

Highlights from EHA

Report dei gruppi di lavoro >>
[Mielodisplasie]

Relatore: M. CAZZOLA

27-28 ottobre 2008

Borgo S. Luigi – Monteriggioni (Siena)

Gruppo di lavoro

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[Mielodisplasie]

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RESULTS

- Survival curves: Additional cytogenetic abnormalities

Cytogenetic group	n	Median survival time
5q-	179	69 months
5q- + 1	45	55 months
5q- + 2	10	8 months
5q- + 3	6	6 months
5q- + 4	7	8 months
5q- + =5	26	7 months

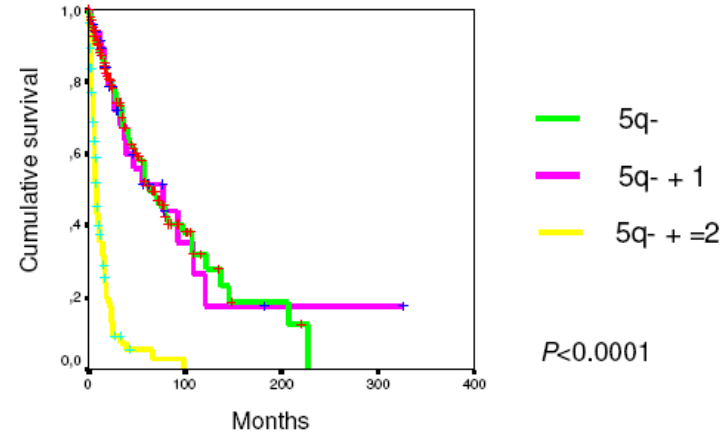
Global MS time (n=305): 48 months

RESULTS

<i>Univariate analysis</i>	Overall survival	Leukemic transformation
Age groups	$P=0.0009$	$P=0.7550$
Sex	$P=0.0008$	$P=0.0035$
BM blasts groups (%)	$P=0.009$	$P<0.0001$
FAB diagnoses groups	$P<0.0001$	$P<0.0001$
WHO diagnoses groups	$P<0.0001$	Not evaluated
Cytogenetic complexity	$P<0.0001$	$P<0.0001$
Type of additional aberration	Not evaluated	Not evaluated

RESULTS

- Survival curves: Additional cytogenetic abnormalities (n=273)



