



Current patient management and outcomes of chronic myeloid leukemia (CML) in Colombia.

On behalf of ACHO's RENEHOC investigators

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Context

Tyrosin kinase inhibitors (TKIs) dramatically changed outcomes in CML; achieving and maintaining treatment milestones is highly dependent on adherence.

Colombia subscribes a principle of universal health coverage; however, there is significant difference in access to high-cost drugs, between different insurance types (Subsidized (SS) vs Contributory (SC)).

Background

ACHO's hematological disease registry (RENEHOC) is a multicenter study that collects information from real-world adult patients suffering from hematologic neoplasm since 2018, in Colombia. It has collected information on CML patients since 2019.

RENEHOC captures information from 16 academic and general community centers in 5 cities in Colombia. More than 2000 patients have been registered in the web-based tool. Of them 442 were identified with CML diagnosis.

Due to its observational nature, all treatment decisions depend on treating investigator preferences.

Objective

To describe the current patient management and outcomes of CML in Colombia, and possible factors associated with outcomes.

Materials & Methods

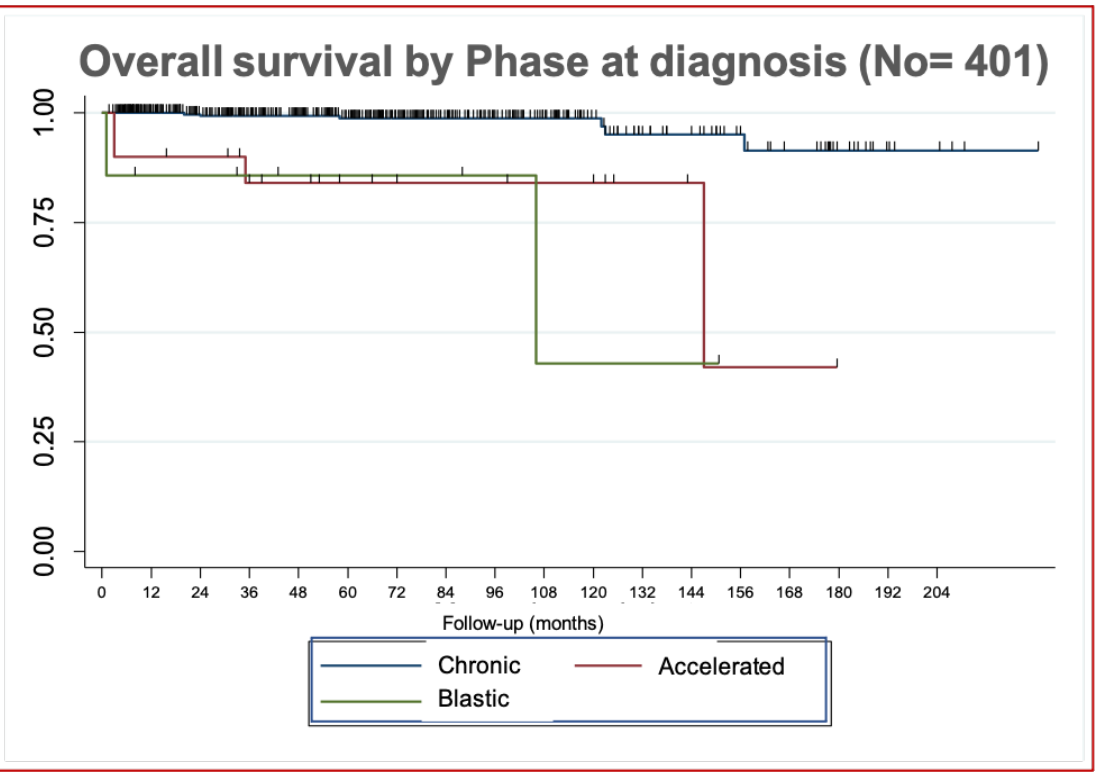
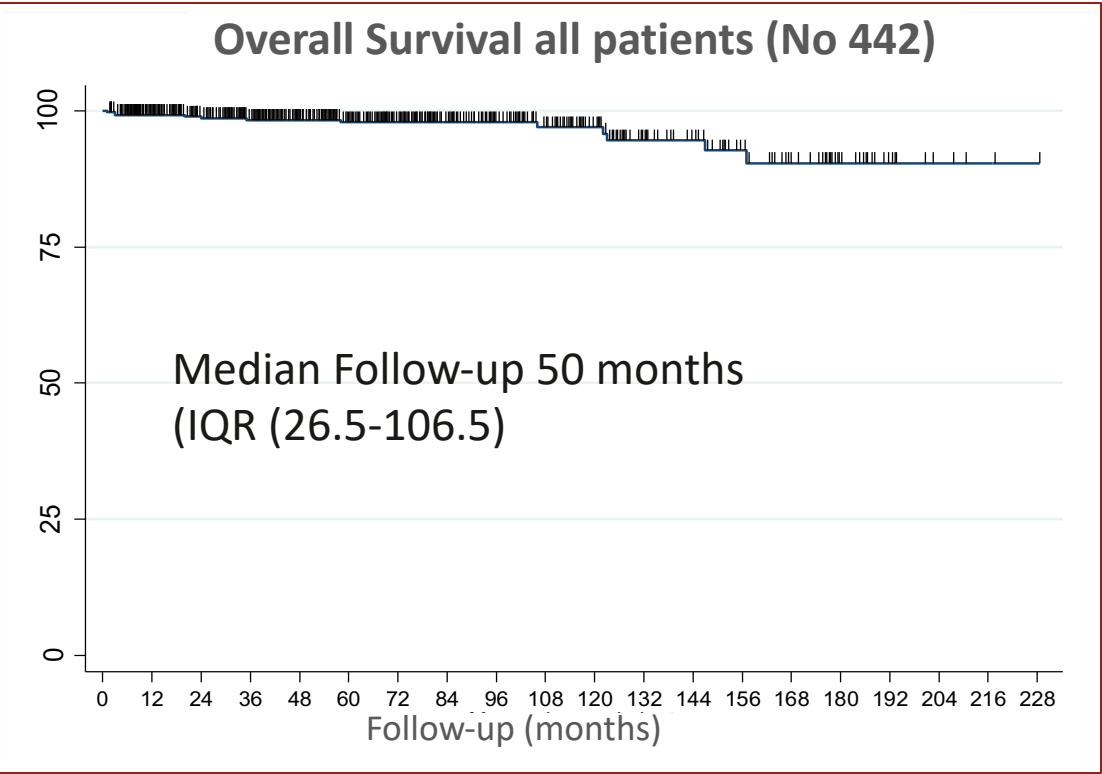
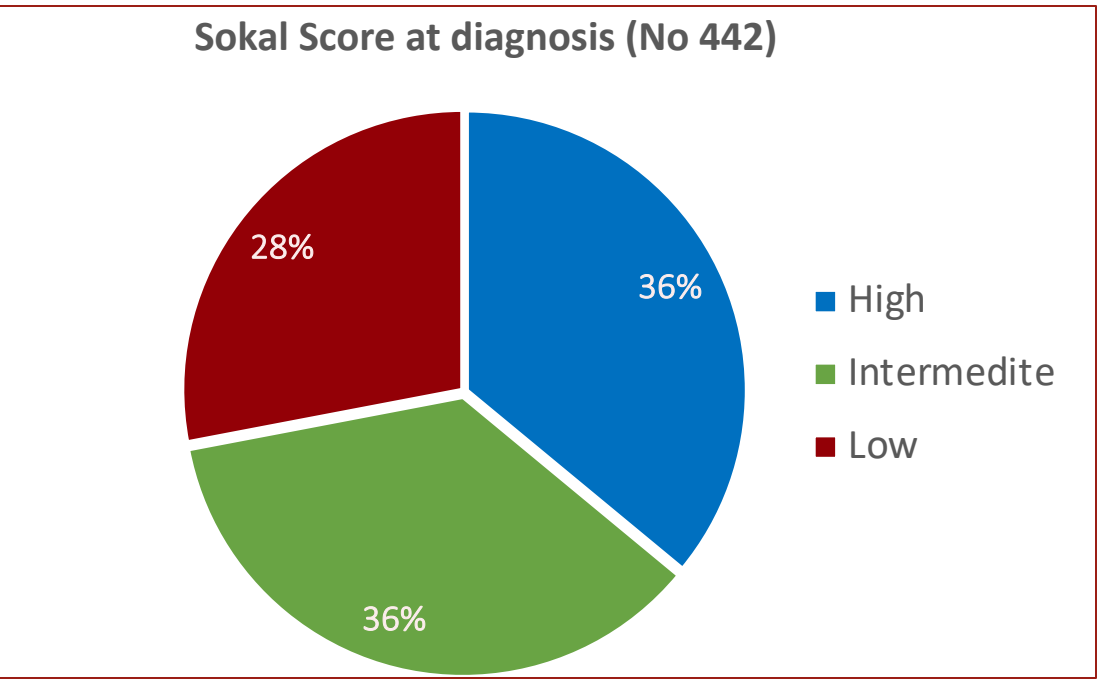
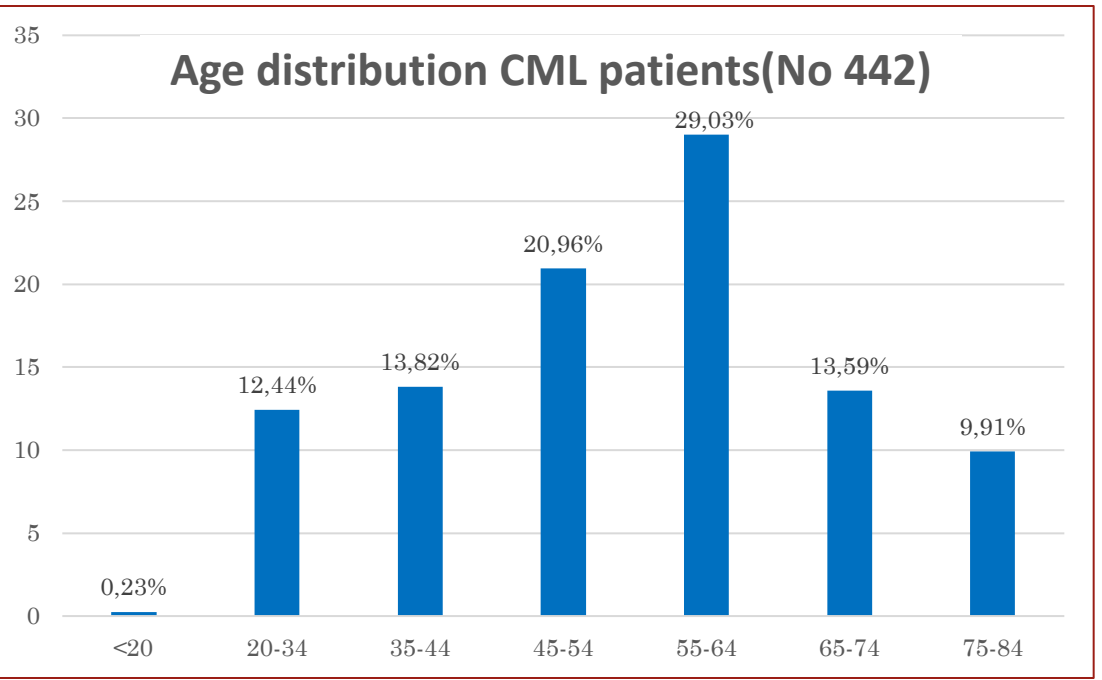
This report summarizes data on adult CML patients as of May 2020, focused on general descriptive statistics. The Kaplan-Meier method was used to assess progression free survival (PFS) rates, defined as progression to AP/BP or dead. Hazard-Ratios (HR) using Cox-proportional hazards regression modeling was estimated.

