



Early Death and Outcomes of Patients with APL using arsenic and ATRA as First-Line treatment: a real world study

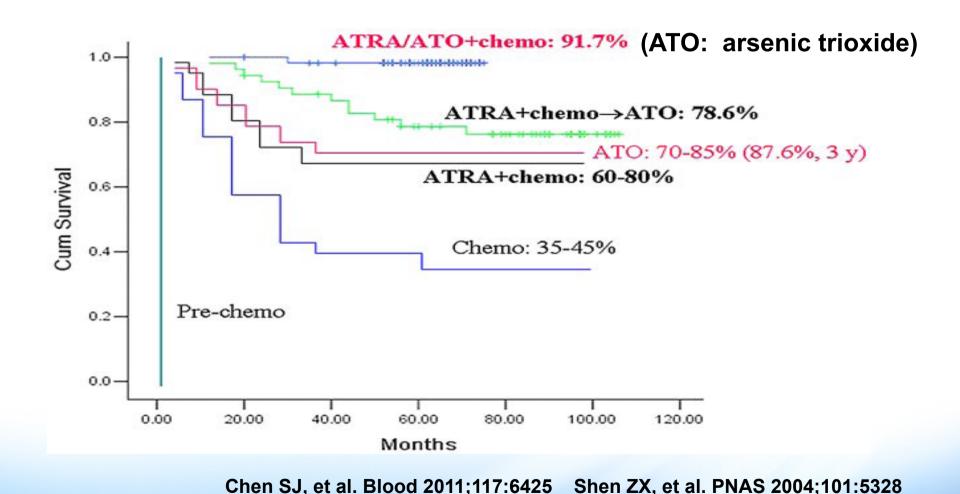
Hong-HuZhu Bing Jiang, Qian Jiang, Xiao-Jun Huang

Peking University People's Hospital

Introduction

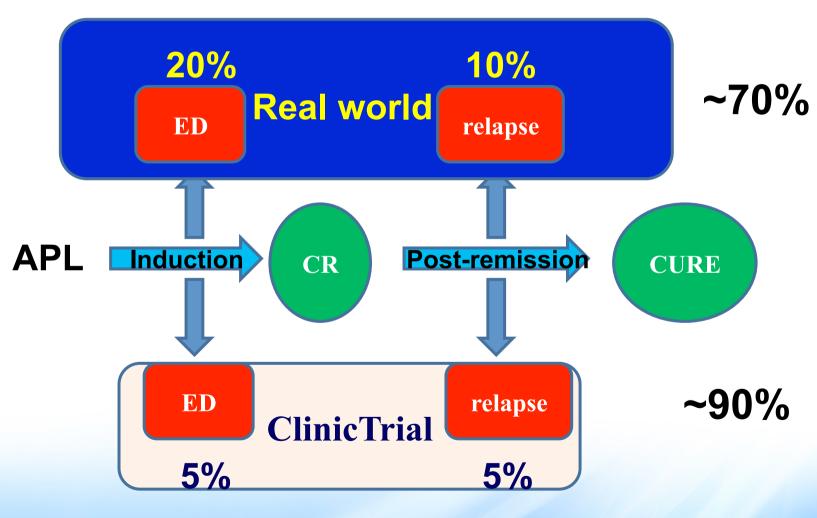
Sanz MA, et al. Blood 2010;115:5137

Survival improve dramatically in APL



Hu J, et al. PNAS 2009;106:3342

The gap between clinical trial and real world study



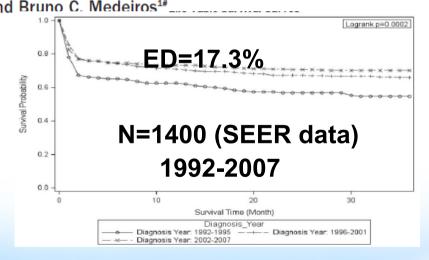
ED remains high in ATRA+Chemo Era

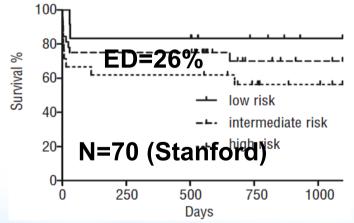
Early death rate in acute promyelocytic leukemia remains high despite all-trans retinoic acid