RESULTS

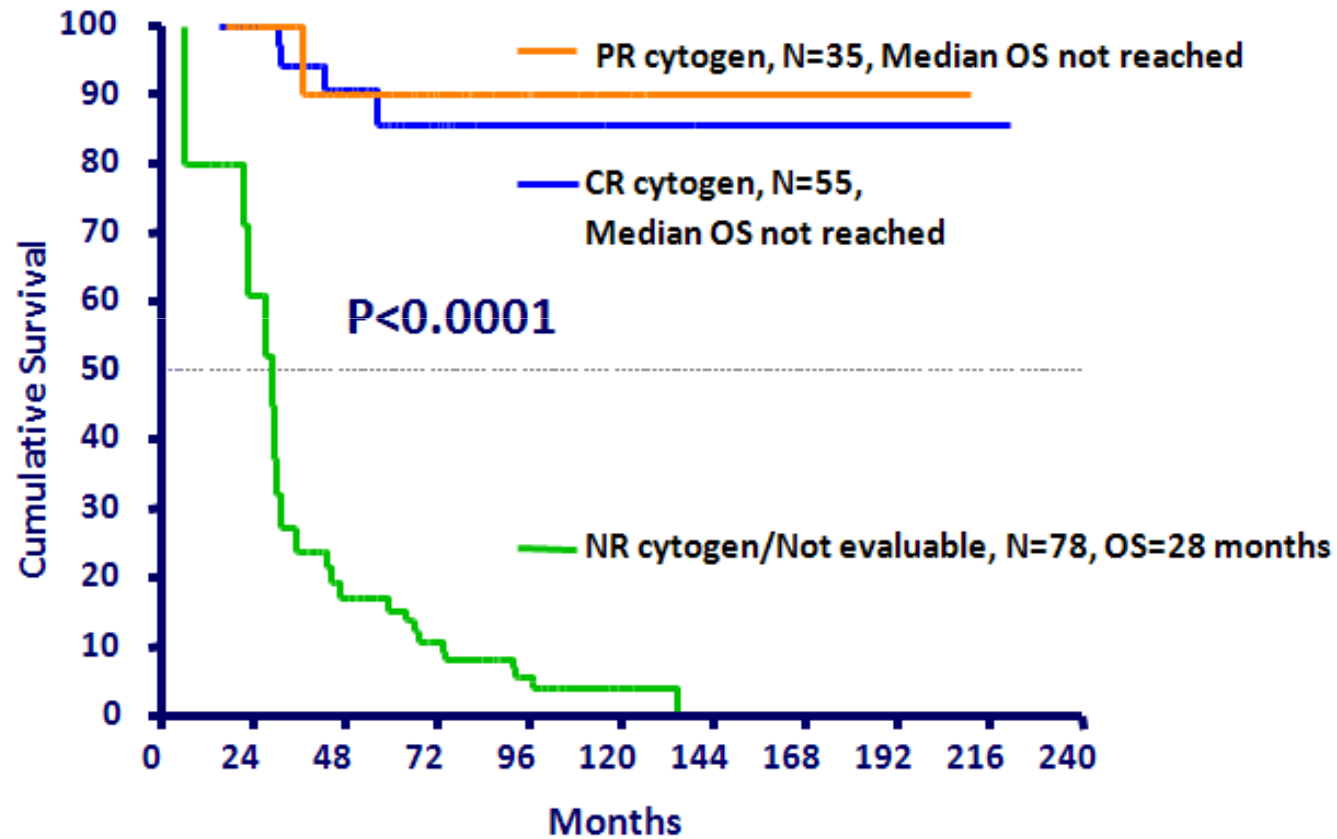
- Overall survival (multivariate analysis) (n=76)

Variables	
Age	
Sex: male/female	
Number of cytopenias	
FAB/WHO diagnoses	
Bone marrow (BM) blasts (5% / 10%)	
High and low risk (FAB)	
