Chronic Myeloid Leukemia of the Elderly Over 60 years old: Epidemiological, Cytogenetic, and Therapeutic Profile in CASABLANCA

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soho2023 ELEVENTH ANNUAL MEETING

INTRODUCTION

Surveillance Epidemiology and End Results data revealed an age-adjusted incidence rate of 1.5/100,000 cases per year, with a CML median age of onset of 65 years and incidence that increases with age.

The introduction of tyrosine kinase inhibitor (TKI) therapy has brought a remarkable survival benefit, so that CML patients can live a normal life.

AIM

The aim of our work is to describe the profile of the geriatric population with CML, their therapeutic options and their evolution within our establishment..

METHOD

Retrospective Descriptive Study

Hematology and Pediatric Oncology Departement 20 th August 1953 Hospital

January 2004 December 2020

t(9; 22) on bone marrow karyotype and/or BCR-ABL transcript on FISH.

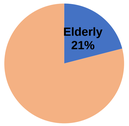
> 60 years patients

WHO 2016 Classification :
- Chronic (CP)
- Accelerated (AP)
- Acute transformation (AT)

Generic Imatinib

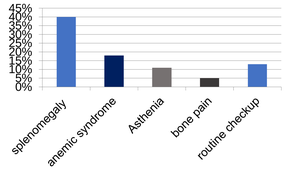
RESULTS

CML total series in our department (55/256)

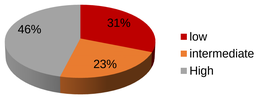


- Median age : **65 years [60-88 years]**
- Sex ratio (M/F)**:0.7**

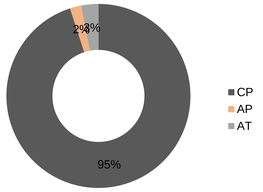
Reason for medical consultation



	Median	Extremes
WBC	130.000 / mm3	2300-594.000/mm3
Neutrophiles	50.000/mm3	7500-136.000/mm3
Eosinophiles	1.65%	0-5%
Basophiles	1%	1-10%
Blasts	1%	0-10%
Myelemia	23,5%	1-79%

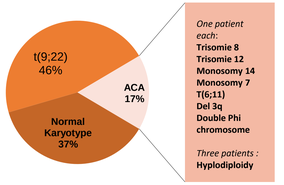


Sokal score



CML different phases

Cytogenetics



- Karyotype was done in **52 patients,**
- **Six patients** had Fish analysis , objectifying Bcr-Abl rearrangement
- **Initial qualitative PCR** to determine transcript type was not carried out because it was ***not available***
- **Quantitative RTq-PCR** is performed using the **GENEXPERT technique** (the only one available) and is carried out ***only 2 times a year*** on average, i.e. not feasible for all RCC patients

The various side effects of Imatinib observed in our patients

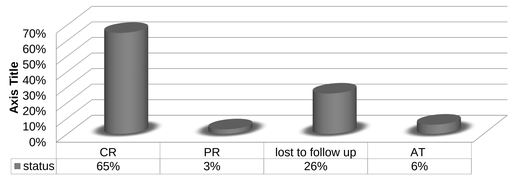
Hematological	N	Extra-hematological	N
Anemia	1	Bone pain	2
Neutropenia	2	Hypopigmentation	3
Thrombopenia	1	Headaches	1
Leucopenia	1	Hepatic cytolysis	1
Pancytopenia	2	Epigastralgia	1

One patient in our series received Nilotinib as a 2nd-line treatment, which had as an adverse effect a stroke with good evolution under anticoagulant treatment.

Imatinib treatment in CPs resulted in **RCyC** in 24/52 patients (**46%), partial remission (1%), 11% in failure,** and 17 patients (32%) had no status

RCyC	MR3	MR4.0	MR4.5	MR5	No MR	PMR
N	5	3	2	2	1	3

Evolution of our patients



CONCLUSIONS

Imatinib should be considered for elderly patients because of its lower toxicity and efficacy.

We were hampered by the absence of RT-PCR monitoring for molecular follow-up, our study's 46% RCyC rate, which remains below the literature.

REFERENCES

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