Jae H. Park, Baozhen Qiao, Katherine S. Panageas, Maria J. Schymura, Joseph G. Jurcic, Todd L. Rosenblat, 1

Treatment advances have not improved the early death rate in acute promyelocytic leukemia

James Scott McClellan, 12* Holbrook E. Kohrt¹* Steven Coutre, Jason R. Gotlih Ravindra Maieti 2 Δsh Δ. Δlizadeh, 12# and Bruno C. Medeiros 4. Δlizadeh, 100—

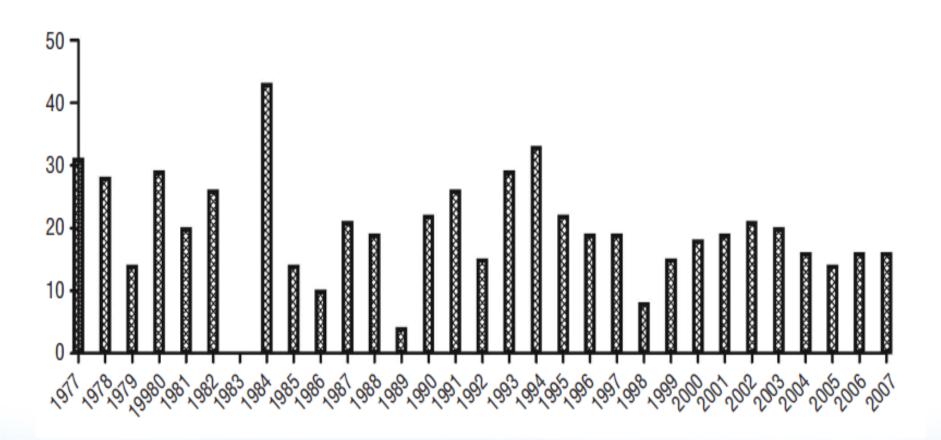




Park JH, et al. Blood 2011;118:1248

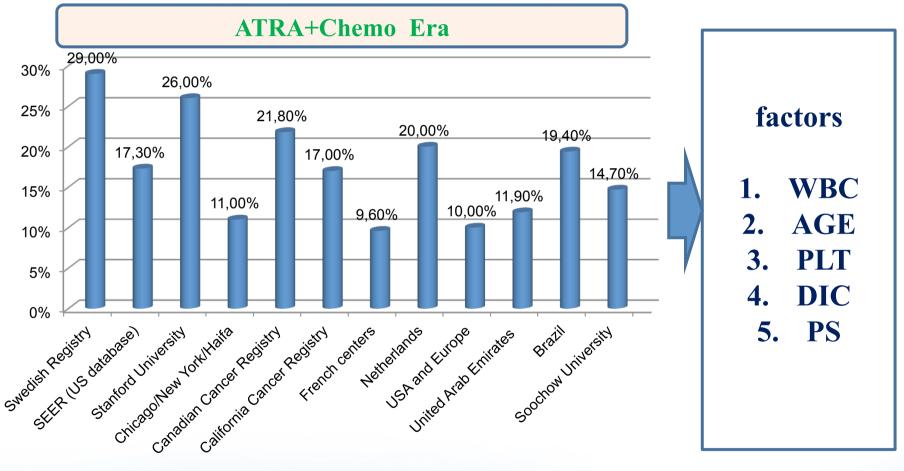
McClellan JS, et al. Haematologica,2012;97:133

ED remains high in ATRA+Chemo Era



McClellan JS, et al. Haematologica, 2012; 97:133

Seek risk factors for ED



N = 5090

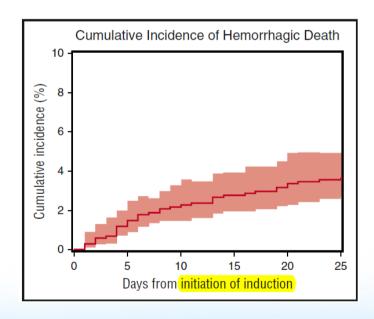
Regular Article



CLINICAL TRIALS AND OBSERVATIONS

Determinants of fatal bleeding during induction therapy for acute promyelocytic leukemia in the ATRA era