Karyotype complexity	

Karyotype complexity → Cytopenias → Age

Survival correlates to cytogenetic response to lenalidomide

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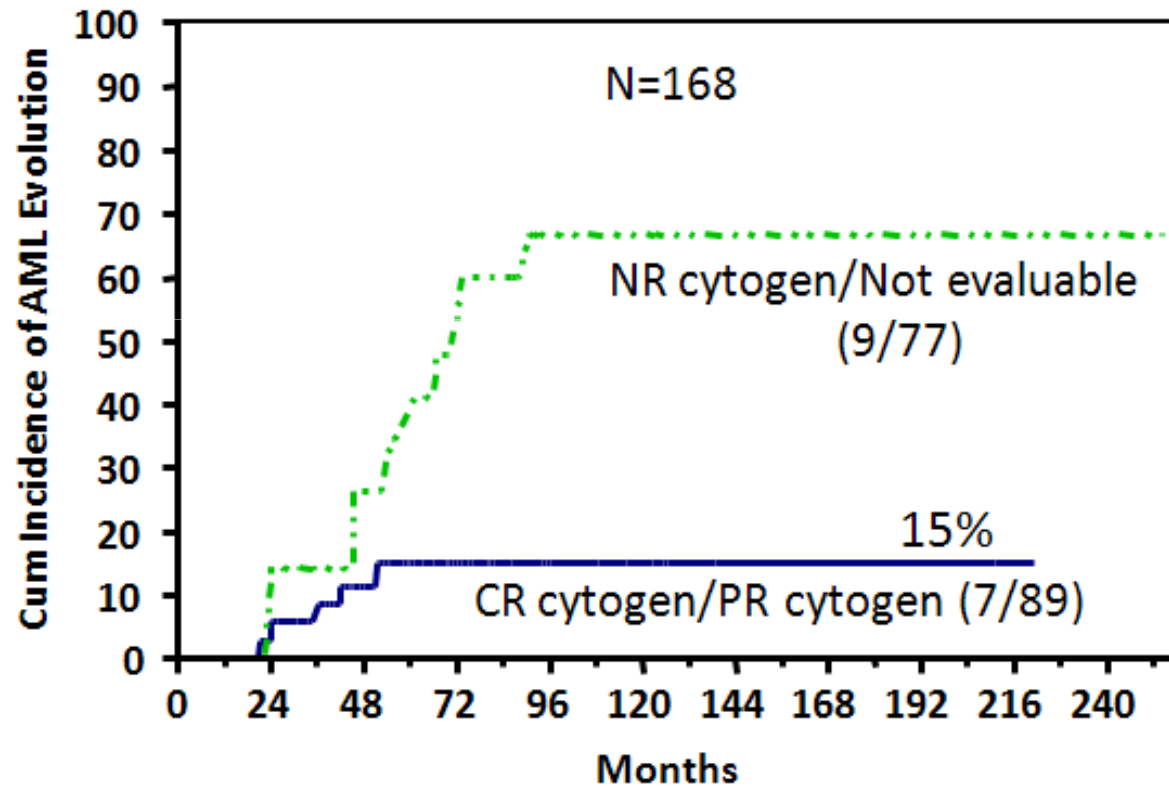
Unpublished data, courtesy of Alan List

