

LO1 ANTINEOPLASIC AGENTS





IN CHRONIC MYELOID LEUKEMIA

B. SANCHEZ PASCUAL¹, I. SALVADOR LLANA¹, C. SANZ SANCHEZ¹, M. PRADA BOU¹, S. HERRERA CARRANZA¹, M.D.P. MARTINEZ BARRANCO², E. ZHAN ZOU¹, P. SANMARTIN FENOLLERA¹, M. PEREZ ENCINAS¹. ¹HOSPITAL UNIVERSITARIO FUNDACION ALCORCON, PHARMACY, ALCORCON, SPAIN. ²HOSPITAL UNIVERSITARIO FUNDACION ALCORCON, HEMATOLOGY, ALCORCON, SPAIN. Contact data: belen.sanchez.pascual@salud.madrid.org

BACKGROUND AND IMPORTANCE

Tyrosine-kinase inhibitors (TKIs) have shown to be effective in chronic myeloid leukemia (CML) treatment. Recent clinical trials show selected patients with deep molecular response (DMR) can safely discontinue treatment.

AIM AND OBJECTIVES

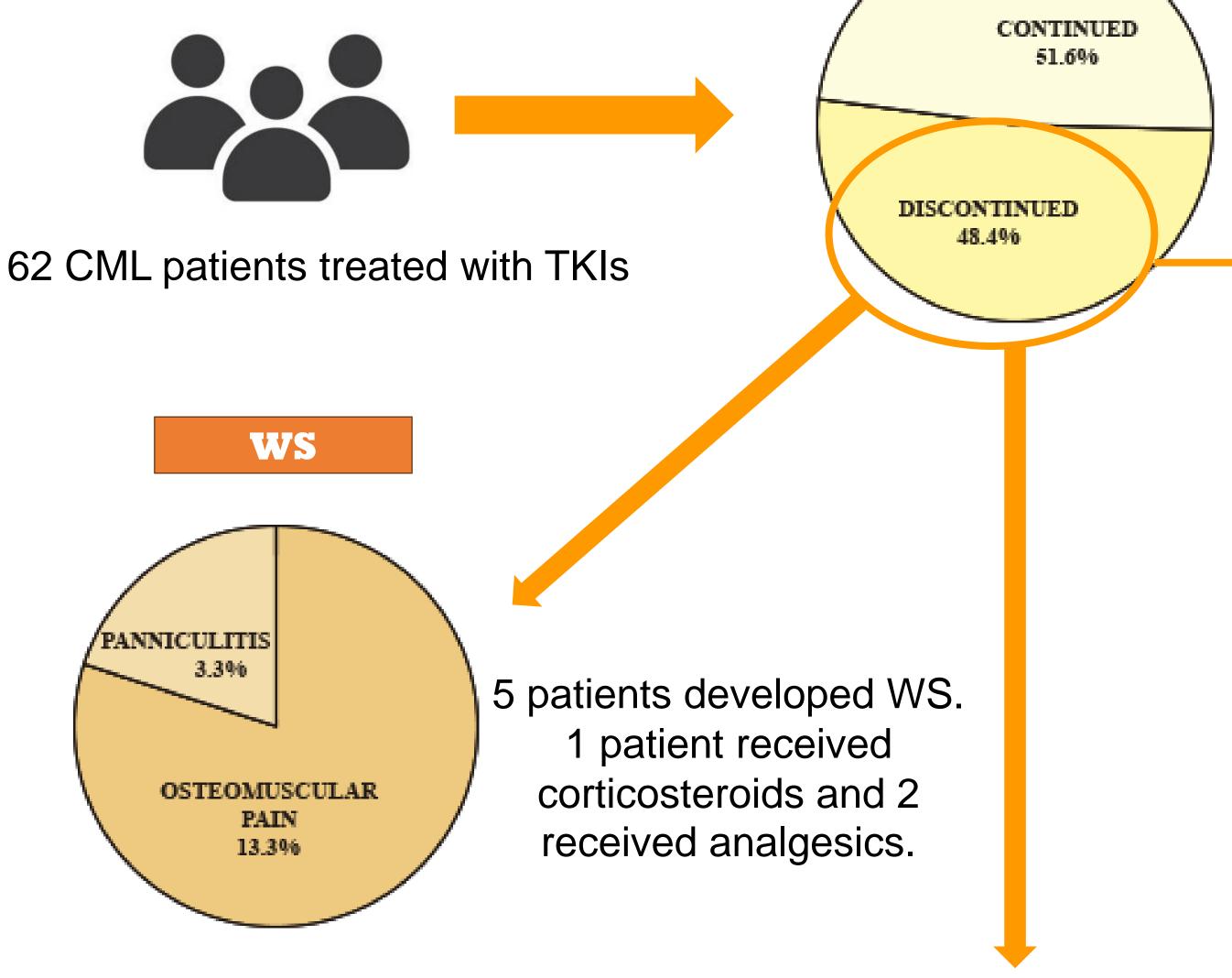
Describing clinical experience of discontinuing treatment with TKIs in CML patients.

