

Successful therapy and clinical studies in hemophagocytic lymphohistiocytosis (HLH):

Academia and patient organizations in collaboration

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Basic HLH Information

- There is a familial form and a secondary form.
- **The familial form:**
 - Onset usually in infancy, or early childhood
 - Autosomal recessive
 - Often rapidly fatal if untreated
 - Incidence = 2:100.000 live born

20 years ago

- **All children died**
 - Median survival time = 1-2 months after diagnosis
 - Many children had the correct diagnosis only after death
- **Biological understanding was limited**
 - The mechanisms causing the disease - totally unknown

Some questions initially asked ...

- Can we define how to make the diagnosis?
- Can it be treated?
- Can it be cured?

- Can we find out what causes the symptoms?
- Can we find the underlying cause?
- Can we learn something about healthy humans?

One Way to Move Forward = International Collaboration



The Histiocyte Society, initiated 1985 - 20 years ago,
mainly covers two Rare Diseases:

- Langerhans Cell Histiocytosis (LCH)
- Hemophagocytic Lymphohistiocytosis (HLH)



Goals of the Histiocyte Society

- Promote communication and exchange of ideas (1985-)
 - Annual Meetings, Study Groups
 - Physicians representing >20 countries at last Annual Meeting
- Promote research and education
 - Scientific Committee, Education Committee
- Promote Clinical Studies (on these rare diseases)
 - Presently 4 studies are open



The Histiocytosis Association of America (Parent/patient organisation)

- Created in 1986 by two parents
(a partnership of patients, families, physicians, and friends)
 - To promote research aiming for improving cure
 - To support patients and their families.
 - To promote education related to the histiocytoses
- More than 5,000 persons are registered members
- Over 80 research projects have been funded
- Serves as administrative office for the Histiocyte Society
(allows parents access to the most recent advances)

Other Supporting Parent groups

- Argentina

- Brazil

- France

- Greece

- Japan

- Portugal

- Turkey

Belgium

Canada

Germany

Italy

The Netherlands

Sweden

United Kingdom



HLH - Diagnostic Guidelines 1991

- A common definition - A common language
 - Fever
 - Splenomegaly
 - Cytopenia (≥ 2 lineages) (Hb <90 g/L, ANC <1 , platelets <100)
 - Hypertriglyceridemia or Hypofibrinogenemia
 - Hemophagocytosis

Henter et al, Semin Oncol 1991; 18: 29-33

The 1st International Treatment Study

HLH-94

Histiocyte Society



The 2nd International Treatment Study

HLH-2004

Histiocyte Society



Disease Mechanisms and Genes

- Genes causing HLH have been found
 - Rapid and exact diagnosis
 - Prenatal diagnosis
 - Early therapy
 - Better survival
 - Fewer complications
- Deficient "programmed cell death"
 - HLH can learn us about normal immun-regulation

Questions asked...and answered

- Can we define how to make the diagnosis? YES
- Can it be treated? YES
- Can it be cured? YES

- Can we find out what causes the symptoms? YES
- Can we find the underlying cause? YES
- Can we learn something about normal humans? YES

Conclusions for Rare Diseases

- Collaboration Academia – Patients/Parents can be very valuable
 - Supporting clinical studies
 - Supporting research grants
 - Supporting administrative duties
 - = Access to physicians, new treatments and research data
- International Clinical Studies can be performed in Rare Diseases
 - To learn - step by step, stone by stone, patient by patient
 - Knowledge will grow → Children will grow

