

# Acute Lymphocytic Leukemia (ALL) Causes, Risk Factors, and Prevention

#### **Risk Factors**

A risk factor is anything that affects your chance of getting a disease such as cancer. Learn more about the risk factors for acute lymphocytic leukemia.

- Risk Factors for Acute Lymphocytic Leukemia (ALL)
- What Causes Acute Lymphocytic Leukemia (ALL)?

#### Prevention

There is no known way to prevent most cases of leukemia at this time. Most people who get acute lymphocytic leukemia have no known risk factors, so there is no way to prevent these leukemias from developing.

# Risk Factors for Acute Lymphocytic Leukemia (ALL)

A risk factor is something that increases your chance of getting a disease such as cancer. Some risk factors, like smoking, can be controlled. Others, like a person's age or family history, can't be changed.

But having a risk factor, or even several risk factors, does not mean that you will

definitely get the disease. And many people who get the disease may have few or no known risk factors.

There are only a handful of known risk factors for acute lymphocytic leukemia (ALL).

### **Radiation exposure**

Being exposed to high levels of <u>radiation</u><sup>1</sup> is a risk factor for both ALL and <u>acute myeloid</u> <u>leukemia</u><sup>2</sup> (AML). For example, Japanese atomic bomb survivors had a greatly increased risk of developing acute leukemia.

Treating cancer with radiation therapy also increases the risk of leukemia, although more for AML than ALL. The risk seems to be higher if chemotherapy and radiation are both used in treatment.

The possible risks of leukemia from being exposed to lower levels of radiation, such as from <u>medical imaging tests</u><sup>3</sup> like x-rays or CT scans, are not well understood. Exposure to such radiation, especially very early in life, may carry an increased risk of leukemia, but this is not clear. If there is an increased risk it is likely to be small, but to be safe, most doctors try to limit radiation exposure from these tests as much as possible, especially in children and pregnant women.

# **Certain chemical exposures**

The risk of ALL may be increased by exposure to certain chemotherapy drugs and certain other chemicals, including <u>benzene</u><sup>4</sup>. Benzene is used in many industries to make other products, and is also in cigarette smoke, as well as some glues, cleaning products, detergents, art supplies, and paint strippers.

Chemical exposure is more strongly linked to an increased risk of AML than to ALL.

# **Certain viral infections**

Infection with the **human T-cell lymphoma/leukemia virus-1 (HTLV-1)** can cause a rare type of T-cell ALL. Most cases occur in Japan and the Caribbean area. This disease is not common in the United States.

In Africa, the **Epstein-Barr virus (EBV)** has been linked to Burkitt lymphoma, as well as to a form of ALL. In the United States, EBV most often causes infectious mononucleosis ("mono").It has also been linked with a type of lymphoma that can occur after a <u>stem</u>

<u>cell transplant</u><sup>5</sup>(known as post-transplant lymphoproliferative disorder, or PTLD).

### Certain genetic syndromes

ALL itself doesn't appear to have a strong inherited component. That is, it doesn't seem to run in families, so a person's risk is not increased if a family member (other than an identical twin - see below) has the disease.

But there are some genetic syndromes (some of which can be inherited from a parent) that seem to raise the risk of ALL. These include:

- Down syndrome
- Klinefelter syndrome
- Fanconi anemia
- Bloom syndrome
- Ataxia-telangiectasia
- Neurofibromatosis
- Li-Fraumeni syndrome

# Age

ALL is more likely to occur in children and in adults over the age of 50.

# **Race/ethnicity**

ALL is more common in whites than in African Americans, but the reasons for this are not clear.

#### Gender

ALL is slightly more common in males than in females. The reason for this is unknown.

#### Having an identical twin with ALL

Someone who has an identical twin who develops ALL in the first year of life has an increased risk of getting ALL.

#### Uncertain, unproven or controversial risk factors

Other factors that have been studied for a possible link to ALL include:

- Exposure to electromagnetic fields (such as living near <u>power lines</u><sup>6</sup> or using <u>cell</u> <u>phones</u><sup>7</sup>)
- Workplace exposure to diesel, gasoline, pesticides, and certain other chemicals
- Smoking
- Exposure to <u>hair dyes</u><sup>8</sup>

So far, none of these factors has been linked conclusively to ALL, but research in these areas continues.