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Discussione

AML evolution correlates to cytogenetic response to lenalidomide

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Unpublished data, courtesy of Alan List

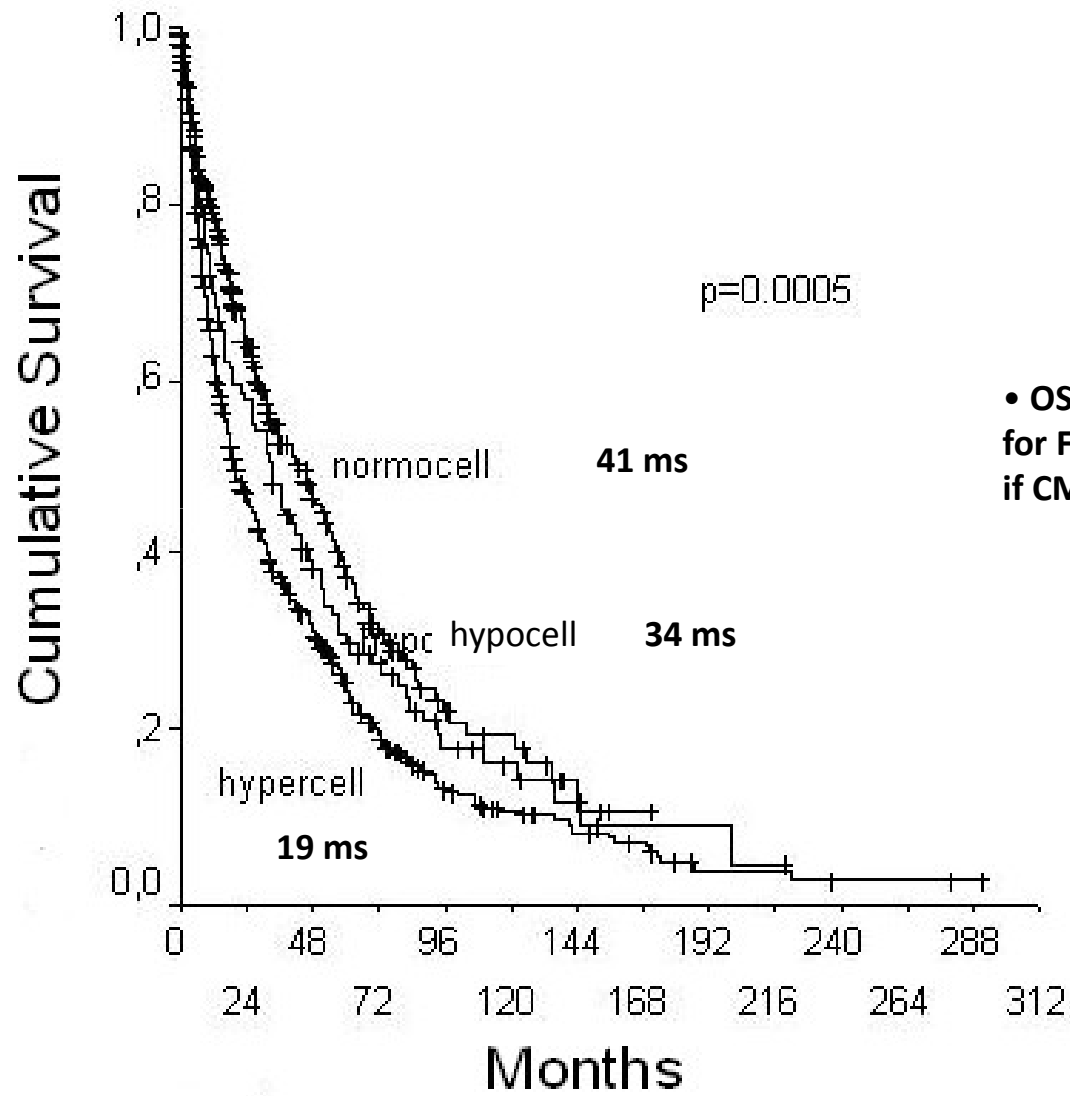
Registro italiano