Results (1)

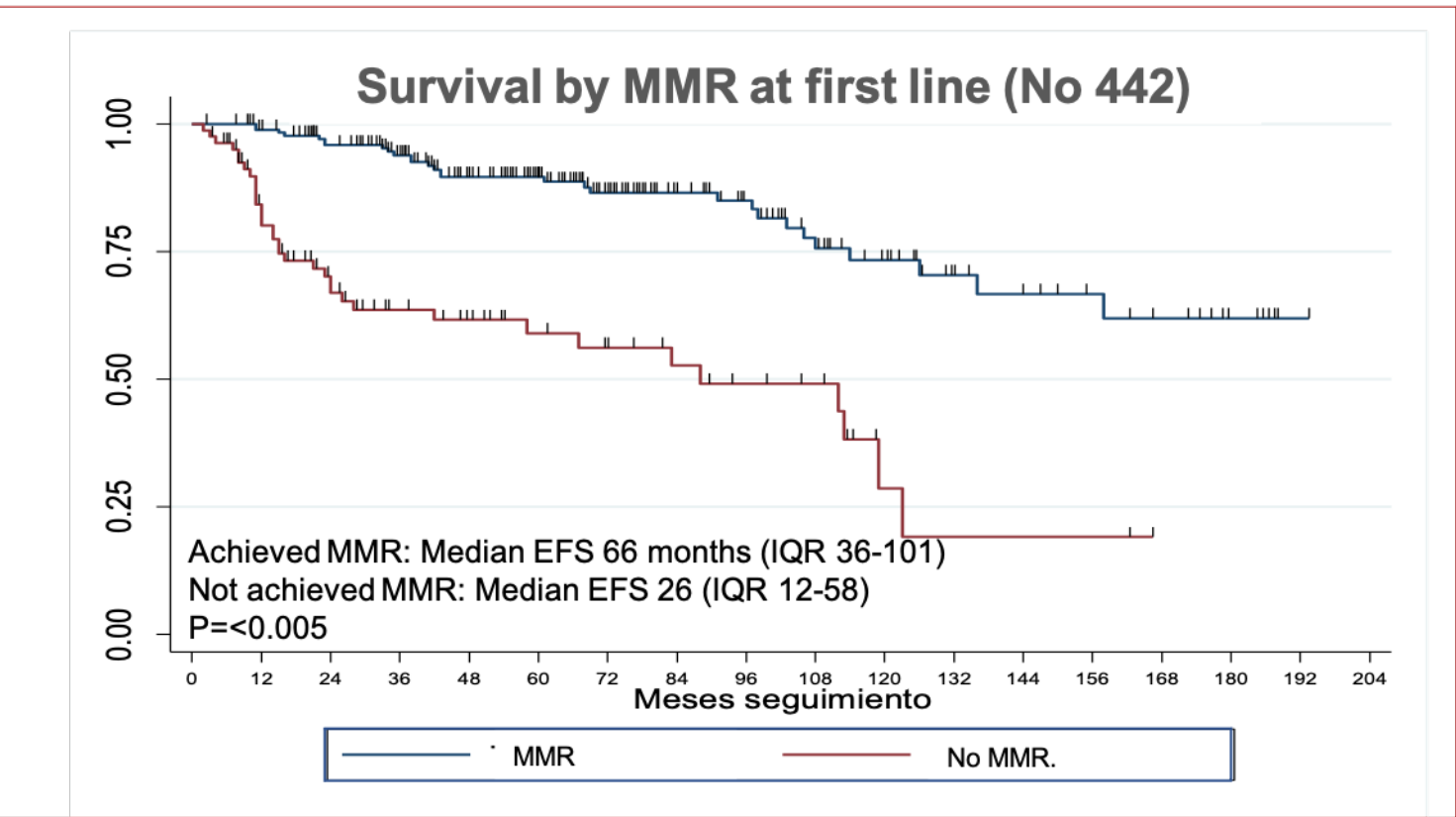
A total of 442 patients have been registered, median follow-up was 60 months (IQR 26.5-106.5). Table 1 shows patient characteristics. There were no significant difference between SS and CS in characteristics at diagnosis or type of TKI. Median time from symptoms to diagnosis was 4 weeks (IQR 1-11), with no difference between SS and CS (p=0.54) and from diagnosis to treatment 4 weeks in SS vs 0 in CS (p=0.041). Imatinib was the first line treatment in 62.9%, Dasatinib 20% and Nilotinib 15%. Median OS and EFS was 60 (IQR 26.5-106.5) and 51 months (IQR 21-91). Only 7 (2.5%) patients died, all deaths were CML related. Type of insurance (median EFS 51 CS vs 38.5 months SS; p=0.04), phase at diagnosis (p=0.039), and achieving MMR with first line were only factors related with EFS.

