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#### **Cheng Cameron Yin**



#### EDITOR journal of Chemotherapy



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## **BIOGRAPHY**

The University of Texas Upon completion of a MD at Beijing Medical University and a PhD in Pathology at the University of Wisconsin-Madison, Dr. Yin pursued her clinical residency training in Anatomic and Clinical Pathology, followed by two fellowships in Hematopathology and Molecular Genetic Pathology, respectively, at the University of Texas M.D. Anderson Cancer Center (MDACC). She is board certified by the American Board of Pathology in Anatomic Pathology, Clinical Pathology, Hematology and Molecular Genetic Pathology. Dr. Yin is an associate professor in the Department of Hematopathology at MDACC and an associate professor at UT Graduate School of Biomedical Sciences. In addition to clinical service and fellowship and postdoctoral education, Dr. Yin has been actively participating in multiple research projects in leukemia and lymphoma, which has led to over 50 research papers and editorial reviews, as well as 16 book chapters. She serves as members of editorial boards or reviewers for over 10 journals.

## RESEARCH INTREST

 Mechanisms of imatinib resistance in patients with chronic myelogenous leukemia, Molecular monitoring of responses to kinase inhibitors in chronic myelogenous leukemia, Clinical, morphologic and molecular genetic features of acute myeloid leukemia, Immunoglobulin gene rearrangement in acute myeloid leukemia, Clinical, morphologic and molecular genetic features of a variety of lymphomas, Molecular markers as a tool in the diagnosis, targeted therapy and prognosis in cancer.

# **PUBLICATIONS**

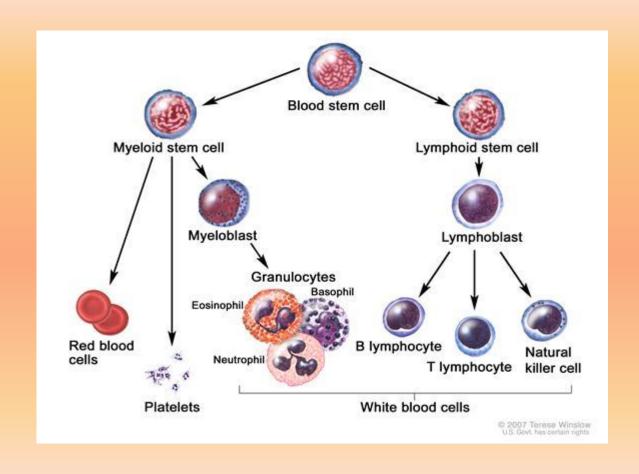
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## INTRODUCTION

- Chronic myelogenous leukemia is a disease in which the bone marrow makes too many white blood cells.
- Chronic myelogenous leukemia (also called CML or chronic granulocytic leukemia) is a slowlyprogressing blood and bone marrow disease that usually occurs during or after middle age, and rarely occurs in children.

- Leukemia may affect red blood cells, white blood cells, and platelets.
- Normally, the bone marrow makes blood stem cells (immature cells) that become mature blood cells over time. A blood stem cell may become a myeloid stem cell or a lymphoid stem cell. A lymphoid stem cell becomes a white blood cell.
- A myeloid stem cell becomes one of three types of mature blood cells:
- Red blood cells that carry oxygen and other substances to all tissues of the body.
- Platelets that form blood clots to stop bleeding.
- Granulocytes (white blood cells) that fight infection and disease.

 Blood cell development. A blood stem cell goes through several steps to become a red blood cell, platelet, or white blood cell.



- Most people with CML have a gene mutation (change) called the Philadelphia chromosome.
- Every cell in the body contains DNA (genetic material) that determines how the cell looks and acts. DNA is contained inside chromosomes. In CML, part of the DNA from one chromosome moves to another chromosome. This change is called the "Philadelphia chromosome." It results in the bone marrow making an enzyme, called tyrosine kinase, that causes too many stem cells to become white blood cells (granulocytes or blasts).
- The Philadelphia chromosome is not passed from parent to child.

## SIGNS AND SYMPTOMS

- Feeling very tired.
- Weight loss for no known reason.
- Night sweats.
- Fever.
- Pain or a feeling of fullness below the ribs on the left side.

## **PREVENTION**

Most cancers can be prevented by changes in lifestyle or diet, which will reduce the risk factors. Unfortunately, in leukemias, there are no known risk factors. With no known risk factors, it is difficult to prevent them

## **TREATMENT**

- The patient's age.
- The phase of CML.
- The amount of blasts in the blood or bone marrow.
- The size of the spleen at diagnosis.
- The patient's general health.

## **DIAGNOSIS**

- Physical exam and history: An exam of the body to check general signs of health, including checking for signs of disease such as an enlarged spleen. A history of the patient's health habits and past illnesses and treatments will also be taken.
- Complete blood count (CBC) with differential: A
  procedure in which a sample of blood is drawn and checked
  for the following:
  - The number of red blood cells and platelets.
  - The number and type of white blood cells.
  - The amount of hemoglobin (the protein that carries oxygen) in the red blood cells.
  - The portion of the blood sample made up of red blood cells.

• Bone marrow aspiration and biopsy: The removal of bone marrow, blood, and a small piece of bone by inserting a needle into the hipbone or breastbone. A pathologist views the bone marrow, blood, and bone under a microscope to look for abnormal cells.

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