# **Hyperlinks**

- 1. <u>www.cancer.org/cancer/cancer-causes/radiation-exposure/x-rays-gamma-rays.html</u>
- 2. <u>www.cancer.org/cancer/acute-myeloid-leukemia.html</u>
- 3. <u>www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-radiation-risk-from-imaging-tests.html</u>
- 4. <u>www.cancer.org/cancer/cancer-causes/benzene.html</u>
- 5. <u>www.cancer.org/treatment/treatments-and-side-effects/treatment-types/stem-cell-transplant.html</u>
- 6. <u>www.cancer.org/cancer/cancer-causes/radiation-exposure/extremely-low-frequency-radiation.html</u>
- 7. www.cancer.org/cancer/cancer-causes/radiation-exposure/cellular-phones.html
- 8. <u>www.cancer.org/cancer/cancer-causes/hair-dyes.html</u>

#### References

Appelbaum FR. Chapter 98: Acute Leukemias in Adults. In: Niederhuber JE, Armitage JO, Dorshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa. Elsevier: 2014.

Jain N, Gurbuxani S, Rhee C, Stock W. Chapter 65: Acute Lymphoblastic Leukemia in Adults. In: Hoffman R, Benz EJ, Silberstein LE, Heslop H, Weitz J, Anastasi J, eds. *Hematology: Basic Principles and Practice.* 6th ed. Philadelphia, Pa: Elsevier; 2013.

National Cancer Institute. Childhood Acute Lymphoblastic Leukemia Treatment (PDQ®). Accessed at www.cancer.gov/types/leukemia/patient/child-all-treatment-pdq

on July 19, 2018.

National Cancer Institute. SEER Cancer Stat Facts: Acute Lymphocytic Leukemia (ALL). Accessed at https://seer.cancer.gov/statfacts/html/alyl.html on July 18, 2018.

Last Medical Review: October 17, 2018 Last Revised: October 17, 2018

# What Causes Acute Lymphocytic Leukemia (ALL)?

Some people with acute lymphocytic leukemia (ALL) have one or more of the known risk factors, but many do not. Even when a person has one or more risk factors, it can be very hard to know if it actually caused the leukemia.

Great progress has been made in understanding how certain changes in the DNA in normal bone marrow cells can cause them to become leukemia cells. The DNA inside our cells makes up our **genes**, which control how our cells function. We tend to look like our parents because they are the source of our DNA. But our genes affect more than the way we look.

Some genes control when our cells grow, divide to make new cells, and die at the right time:

- Certain genes that help cells grow, divide, or stay alive are called **oncogenes**.
- Genes that keep cell growth and division under control or make cells die at the right time are called **tumor suppressor genes**.

Each time a cell divides into 2 new cells, it must make a new copy of its chromosomes (long strands of DNA). This process isn't perfect, and errors can occur that can affect genes within the chromosomes. Cancers (including ALL) can be caused by mutations (changes) that turn on oncogenes or turn off tumor suppressor genes. These types of changes can stop bone marrow cells from maturing the way they normally would, or help the cells grow out of control.

Mutations in many different genes can be found in ALL cells, but larger changes in one

or more chromosomes are also common. Even though these changes involve larger pieces of DNA, their effects are still likely to be due to changes in just one or a few genes that are on that part of the chromosome. Several types of chromosome changes may be found in ALL cells:

**Translocations** are the most common type of chromosome change that can lead to leukemia. A translocation means that DNA from one chromosome breaks off and becomes attached to a different chromosome. The point on the chromosome where the break occurs can affect nearby genes – for example, it can turn on oncogenes or turn off genes that would normally help a cell mature.

The most common translocation in ALL in adults is known as the **Philadelphia chromosome**, which is a swap of DNA between chromosomes 9 and 22, abbreviated as t(9;22). Many other, less common translocations, can occur as well, including those between chromosomes 4 and 11, t(4;11), or 8 and 14, t(8;14).