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- AIFA
- Celgene

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Discussione



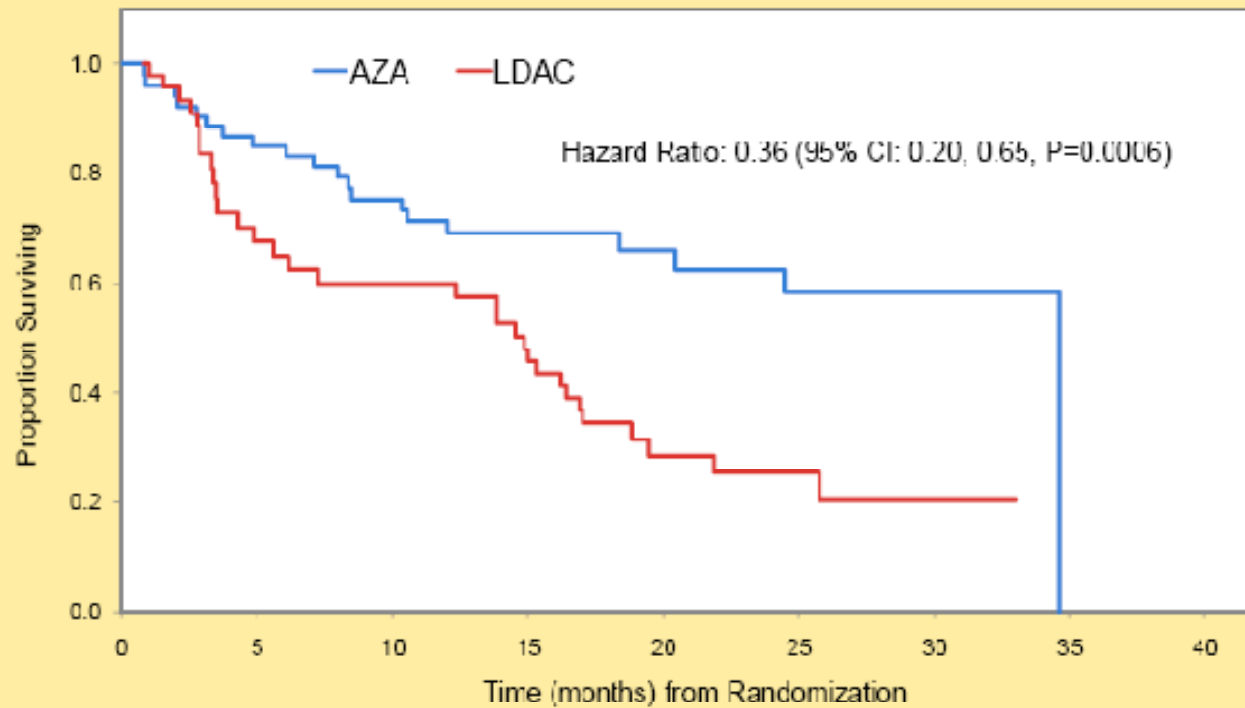
- OS remained significant when analysed for FAB, WHO, IPSS and WPSS, and also if CMML was withdrawn

