MYELODYSPLASTIC SYNDROME IS OFTEN ASSOCIATED WITH SOLID CANCER, BUT TREATABLE: 21 MDS CASES AT A SINGLE INSTITUTION

Aya Ouchi1, Masahiro Yokoyama1, Kengo Takeuchi2, Yoshiharu Kusano1, Hideaki Nitta1, Kyoko Ueda1, Noriko Nishimura1, Naoko Tsuyama2, Yasuhito Terui1, Kiyohiko Hatake1

1Hematology and Oncology, Cancer Institute Hospital
2Department of Pathology, Japanese Foundation for Cancer Research

Introduction: 5-azacitidine (AZA) is an analogue of pyrimidine nucleoside cytidine, which prolongs overall survival of high-risk myelodysplastic syndrome (MDS) patients (pts.) and was approved in Japan in 2011. We here evaluate the response, safety, and feasibility of AZA.

Methods: We retrospectively reviewed 21 MDS patients who have started AZA therapy from July 2011 to December 2013 at the Cancer Institute Hospital of Japanese Foundation for Cancer Research and assessed the efficacy and severe adverse event (SAE). All the bone marrow samples were reviewed by expert hematopathologists.

Results: The baseline pts. characteristics included 14 male, 7 female, median age was 72.3 (68.0-88.9), 18 pts. with past history of cancer, in which 10 pts. with the experience of chemotherapy, and 3 pts. with radiotherapy. Five patients had past history of MDS overt acute myeloid leukemia (AML) and had received CAG (cytarabine, acracinon, G-CSF) therapy. AZA was administered intravenously or subcutaneously at daily dose of 75 mg/m2 for 5 or 7 days at every 28 day. Nineteen pts. received AZA 5 days per cycle, and 2 patients received 7 days. Median treatment cycle was 5 (range 1-14). Hematological improvement (HI) was seen in 19 pts.; neutrophil improved in 10 pts., hemoglobin improved in 12 pts., and platelet improved in 7 pts.. At a median follow-up of 12.8 months (range 0.5-23.5), the 1-year progression free survival (PFS) and overall survival (OS) rates were 61.9% and 57.1%, respectively. Five pts. after CAG therapy for AML have been treated with AZA as median treatment cycle 8 (2-11), and their PFS and OS rates were 60.0% and 80.0%, respectively. They have been able to continue the therapy as outpatients.

Conclusions: AZA is safe for elderly patients and we recognized HI. Administering AZA for the patients after CAG therapy for MDS overt leukemia is effective, and it is possible to continue AZA as outpatients. We need to follow their therapeutic procedure and evaluate the outcome.