Poster Session (Poster presentations categorized by each organ)

**EFFICACY OF LOW-DOSE CYTARABINE-BASED REGIMEN(CAG) FOLLOWED BY AZACITIDINE FOR ELDERLY PATIENTS WITH MDS/AML**

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**Background:** Outcome for elderly patients with myelodysplastic syndrome/acute myeloid leukemia (MDS/AML), who are ineligible for hematopoietic stem cell transplantation or intensive chemotherapy, is very poor, because low-dose cytarabine does not improve overall survival (OS). Azacitidine, a DNA methylation inhibitor, has demonstrated survival advantage for patients with high risk MDS or AML with less than 30% blasts. However, there is not yet sufficient evidence for the efficacy of azacitidine in patients with MDS/AML with more than 30% blasts. Therefore, new treatment options are needed for these patients.

**Methods:** We retrospectively analyzed 6 MDS/AML patients who were treated with low-dose cytarabine-based regimen (CAG) followed by azacitidine at our institution between 2010 and 2013. The CAG regimen consisted of low-dose cytarabine (20 mg/m²/day by continuous infusion) for 14 days, aclarubicin (14 mg/m²/day) for 4 days, and G-CSF for 14 days. Azacitidine was administered subcutaneously (75 mg/m²/day) for 5 days of every 28 days. All of the patients were AML secondary to prior existing MDS, and had more than 30% blasts. Response was assessed according to International Working Group AML response criteria. Overall survival was defined as the time from onset of treatment with CAG regimen to death.

**Results:** The median age was 69 years (range 66–73), and median number of cycles of CAG and azacitidine were 1 (range 1–2) and 10 (range 5–25), respectively. Morphologic complete remission with incomplete blood count recovery was achieved in 2 (33%) patients. After a median follow-up time of 14 months, median OS is 14.5 month.

**Conclusions:** Low-dose cytarabine-based regimen (CAG) followed by azacitidine is effective and well tolerated for elderly high risk MDS/AML patients.