Leukaemia Section
Short Communication

\[ t(1;7)(q10;p10) \]

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Identity

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\[ \text{der}(7)t(1;7)(q10;p10) \] G- (left) and R- (right) bandings - top: Courtesy Jean-Luc Lai; middle and bottom: - Courtesy Diane H. Norback, Eric B. Johnson, and Sara Morrison-Delap, UW Cytogenetic Services.

Clinics and pathology

Disease

Myelodysplastic syndromes (MDS) in 60% of cases, often evolving towards acute non lymphoblastic leukaemia (ANLL); ANLL in 30%, frequently with preceeding MDS; these MDS or ANLL are therapy-related (secondary to toxic exposure) in half cases; myeloproliferative diseases (MPD) represent the remaining 10% of cases.
**Phenotype/cell stem origin**
MDS cases: often RAEB±T or RA; ANLL: M4 or M1; MPD cases: myelofibrosis.

**Epidemiology**
Represent 3-7% of secondary leukaemias, 0.5% and 2% of de novo ANLL and MDS respectively; adults mostly (median 60 yrs; only a very few children cases); male predominance (3M/2F), but secondary leukaemias cases are more frequently female cases (presence of uncovered environmental genotoxic factors in male cases?).

**Prognosis**
Poor prognosis; median survival was reviewed in 1992 and was found to be of 11 mths; male sex, a low haemoglobin level may be adverse prognostic features; prognosis is better, obviously in case of a MPD.

**Cytogenetics**

**Cytogenetics morphological**
Whole-arm translocation of 7p with 1q; most often unbalanced (-7, +t(1;7)) --> trisomy for 1q/monosomy for 7q; may therefore represent an equivalent to del(7q).

**Probes**
Centromeric probes.

**Additional anomalies**
Sole anomaly in half; hyperploidy in 1/3 of cases; +8 (20%); +21 (10%); +9; additional structural abnormalities in 15%.

**References**


**This article should be referenced as such:**