

Abstract: PB2603

Title: SECOND TYROSINE KINASE INHIBITORS DISCONTINUATION IN CHRONIC MYELOID LEUKEMIA-CHRONIC PHASE PATIENTS: SINGLE CENTER REAL-LIFE EXPERIENCE

Abstract Type: Publication Only

Topic: Chronic myeloid leukemia - Clinical

Background:

The vast majority of patients (pts) with Chronic Myeloid Leukemia in Chronic Phase (CML-CP) who fail a 1st tyrosin kinase inhibitors (TKIs) discontinuation re-achieve a deep molecular response (DMR), but in literature few data are available about pts who re-gain a durable DMR, after a 1st treatment free remission (TRF1) failure, and attempt a 2dn TKIs stopping

Aims:

to describe the results of 2nd treatment free remission (TFR2) in CML-CP pts followed in our center .

Methods:

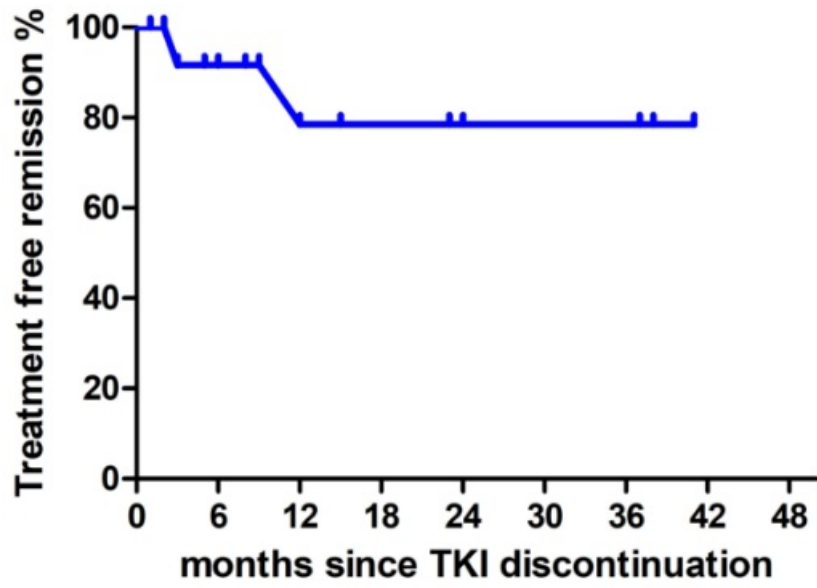
We evaluate all consecutive pts with CML-CP diagnosis treated in our center from 2000 to 2023. Pts with at least a 2-years of sustained DMR (sDMR), after resuming TKIs as a consequence of a 1st TKI failure discontinuation, attempting a 2dn TKIs withdrawn following a personal request or TKIs side effects, were described.

Results:

among 310 evaluated CML-CP pts, 121 reached a TFR1: molecular relapse (MR) was observed in 44 pts and 15/44, 10 female and 5 male, experienced TFR2. At TFR2 median age was 62y, (range 34-84) and median time from CML diagnosis 10 y (range 7-17). At their TFR1 attempt, median time to MR was 4 months (2-33); after MR all 15 pts were re-introduced to TKI treatment and all of them achieved a 2nd sDMR (sDMR2) with the median of 2 months (1-38). The median duration of sDMR2 before TFR2 was 62 months (32-86), median time between TFR1 failure and TFR2 was 69 months (35-99). Before TFR2, 10/15 pts were receiving reduced TKI dose (2 imatinib, 1 bosutinib, 4 nilotinib, 3 dasatinib) and 5/15 pts were receiving full TKI dose (2 imatinib, 3 nilotinib). Median follow up from 2nd TKI discontinuation was 8,5 months (1-41), in particular 5 pts have a follow up shorter than 6 months and 7 pts have a follow up longer than 12 months. Thirteen out of 15 (87%) pts remains in TFR without therapy; 2 pts lost major molecular response after 12 and 4 months and they resumed TKI therapy (1 pt re-gained DMR quickly and the other one is not yet evaluable because she resumed therapy less than 1 month ago).

Summary/Conclusion: our experience confirms that a 2nd TKI discontinuation in CML-CP pts is a safe and feasible option in a real-life setting. The high percentage of pts that remains in TFR after 2nd TKI discontinuation should be confirmed with longer follow up. The duration of TKIs treatment after TFR1 failure (longer than the one reported in other series) could represent a favorable factor for a 2nd successful TRF.

Treatment free remission duration (TFR2)



Keywords: Tyrosine kinase inhibitor, Chronic myeloid leukemia