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UNDERSTANDING PHYSICIANS' APPROACH TO DIAGNOSIS AND TREATMENT OF ACUTE MYELOID LEUKEMIA DISEASE IN TÜRKIYE: TURKISH HEMATOLOGY NETWORKING GROUP SURVEY

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INTRODUCTION

This study was done by the Turkish Hematology Networking Group (THNG) to analyze the characteristics of hematologists, their diagnosis, and treatment approaches for acute myeloid leukemia (AML) patients in Turkey. A better understanding of AML diagnosis and treatment approaches in the country, as well as the characteristics of the average AML patient, is essential for improving patient care.

AIM

This study was done by the Turkish Hematology Networking Group (THNG) to analyze the characteristics of hematologists, their diagnosis, and treatment approaches for acute myeloid leukemia (AML) patients in Turkey.

METHOD

A survey was conducted among hematologists, collecting data on demographics, general information, diagnostic methods, FLT3 mutation management, prophylaxis, and therapy approaches between September 23 and October 3, 2021. 88 hematologists from THNG participated in the study.

RESULTS

The majority of respondents were employed at state-owned university hospitals and had less than5 years of experience. Istanbul and Ankara were the top two cities where respondents practiced. The distribution of AML patients seen in an average month is 65.94% follow-up patients and 34.06% newly diagnosed patients. Promyelocytic leukemia (APL) accounted for 10.98% of AML patients at the time of diagnosis in the last year. Diagnostic methods such as bone marrow aspiration/biopsy, flow cytometry, PCR, and conventional karyogram were commonly available. FLT3 mutations were routinely assessed in newly diagnosed and relapsed/refractory AML patients, with FLT3-ITD and NPM1 being the most frequently examined molecular markers. The most common treatment regimens included 7+3 + midostaurin chemotherapy for fit FLT3-mutated AML patients and hypomethylating agent + venetoclax for unfit patients. Prophylaxis approaches varied depending on the patient's suitability for induction therapy, with posaconazole, anti-viral, and anti-bacterial medications being the most used. It has been seen that new agents such as venetoclax, gemtuzumab ozogamycin, gilteritinib, and glasdegib are used more in daily practice.

CONCLUSIONS

The findings provide insights into the current practices of hematologists in Turkey, contributing to a better understanding of AML diagnosis and treatment approaches in the country, as well as the characteristics of the average AML patient. These insights can help healthcare professionals, policymakers, and researchers in the field of hematology to improve patient care and outcomes.

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