Results (2)

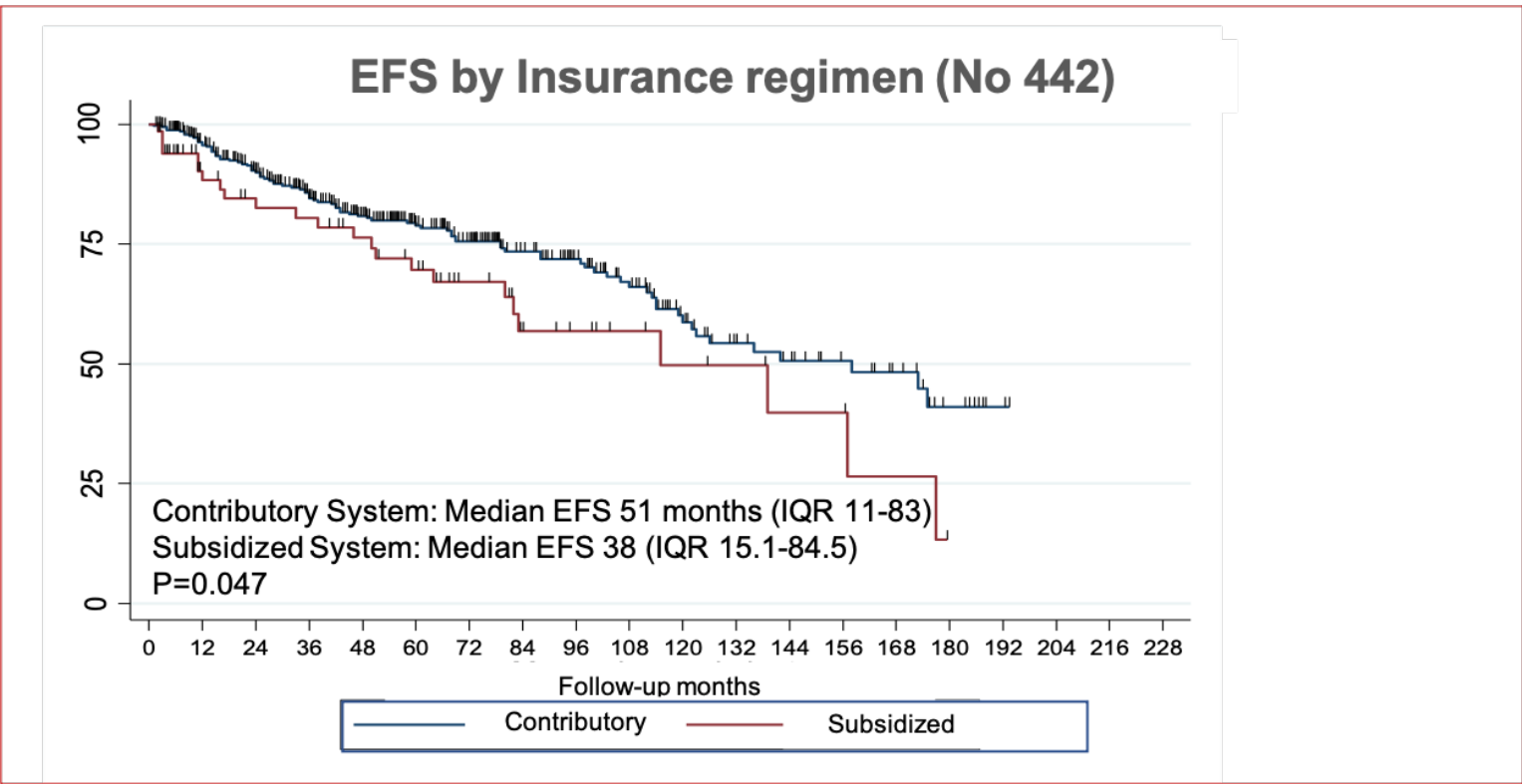
Age at diagnosis, years (mean, SD)	54.2 (SD 15.23)	
Sex (Male/Female)	259/183	
Insurance régimen (CS/SS)	366/76	
Phase at diagnosis (No, %)	Chronic	370 (84%)
	Accelerated	23 (23 (5%))
	Blastic	8 (2%)
	Not known	41 (9%)
First line treatment (No, %)	Imatinib	278 (63%)
	Dasatinib	88 (20%)
	Nilotinib	64 (14.5%)
	Other	10 (2.3%)
	Not known	2 (0.4%)
	Required a second line	
Required a second line	Imatinib first line	169 (60.8%)
	Dasatinib first line	29 (33%)
	Nilotinib firs line	11 (17%)



Results (3)



*MMR: Mayor Molecular Response



Discussion

OS for CML is excellent (97.5%) in Colombian patients, inequal treatment between insurance types appears to have an impact on outcomes that has to be address