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2376 Standard of Care of Patients with CML Treated in Community Based Oncology Group Practices in Rhineland-Palatinate (Germany)

Health Services Research—Malignant Conditions

Program: Oral and Poster Abstracts

Session: 902. Health Services Research—Malignant Conditions: Poster I

Saturday, December 3, 2016, 5:30 PM-7:30 PM

Hall GH (San Diego Convention Center)

Rudolf Weide, Prof.¹, Bernhard Rendenbach, MD^{2*}, Monika Grundheber, MD^{3*}, Oswald Burkhard, MD^{4*}, Joachim Behringer, MD^{5*}, Michael Maasberg, MD^{6*}, Peter Ehscheidt, MD^{7*}, John Werner Strehl, MD^{8*}, Richard Hansen, MD^{9*} and Stefan Feiten^{10*}

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Introduction: Significant progress has been made in CML-therapy since the introduction of imatinib and other tyrosine kinase inhibitors (TKI) into clinical care. The aim of this study was to assess diagnosis, treatment and outcome of CML-patients who received their treatment in community based oncology practices in Rhineland-Palatinate and whether European LeukemiaNET-guidelines were followed.

Methods: All Ph-/BCR-ABL-positive CML-patients who were treated between 12/2001-12/2015 in 9 oncology group practices were analyzed retrospectively concerning diagnosis, treatment and outcome according to European LeukemiaNET-guidelines. Data were collected from patient files into a central data base and analyzed statistically with SPSS.

Results: 264 patients (pts) with a median age of 60 (18-90) were analyzed. 126 (48%) were female, 138 (52%) were male. At initial diagnosis bone marrow biopsy was performed in 213 pts (81%). Cytogenetics was applied in 204 pts (77%) (38% in blood, 56% in bone marrow). FISH-analysis was used in 155 pts (59%) (33% in blood, 36% in bone marrow). PCR-testing to detect a BCR-ABL1-rearrangement was applied in 200 pts (76%) (52% blood, 37% bone marrow). 258 pts (98%) were in chronic phase, 5 (2%) in accelerated phase and 1 (0.4%) in blast crisis at diagnosis. EUTOS score could be calculated in 131 pts (50%). 20% were high risk, 80% low risk. 252 pts (95%) received some form of TKI-therapy. Out of 416 TKI-therapies 308 (74%) were PCR-based monitored, 148 (36%) were monitored by cytogenetics. First line treatment was imatinib in 201 pts (80%), 51 pts (20%) received a second generation TKI. Second line treatment consisted of dasatinib in 59%, nilotinib in 32%, imatinib in 6% and bosutinib in 3%. Third line treatment was nilotinib in 56%, dasatinib in 35%, ponatinib in 6% and imatinib in 3%. 62 pts (23%) were treated within a study protocol. 13 pts (5%) received an allogeneic transplantation. Overall survival probability was 88% after 5 years and 72% after 10 years. Disease specific survival was 95% after 5 years and 86% after 10 years.

Conclusion: The overwhelming majority of CML-patients treated in oncology group practices receive standard of care as suggested by European LeukemiaNET-guidelines. Overall survival in routine care is comparable to international studies.

Disclosures: No relevant conflicts of interest to declare.

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