Other chromosome changes such as **deletions** (the loss of part of a chromosome) and **inversions** (the rearrangement of the DNA within part of a chromosome) are also sometimes found in ALL cells, although they are less common. In many cases of ALL, the gene changes that lead to the leukemia are not known.

Doctors are trying to figure out why these changes occur and how each of them might lead to leukemia. But there are different <u>subtypes of ALL</u><sup>1</sup>, and even within a subtypes, not all cases of ALL have the same gene or chromosome changes. Some changes are more common than others, and some seem to have more of an effect on a person's prognosis (outlook) than others.

# Inherited versus acquired gene changes

Some people with certain types of cancer have inherited DNA mutations from a parent that increase their risk for the disease. Although this can happen sometimes with ALL, such as with some of the genetic syndromes listed in Risk Factors for Acute Lymphocytic Leukemia (ALL), inherited mutations are not a common cause of ALL.

Usually DNA mutations related to ALL are acquired during the person's lifetime, rather than having been inherited. They may result from outside causes like exposure to <u>radiation</u><sup>2</sup> or cancer-causing chemicals, but in most cases the reason they occur isn't clear. Many of these gene changes are probably just random events that sometimes happen inside a cell, without having an outside cause. These changes can build up as we age, which might help explain why ALL in adults gets more common as people get older.

# Hyperlinks

- 1. <u>www.cancer.org/cancer/acute-lymphocytic-leukemia/detection-diagnosis-</u> staging/how-classified.html
- 2. www.cancer.org/cancer/cancer-causes/radiation-exposure.html

#### References

Appelbaum FR. Chapter 98: Acute Leukemias in Adults. In: Niederhuber JE, Armitage JO, Dorshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa. Elsevier: 2014.

Jain N, Gurbuxani S, Rhee C, Stock W. Chapter 65: Acute Lymphoblastic Leukemia in Adults. In: Hoffman R, Benz EJ, Silberstein LE, Heslop H, Weitz J, Anastasi J, eds. *Hematology: Basic Principles and Practice*. 6th ed. Philadelphia, Pa: Elsevier; 2013.

Last Medical Review: October 17, 2018 Last Revised: October 17, 2018

# Can Acute Lymphocytic Leukemia Be Prevented?

It's not clear what causes most cases of acute lymphocytic leukemia (ALL). Since most people with ALL don't have risk factors that can be changed, for now, there is no known way to prevent most cases of ALL.

Treating some other cancers with **chemotherapy or radiation** may cause secondary (treatment-related) leukemias in some people. Doctors are trying to figure out how to treat these cancers without raising the risk of secondary leukemia. But for now, the obvious benefits of treating life-threatening cancers with chemotherapy and radiation must be balanced against the small chance of getting leukemia years later.

Avoiding known **cancer-causing chemicals**, such as <u>benzene</u><sup>1</sup>, might lower the risk of getting ALL. But most experts agree that exposure to workplace and environmental chemicals seems to account for only a small portion of leukemias.

# **Hyperlinks**

1. www.cancer.org/cancer/cancer-causes/benzene.html

#### References

Appelbaum FR. Chapter 98: Acute Leukemias in Adults. In: Niederhuber JE, Armitage JO, Dorshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa. Elsevier: 2014.

Jain N, Gurbuxani S, Rhee C, Stock W. Chapter 65: Acute Lymphoblastic Leukemia in Adults. In: Hoffman R, Benz EJ, Silberstein LE, Heslop H, Weitz J, Anastasi J, eds. *Hematology: Basic Principles and Practice*. 6th ed. Philadelphia, Pa: Elsevier; 2013.

National Cancer Institute. Childhood Acute Lymphoblastic Leukemia Treatment (PDQ®). Accessed at www.cancer.gov/types/leukemia/patient/child-all-treatment-pdq on July 20, 2018.

Last Medical Review: October 17, 2018 Last Revised: October 17, 2018

#### Written by

The American Cancer Society medical and editorial content team (www.cancer.org/cancer/acs-medical-content-and-news-staff.html)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).

cancer.org | 1.800.227.2345