- ❑ 150 initial BM biopsies: **14.5%** with fibrosis
- ❑ Median survival: **14 months** with fibrosis, **28 months** without fibrosis ($p < 0.000005$), not related to AML-transformation
- ❑ Cytogenetic aberrations: **more frequent with fibrosis** (abnormal non complex karyotype 60 vs. 45% ($p = 0.03$), complex karyotype 27 vs. 13% ($p = 0.002$))
- ❑ **CD34-positive cell cluster**

ITT population

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Figure 1. Adjusted Overall Survival Curves From Cox Model

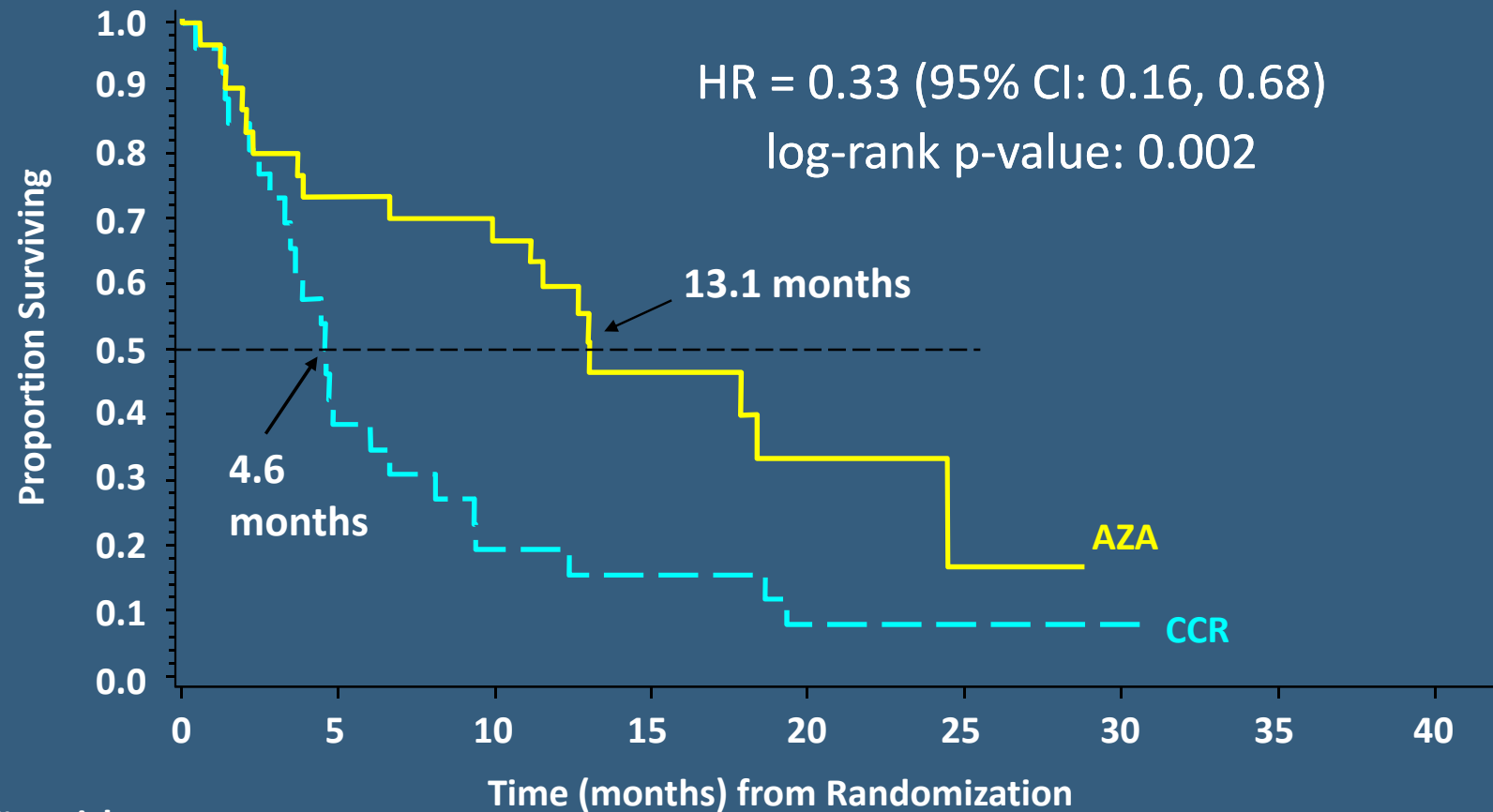


at risk

AZA	45	37	31	20	12	6	2	0	0
LDAC	49	35	31	22	8	4	1	0	0

AZA significantly prolonged OS with a 62% reduced risk of death versus LDAC.

Overall OS in MDS Patients with -7/del(7q) AZA vs CCR (AZA-001)



