Characterization of Colombian Patients with Chronic Myeloid Leukemia: Second ACHO RENEHOC's Report on CML.

Virginia Abello1,2, Daniel Espinosa1,3, Rigoberto Gomez4, Claudia Sossa5,6, Guillermo Quintero7,8, Lina María Abenosa7,8, Monica Osuna9, Jheremy Reyes9, Alicia Henao10, Henry Idrobo11,12,13, Juan Manuel Herrera14, Domingo Saavedra15, Kenny Galvez16 and Lina Gaviria17,

(1)Hospital de San José, Bogotá, Colombia, (2)Fundación Universitaria de Ciencias de la Salud (FUCS), Bogotá, Colombia, (3)Fundación Universitaria de Ciencias de la Salud, Bogotá, Colombia, (4)Instituto de Oncología - Hematoncólogos, Calí, Colombia, (5)Universidad Autonoma de Bucaramanga, Bucaramanga, Colombia, (6)Clinica FOSCAL, Floridablanca, Colombia, (7)Fundación Santa Fe, Bogotá, Colombia, (8)Universidad de los Andes, Bogotá, Colombia, (9)Clínica Nogales, Bogotá, Colombia, (10)Clínica Oncológica Astorga, Bogotá, Colombia, (11)Centro Julián Coronel, Calí, Colombia, (12)Centro Médico Imbanaco, Calí, Colombia, (13)Universidad Del Valle, Cali, Colombia, (14)Centro Medico Imbanaco, Cali, Colombia, (15)Clínica Vida, Medellin, Colombia, (16)Hospital Pablo Tobon Uribe, Medellin, Colombia, (17)San Vicente Fundación, Medellin, Colombia

INTRODUCTION

There is little published information about CML treatment in Colombia. The Colombian Association of Hematology and Oncology (ACHO), has been developing a registry of hematological diseases (RENEHOC), collecting information since January 2018 at 13 centers in the main cities of the country. Since December 2019, RENEHOC has been collecting information on CML. The aim of this second report is to characterize this population.

RENEHOC is an on-line data base, approved by an ethics committee, with a tool for data entry. This report summarizes data on CML patients as of May 2020, focused on general descriptive statistics, used to analyze patient's demographic and clinical characteristics. The Kaplan-Meier method was used to assess progression free survival (PFS) rates, defined as progression to AP/BP or dead. Hazard Ratios (HR) using Cox proportional hazards regression modeling was estimated.

RESULTS

A total of 271 patients have been registered. At diagnosis mean age was 54 years (19-92), 60.1% (163) were males, most patients were in chronic phase (91%) and almost 40% had high Sokal score (27% low, 34% intermediate, 39% high). Imatinib was the first line treatment in two thirds of patients (170), followed by Dasatinib (56) and Nilotinib (45). Cumulative incidence rate of response with first line treatment was: CHR 90%, MMR 66% and 4.5 MR 53%. Patients treated on first line with Dasatinib and Nilotinib, more frequently achieved <10% PCR BCR/ABL at 3 months than those treated with Imatinib (94.1%, 82%, 60% respectively). 48% required a second line (23% intolerance, 25% failure), most frequently used TKI in this setting were Dasatinib (51%) and Nilotinib (41.9%). Median follow-up was 61 months (1-204), 72% of patients were in optimal response according to ELN definitions, including 9 patients on treatment free remission (TFR). Only 7 (2.5%) patients died, all deaths were CML related. The only significant prognosis factor associated with PFS was Sokal score at diagnosis. Mean PFS was 59 months for low Sokal and 45.2 for intermediate/high (p=0.0093) (Figure 1).

CONCLUSION

Outcomes in this cohort appear to be comparable with other real-life population-based studies. In this group Sokal Score at diagnosis was the only significant prognosis factor. At this timepoint data from RENEHOC is still limited, however, the potential of this growing registry is evident, since information from Colombia regarding CML treatment is limited. We hope that the data collected will serve to improve the treatment of these patients in the country as more information is gathered.

