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ELEVENTH ANNUAL MEETING

# Second Line Treatment with TKI in CML in Colombia.

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RENEHOC
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## INTRODUCTION

Tyrosine Kinase Inhibitors (TKIs) are a fundamental part of Chronic Myeloid Leukemia (CML) treatment and have changed the history of the disease. However, due to therapeutic failure or intolerance, around 20 to 30 percent of patients will require a change of TKIs after first line treatment. There is very little real-life information on second-line treatment. RENEHOC is a registry of Colombian patients with hematologic diseases, CML cases have been registered since 2018.

## AIM

To retrospectively analyze the outcomes of patients with CML in the RENEHOC registry who required a switch to second line treatment. The main objective of the study was to compare dasatinib versus nilotinib used as second-line therapy in patients intolerant or who failed first-line therapy.

## METHOD

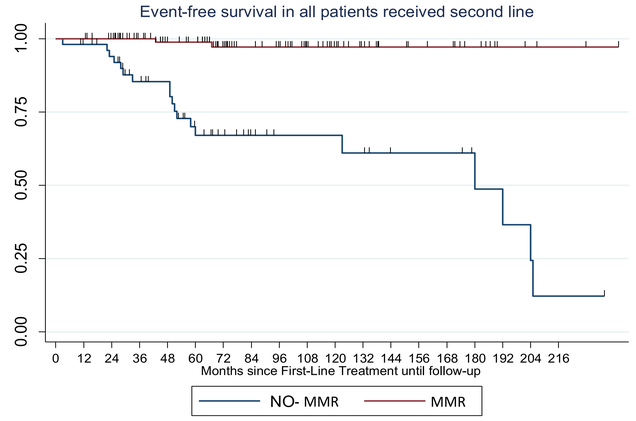
RENEHOC is an ambispective multicenter registry of hematologic diseases that collects information on 25 centers in 6 Colombian cities.

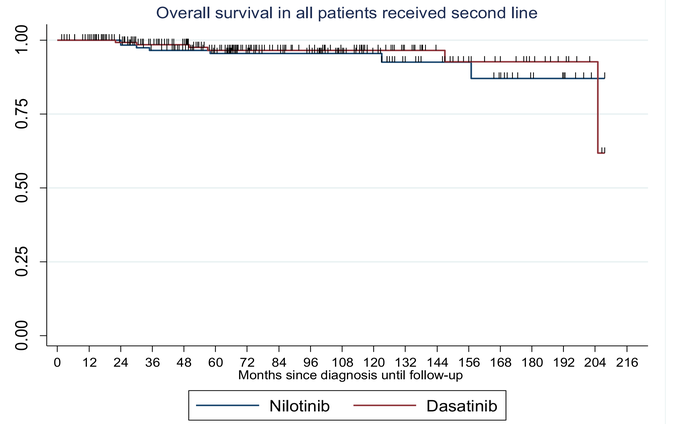
We analyzed data on CML patients registered until May 2023, focusing on general descriptive statistics.

## RESULTS

From 690 CML patients registered, 83% of whom were diagnosed in chronic phase, 414 required a second-line. First-line treatments were: Imatinib 414 (60%), Dasatinib 154 (22.4%) and nilotinib 97 (14.1%). Imatinib-treated patients required the most ITK switching (258/414,62%), compared to 36% of with dasatinib and 25% with nilotinib. Most frequent second-line therapies were dasatinib (n=160,49.5%) and nilotinib (n=144,44.6%); 8 received bosutinib, 11 received other treatments. The main reason for switching was resistance (n=141; 48.29%), mutation T315i was only documented in 5 patients. Median overall survival was 69 (IQR 39-1126) and 76 months (45-122) for patients treated with dasatinib and nilotinib, respectively (p=0.52). Median EFS was 64.5(IQR 31-107) for dasatinib and 68.5(IQR 39.5-112) for nilotinib(p=0.37).

Only two factors were significantly associated to outcomes; regardless of the TKI used as second- line treatment, achieving MMR and type of insurance. Regarding achieving MMR, median OS was 76 months(IQR 49-129) compared to 63 months (IQR 31-123) for those who did not(p=0.03). Median EFS was 71 months(IQR 46-120) vs 54 months(IQR 29-85) for those who did not(p<0.001).
Insurance type (Contributory vs Subsidized) was significantly related to 5-year EFS (87.9% vs 63.4% respectively(p=0.001).




## CONCLUSIONS

This real-world data suggests that in second-line both dasatinib and nilotinib are highly effective and well tolerated, with no significant differences in outcomes. As we have previously report, differences in access to TKI treatment due to insurance-related barriers to care significantly affect outcomes in CML patients.

## CONTACT INFORMATION

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