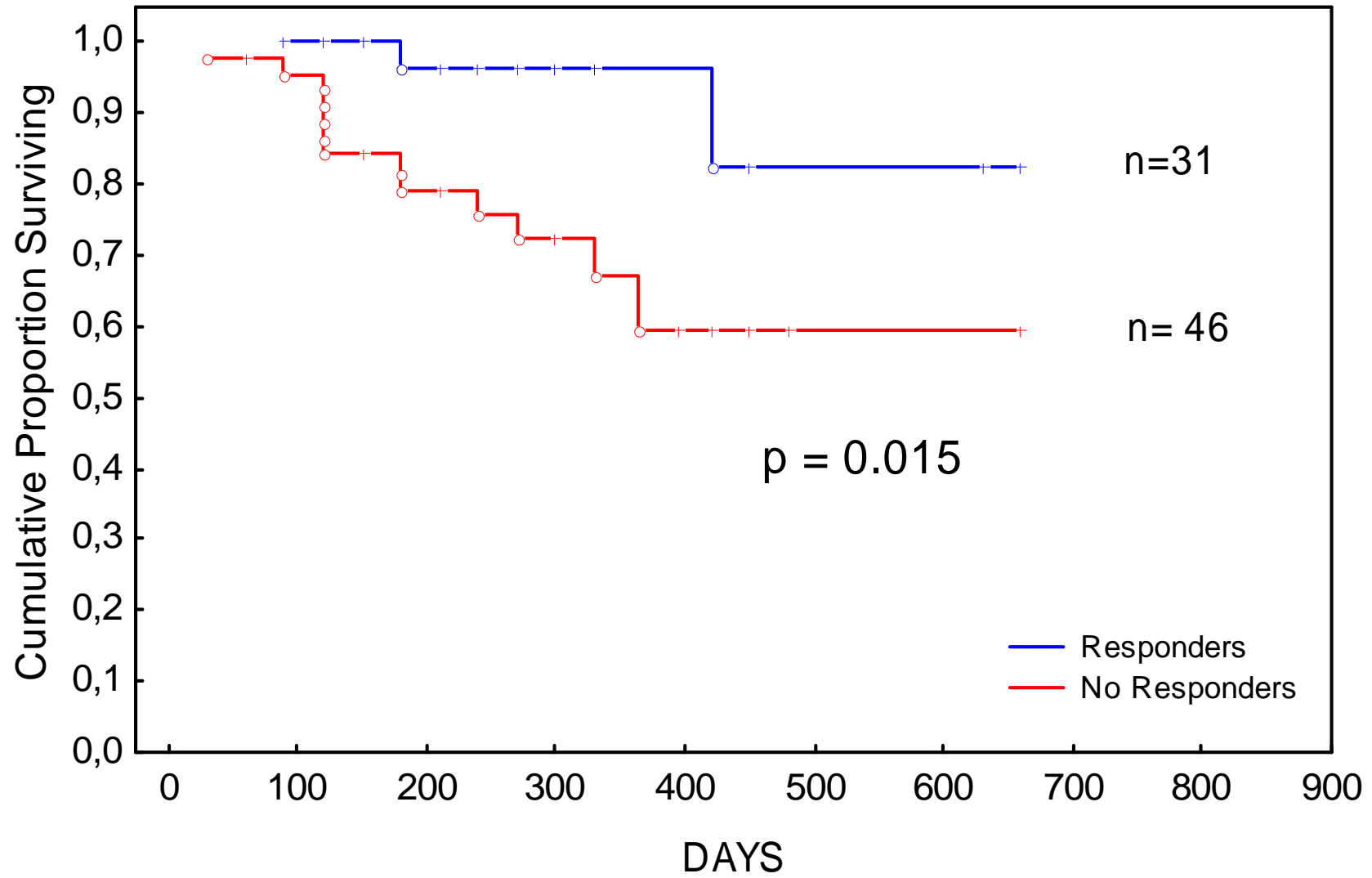
at risk

AZA	30	22	20	9	5	1	0	0	0
CCR	27	10	5	4	2	1	1	0	0

OS BY RESPONSE

Low-risk

N°77 patients



ANEMIA WITH RING SIDEROBLASTS ASSOCIATED WITH THROMBOCYTOSIS: CLINICAL AND ANALYTICAL FEATURES ACCORDING TO THE PRESENCE OR ABSENCE OF THE JAK2 V617F MUTATION

Raya et al, abstract 716 (poster)

	RARS-T with JAK2 V617F mutation (n=17)	RARS-T without JAK2 V617F mutation (n=30)	p value
Age (years)	72.9 ± 11.1	73.6 ± 8.8	N.S.
Sex (M:F)	11:6	17:13	N.S.
Platelet count (x10 ⁹ /L)	845 ± 278	591 ± 239	<0.001
WBC count (x10 ⁹ /L)	9.2 ± 3.5	6.7 ± 2.2	0.018
Hemoglobin (g/L)	109.2 ± 16.6	97.7 ± 16.0	0.029
MCV (fL)	97.3 ± 8.7	102.4 ± 6.4	0.037
Basophil count (x10 ⁹ /L)	0.108 ± 0.082	0.063 ± 0.060	N.S.
Bone marrow blasts (%)	0.9 ± 1.2	1.2 ± 1.2	N.S.
Type III sideroblasts (%)	31 ± 27	32 ± 23	N.S.
Ringed sideroblasts (%)	48 ± 21	48 ± 19	N.S.
Uric acid	5.3 ± 2.4	5.8 ± 1.8	N.S.
Lactate-dehydrogenase (U/L)	429 ± 191	324 ± 106	N.S.
Ferritin	656 ± 674	560 ± 984	N.S.
Vitamin B ₁₂	579 ± 391	677 ± 577	N.S.
Splenomegaly	4/14 (29%)	3/23 (13%)	N.S.
Karyotype aberrations	2/15 (13%)	2/22 (9%)	N.S.
BM Megakaryocytic hyperplasia	7/8 (87%)	4/5 (80%)	N.S.
BM reticulin fibrosis	5/7 (71%)	2/5 (40%)	N.S.
Transfusional dependence	1/14 (7%)	8/27 (29%)	N.S.

A retrospective study of 47 patients with diagnosis of RARS-T (platelet count above 400x10⁹/L), taking into account the presence or absence of the JAK2 V617F mutation.

There were no differences in terms of survival (p=0.38)

Published with 76 patients

Int J Hematol. 2008 Sep 27. [Epub ahead of print]

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Discussione