



OUTCOMES OF TREATMENT OF ACUTE PHILADELPHIA-POSITIVE ACUTE LYMPHOBLASTIC LEUKEMIA WITH AUTOLOGOUS TRANSPLANT OF HEMATOPOYETIC STEM CELLS AT SAN JUAN DE DIOS HOSPITAL FROM 2014 TO 2019

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Key Words

Philadelphia + Acute Lymphoblastic Leukemia, Autologous Stem Cell Transplant, Tyrosine Kinase Inhibitor

Background

Acute lymphoblastic leukemia with Philadelphia chromosome mutation is a disease with a guarded prognosis.^{1,2} Hematopoietic stem cell transplantation is a therapeutic alternative that offers a possibility of cure, however its availability is limited by the availability of HLA identical donors.² Autologous stem cell transplantation and maintenance therapy with tyrosine kinase inhibitors is a therapy that has been proposed as an alternative and is frequently used in our setting for the treatment of consolidation. Currently, the efficacy of the conditioning and maintenance treatment protocols used in social security on the overall and disease-free survival of these patients is not known for certain.

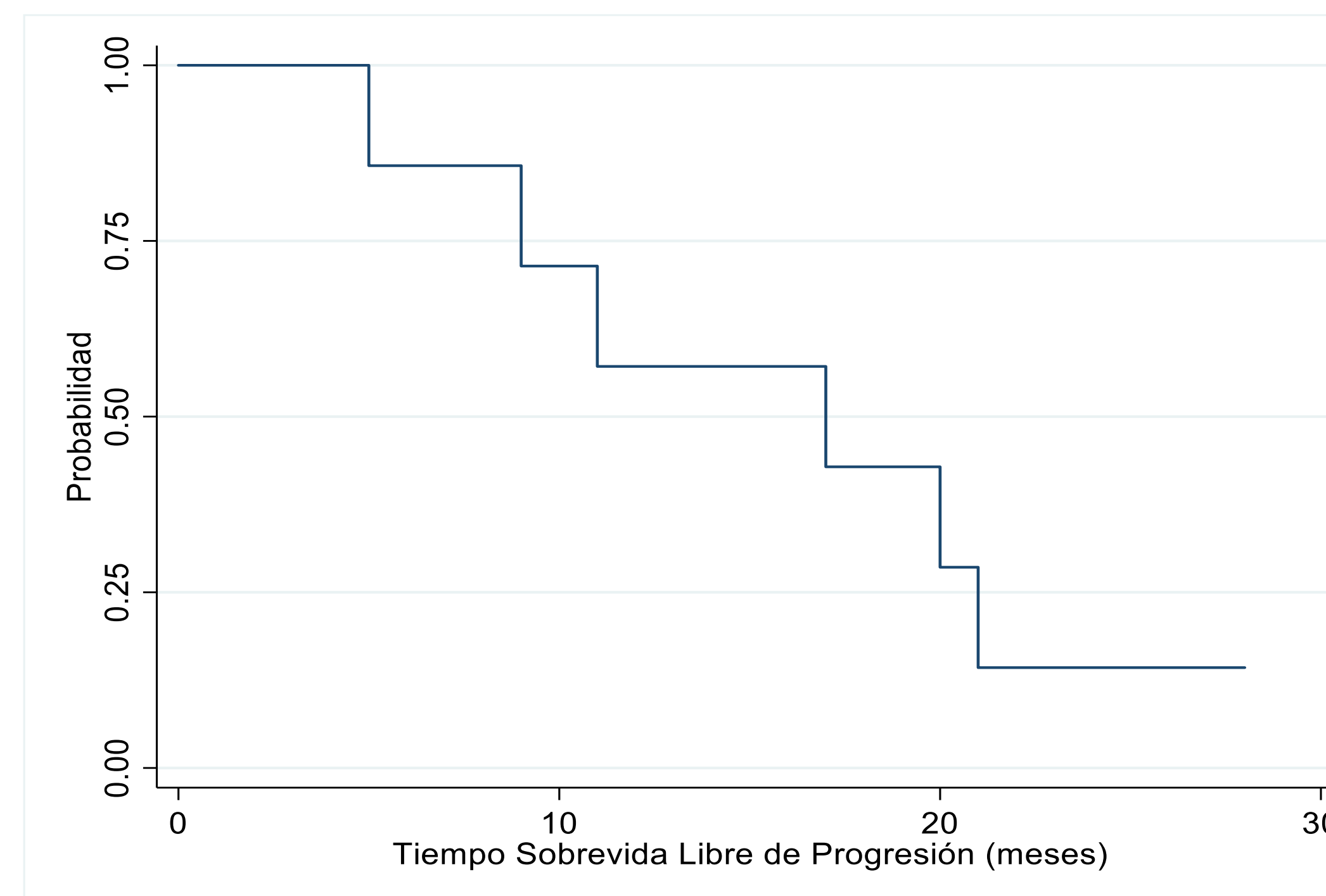
Objective

To report the outcome of 7 patients with Ph+ ALL who underwent autologous Stem Cell Transplant as consolidation treatment.

Materials & Methods

Patients who between January 2014 to December 2019 were diagnosed with acute lymphoblastic leukemia and documented to have the Philadelphia chromosome mutation were included. Epidemiological, clinical, and minimal residual disease data were documented and the number of months that patients remained in remission following autologous stem cell transplantation as consolidation therapy at Hospital San Juan de Dios was sought. A total of 7 patients with ALL with identified Philadelphia chromosome mutation and autologous hematopoietic stem cell transplantation were evaluated, with a mean age at diagnosis of 41.6 (SD:15.5)

years and a sex distribution of 57.0% (4/7) for females. The determination of relapse and death showed that 6 cases (86.0%) presented relapse to the bone marrow and 2 cases (29.0%) to the Central Nervous System.



Kaplan Meier Overall Survival Curve

Death was documented in 5 of the patients evaluated (71.0%) of which all were due to sepsis. Analysis of progression-free survival evidenced a median of 17 months.

Discussion

Autologous stem cell transplant is associated with a low transplant related mortality at our institution. However, the high relapse rate makes it unacceptable as a first line consolidation therapy in Ph+ ALL patients with an allogenic donor option.

References

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