about a significant breakthrough in the conditions from their research. People are now aware of the causes and the forms of treatment that exists. Regardless, I fill that the publication should have taken time to inform us about the signs and the symptoms of the disease so that people can be able to seek medical attention from these conditions at early stages.

**References**

(2018). Retrieved from <http://ascopubs.org/doi/pdf/10.1200/JCO.2008.16.4558>