Simon Mantha,¹ Debra A. Goldman,² Sean M. Devlin,² Ju-Whei Lee,³ Diana Zannino,⁴ Marnie Collins,⁴ Dan Douer,⁵ Harry J. Iland,⁶ Mark R. Litzow,⁷ Eytan M. Stein,⁵ Frederick R. Appelbaum,⁸ Richard A. Larson,⁹ Richard Stone,¹⁰ Bayard L. Powell,¹¹ Susan Geyer,¹² Kristina Laumann,¹³ Jacob M. Rowe,¹⁴ Harry Erba,¹⁵ Steven Coutre,¹⁶ Megan Othus,¹⁷ Jae H. Park,⁵ Peter H. Wiernik,¹⁸ and Martin S. Tallman⁵



N = 995

5 clinic trials

Hemorrhagic death=37 (3.7%)

WBC is risk factor for HD

Question

Whether ED rate decrease in Arsenic era?

The risk factors for ED in the arsenic era?

Purpose of our stuy

To get the ED rate in arsenic era

The risk factors for ED in the arsenic era

In a real world study

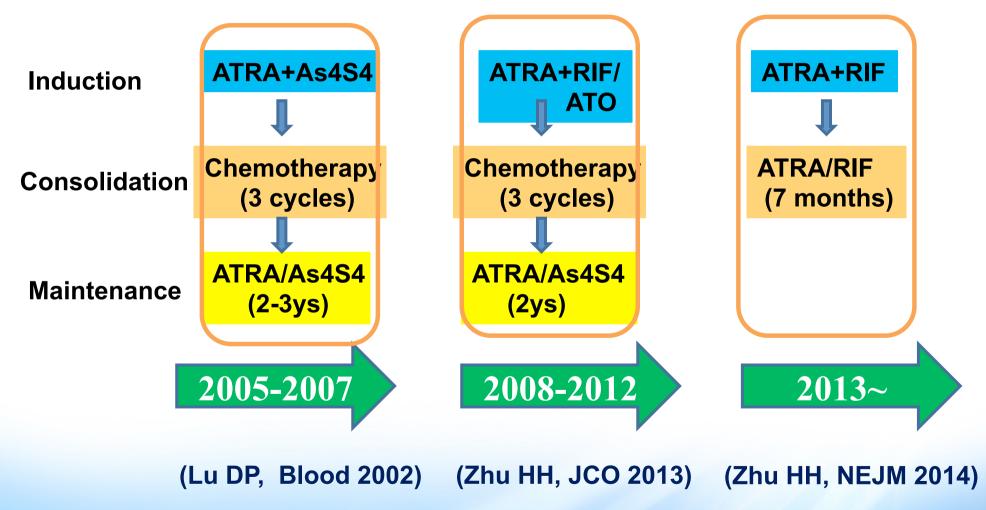
Study design

309 APL patients in our center

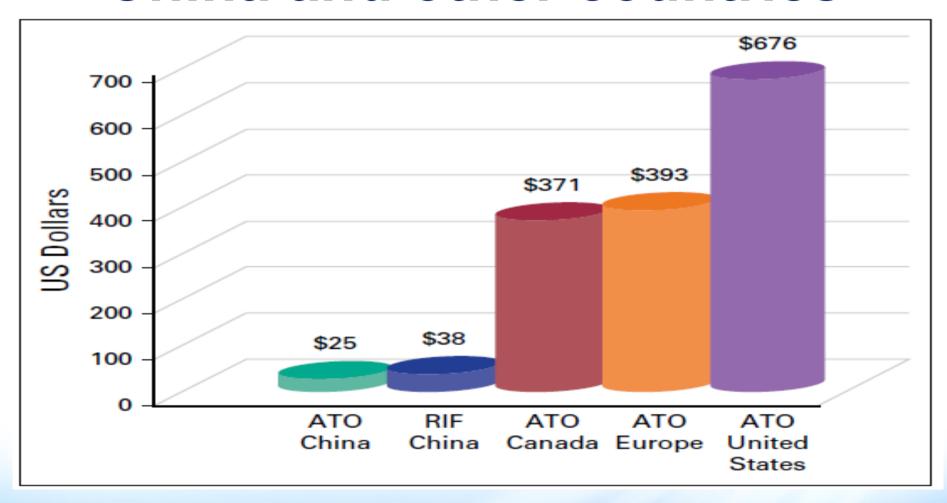
Period: 2005.1 to 2013.12

Last follow-up: 2017.05

Protocols used in our center



The costs of arsenic per day in China and other countries



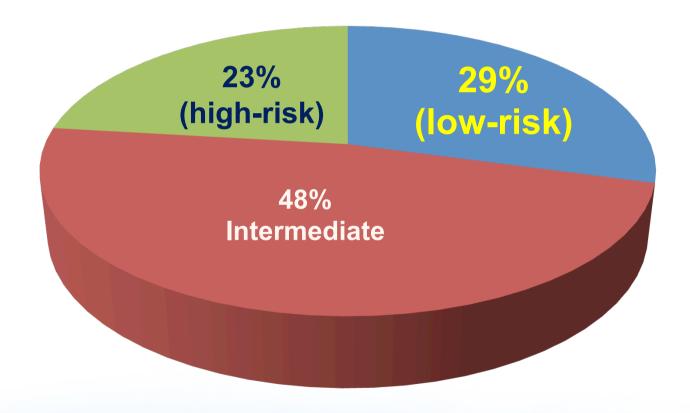
Zhu HH, et al. JGO 2016;

Results

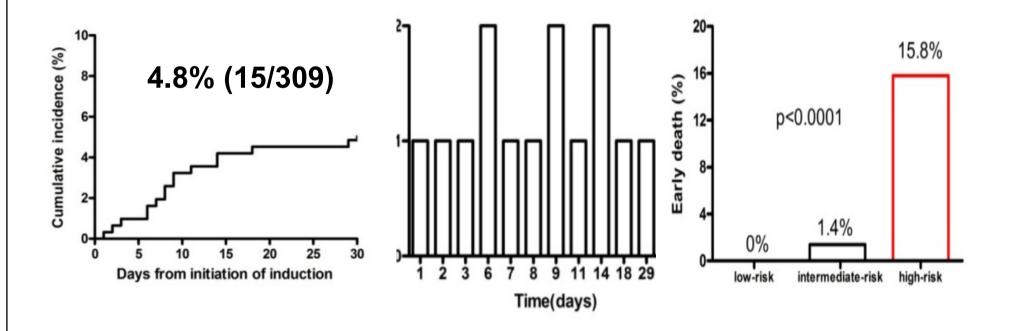
• Age: median 34 ys(2-82ys)

• WBC: median 2.6 ×10⁹/L (0.2-219)

