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Flag-IDA regimen as salvage chemotherapy before haematopoietic stem cell transplantation in the treatment of refractory/relapsed acute myeloblastic leukaemia: single-centre experience

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During the past several decades, improvements in chemotherapeutic regimens and supportive care have resulted in significant but modest progress in treating AML. Conventional chemotherapy is highly effective in the treatment of acute myeloblastic leukemia (AML). About 50-80% of adult patients with de novo acute myeloblastic leukemia achieve complete remission (CR) with currently available chemotherapy regimens consisting of anthracyclines and cytarabine. However, relapse develops in more than 40% of the cases within two years, and 15-25% of patients fail to achieve complete remission because resistant to treatment or death. The management of cases with primary refractory and/or relapse disease is very difficult and prognosis in this subset of patients after several different chemotherapy combinations is still very poor with a CR rate 33-41%.

We evaluated efficacy and toxicity profiles of FLAG-Ida combination chemotherapy as salvage chemotherapy before hematopoietic stem cell transplantation in patients with refractory/relapsed AML.

At the University Hematology Clinic in Skopje, Macedonia, in the period 2006-2009, twenty patients with refractory/relapsed acute myeloblastic leukemia were treated with FLAG-Ida regimen. Patients were between 16-52 years old, 6 female and 14 male. They were treated with fludarabine 30mg/m², cytosine arabinoside (AraC) 2g/m² for 5 days, Idarubicin 10mg/m² for 3 days, and granulocyte colony stimulating factor G-CSF

5 mikrog/kg from day 0 till neutrophil recovery (ANC >1.0 x10⁹/l). Complete remission were achieved in 9 patients (45%), four patients (25%) died of post chemotherapy complications, and 7 failed to achieve complete remission. Out of 9 patients who achieved complete remission, 4 went autologous bone marrow transplantation, 4 went allogeneic bone marrow transplantation, and 1 is being evaluated for the same. Major complication encountered were mucositis, transient hepatic toxicity, fungal and bacterial infections.

Our experience confirmed that FLAG-IDA regimen is well tolerated and effective therapy in relapsed/refractory acute myeloid leukemia. FLAG-Ida is a good choice in cases with refractory/relapsed acute myeloblastic leukemia for salvage chemotherapy and it is wise to consolidate it with hematopoietic stem cell transplantation. Those patients included in the hematopoietic progenitor transplant program, clearly benefit from allogeneic or autologous BMT, obtaining a longer disease free survival and overall survival.

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Autologous stem cell transplantation in patients with acute myeloid leukaemia: results after long follow-up

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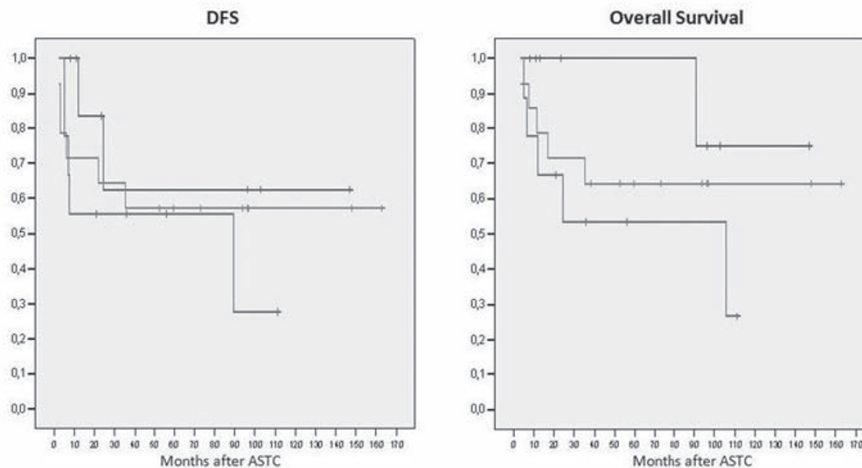
Autologous stem cell transplantation (ASCT) remain as a good procedure for postremission therapy in a subgroup of patients (pts) not candidates for allogeneic stem cell transplantation (SCT) with acute myeloid leukemia (AML) who obtain remission after chemotherapy. In this observational retrospective study we analyze, based on cytogenetic risk group, the results in pts with AML in CR1/CR2 who underwent an ASCT in our institution.

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Table 1. Characteristics of patients undergoing ASCT

N	31
Median age	45 (22-67)
Gender (F/M)	19/12
Risk category	
Good	8 = 1 t(8;21), 3 inv16, 1 t(15;17), 3 NC/NPM1+/FLT3-
Intermediate	14 = 10 NC*, 4 OTHER
High	9 = 5 secondary AML, 2 MLL, 2 OTHER
Disease status	
CR1	26
CR2	4

NC: normal cytogenetics, * molecular markers not available



Risk group	N	Follow-up, M (range), months	DFS	OS
Good	8	23,5 (8-147)	83%	100%
Intermediate	14	93,5 (38,5-163)	57%	64%
High	9	46 (21-111)	56%	53%

Table 2. DFS, OS and median follow-up of patients in different risk groups