MATERIAL AND METHODS			Variables		
			Age	Gender	TKI
	<u>Retrospective observational study</u> \rightarrow analyzed TKIs disc and maintenance of mayor molecular response (MMR) a discontinuation in all CML patients treated at our center the moment they started TKIs until September 2023.	analyzed TKIs discontinuation	TKI start date	Response	DMR achieving date
		ated at our center from	TKI siwtch before discontinuation and cause		Withdrawal síndrome (WS
			WS treatment	Restart date and TKI	Last consultation date

Discontinuation protocol stipulates patients must have been treated for five (1st generation TKIs) or three (2nd generation TKIs) years and must have achieved 2 years of DMR (molecular response (MR)=4 or greater).

After discontinuation they have monthly monitoring visits for 6 months (period when most patients lose MMR), afterwards controls are spaced out over time. If patients lose MMR (MR=3) treatment should restart.



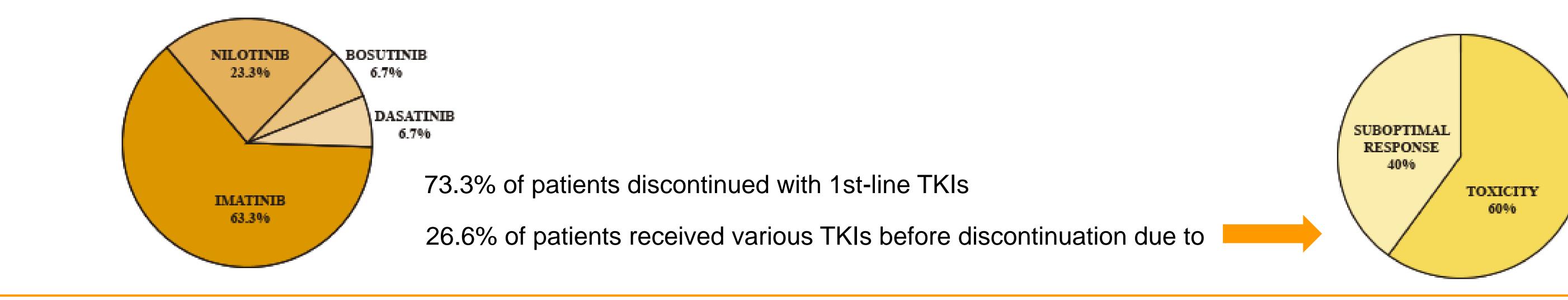


- Median age: 57.8 years [interquartile range(IQR): 50.1-67.1]
- Median time with DMR was 4.9 years [IQR: 3.3-8.1].
- Median TKI treatment until discontinuation: 6.2 years [IQR: 4.9-12.1]
- 63.3% maintained discontinuation, follow-up median of 3.4 years [IQR: 0.9-4.5].
- 36.7% patients lost MMR, follow-up median until restart was 5.3 months [IQR: 4.2-6.9].

7 patients restarted with previous TKI, 4 changed to 2ndgeneration TKIs.

All patients regained MMR after restarting treatment

TKI AT THE MOMENT OF DISCONTINUATION



CONCLUSION AND RELEVANCE

Our results are in line with current literature showing controlled discontinuation is a viable and potentially long-term option. Discontinuation is already part of the standard of care in selected patients since it's cost-effective, representing savings for Healthcare System and improving patient's life quality.

