OLD AGE AFFECTS SURVIVAL BUT NOT RESPONSE IN PHILADELPHIA POSITIVE CHRONIC MYELOID LEUKEMIA PATIENTS TREATED WITH IMATINIB: A STUDY OF THE GIMEMA CML WORKING PARTY

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BACKGROUND & STUDY AIM

Roughly one-third of Chronic Myeloid Leukemia (CML) patients in early chronic phase (CP) are >65 years old at diagnosis. Two scoring systems, based on prognostic variables identified by multivariate analysis, are available for disease risk evaluation: the Sokal score and the Hasford score. Both scores include the age.

In late CP, imatinib does not impact the response rate on survival, although lower rates of Complete Cyogenetic Response were observed in older patients (Table 1). In early CP, few and not conclusive data are available (Table 2).

To assess the effects of imatinib on response and outcome, according to the age at diagnosis, we analyzed a large series of early CP CML patients.

METHODS

The sub-analysis was performed within 3 simultaneously running trials of the GIMEMA CML WP:

- CML021, Clin Trials Gov. NCT00514488, phase I, 698 in both groups.
- CML022, Clin Trials Gov. NCT00516926, phase II, 657 in both groups.
- CML023, observational, 400 mg IM.

RESULTS

No differences between younger (group A) and older (group B) patients were observed in terms of Complete Cyogenetic Response (CCyR) and Major Molecular Response (MMR).

Events were 108/444 (24%) and 43/115 (37%) in group A and B, respectively.

All calculations have been made according to the intention-to-treat principle.

CONCLUSIONS

This sub-analysis was performed within 599 early CP CML patients treated with imatinib, considering 2 cohorts with age <65 and ≥65 yrs. The response rates, both cyogenetic and molecular, was clean superimposable and not statistically different in the 2 groups (mean follow-up 42 months).

OS, EFS, and FFS were significantly lower in older patients, while the difference in terms of FFS was near the limit of statistical significance. These survival differences were mainly due to CML-unrelated comorbidities and deaths (Table 4). An analysis of TFS for OS without CML-unrelated deaths shows no significant difference in the 2 groups of age.