Patient Characteristics (Total=271)		N (%)
Age, years (range)	54 (19-92)	
Gender, F/M	108/163	
Phase at diagnosis (N=256)*	Chronic	234 (92.4)
	Accelerated	17 (6.64)
	Blastic	5 (1,95)
Sokal at diagnosis (N=158)*	Low	43 (27.3)
	Intermediate	54 (34,1)
	High	61 (38.6)
First line treatment	Imatinib	168 (61.2)
	Dasatinib	57 (20.6)
	Nilotinib	46 (16.6)
Complete Hematologic response		167 (90.2)
BCR-ABL <10% 3 months		205 (76,8)
Mayor Molecular Response		178 (66,2)
4.5 Log Molecular Response		142 (53)

OVERALL SURVIVAL (N=271)

Event free survival according to Sokal
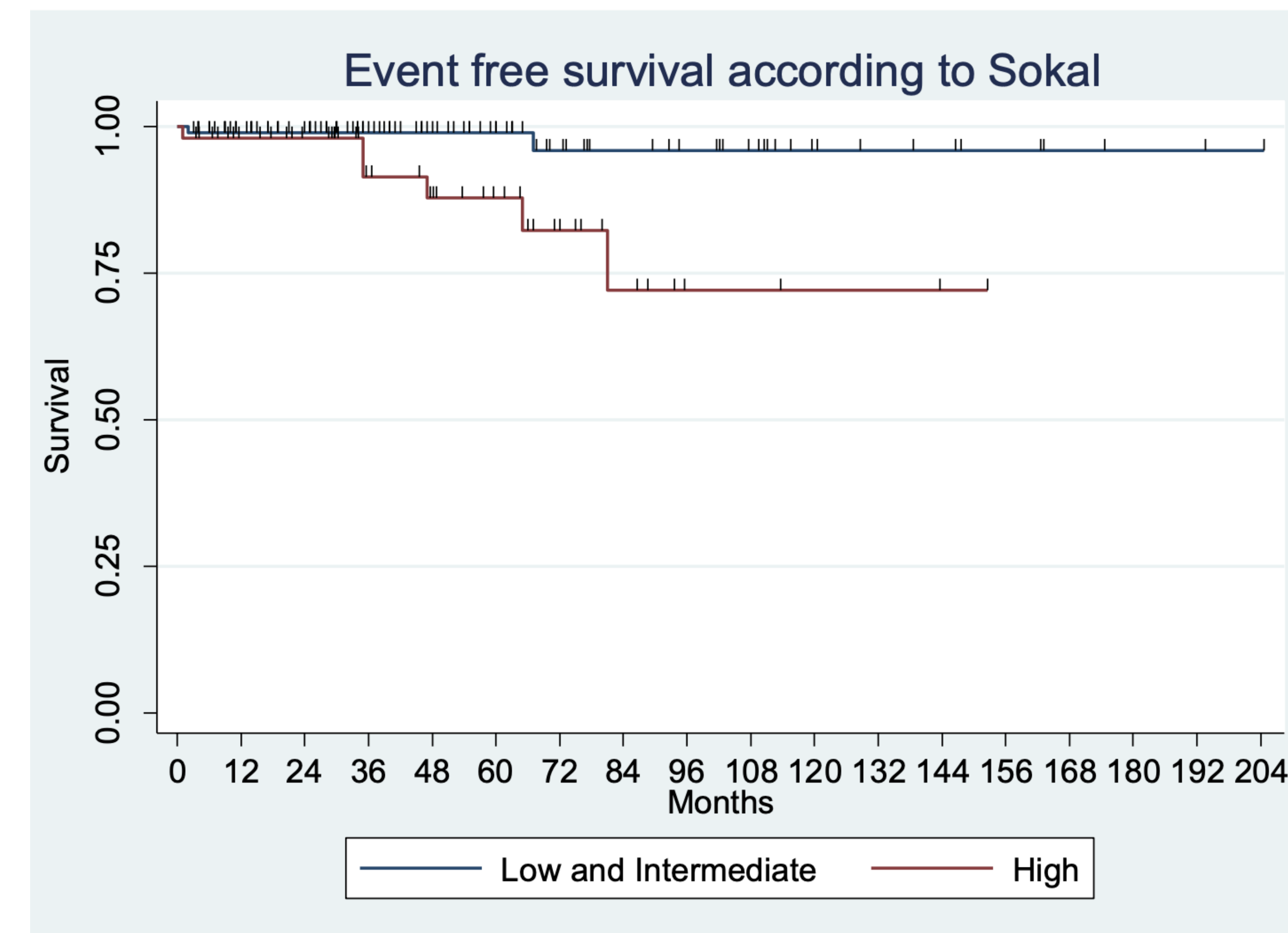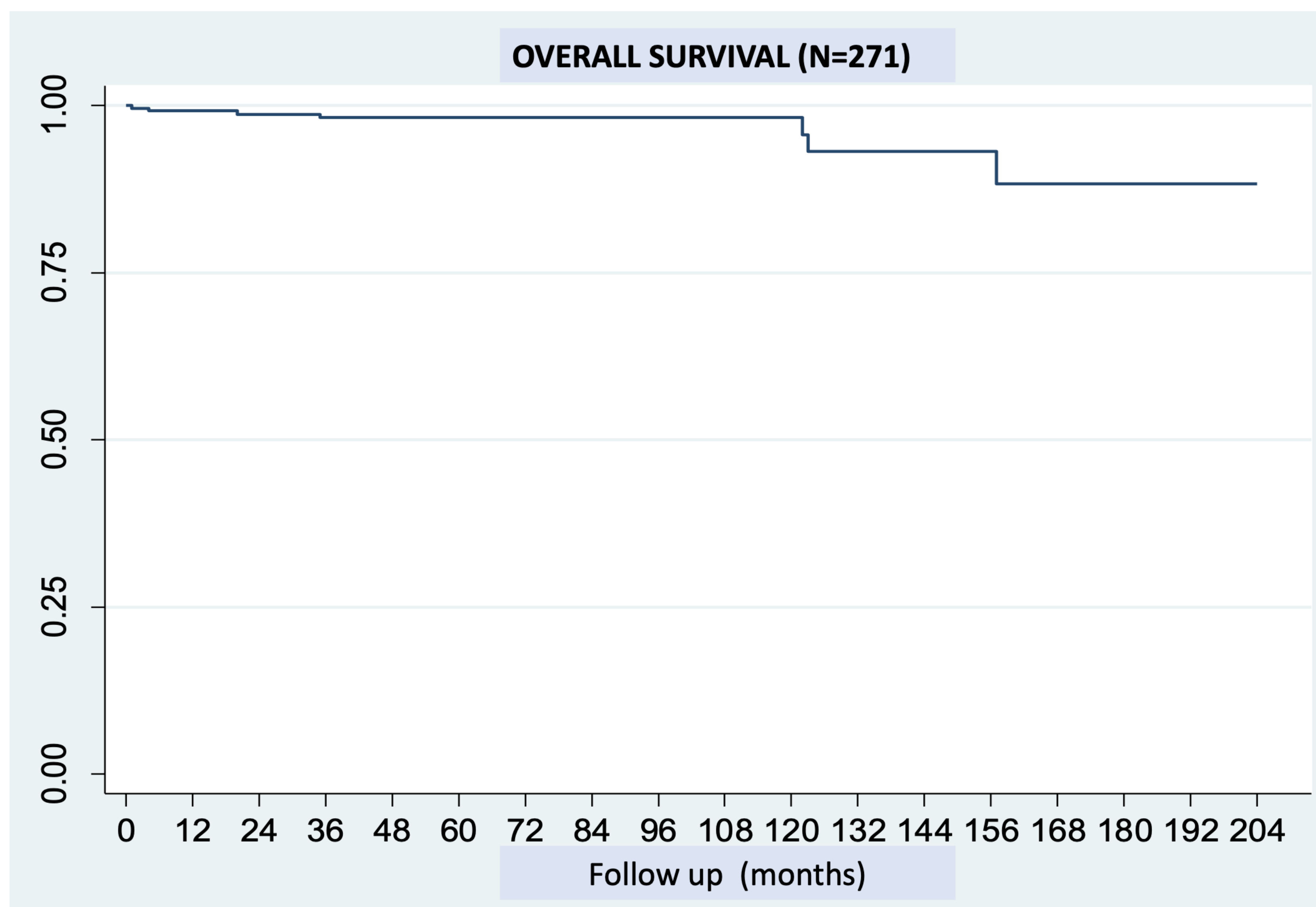
CONTACT INFORMATION

Virginia Abello P: virginia.abello@gmail.com.

https://john-goldman-cml-2020.esh.live/