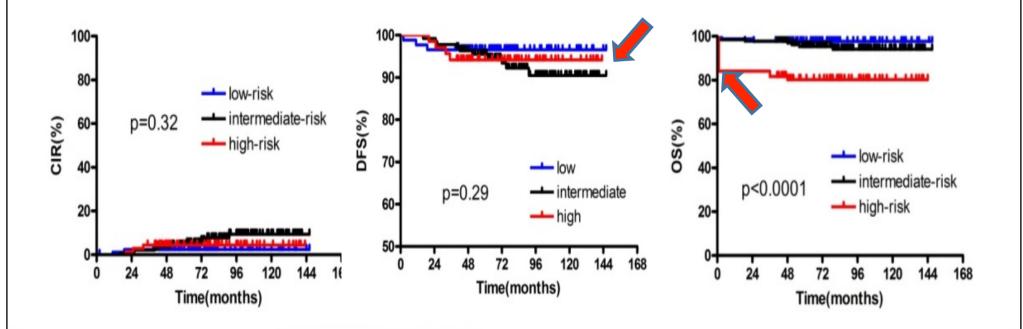
The patients in low-inter-high risk



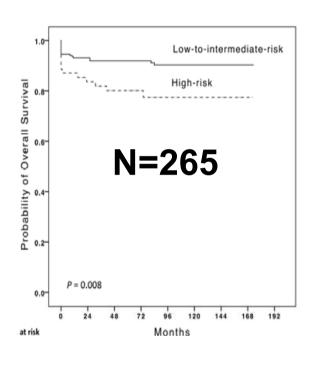
ED in our study



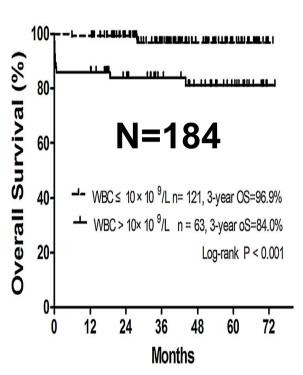
Long-term outcomes of APL patients in this study



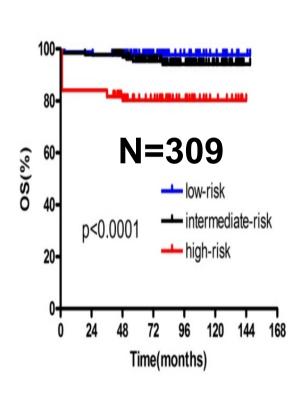
OS difference between high-vs. lowrisk APL lies in ED in arsenic era



Shanghai Zhu H, Blood 2016

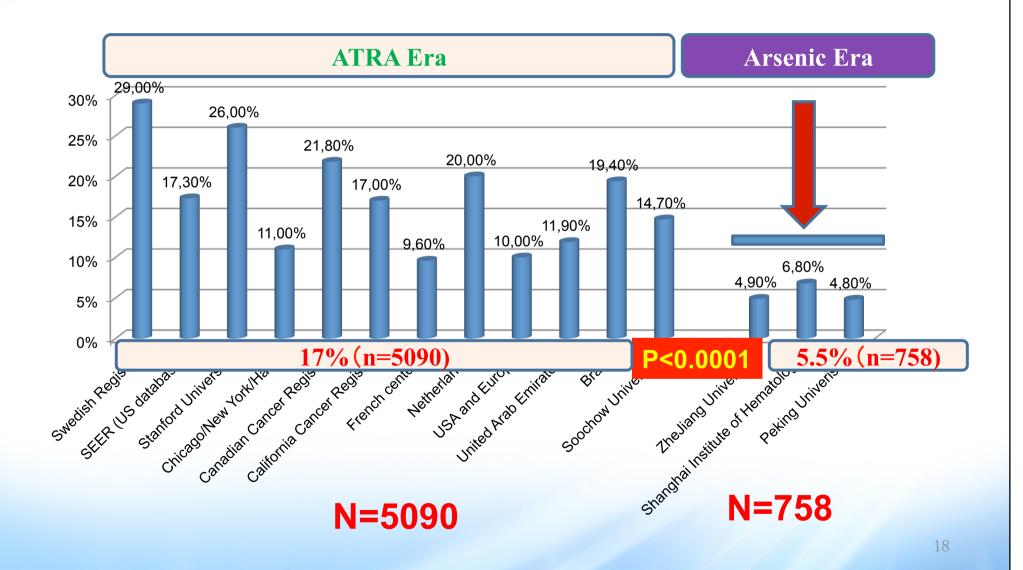


Zhejiang University Lou YJ, Leuk Res 2015



Beijing This study

ED is lower in arsenic era than ATRA era



High WBC is independent risk factor for ED in arsenic era

Characteristic	No. included (no.of die)	Univariate analysis		Multivariate analysis	
		HR (95% CI)	p value	HR (95% CI)	p value
WBC count group(%)					
>10	81(16)	5.29(1.80-15.58)	0.002	5.34(2.36-12.10)	<0.0001
≤1 0	228(9)	REF		REF	
Prothrombin time group (%)					
>12.5s	234(20)	15.87(1.72-142.86)	0.015		
≤12.5s	75(5)	REF			

Others is not risk factors for ED in arsenic era

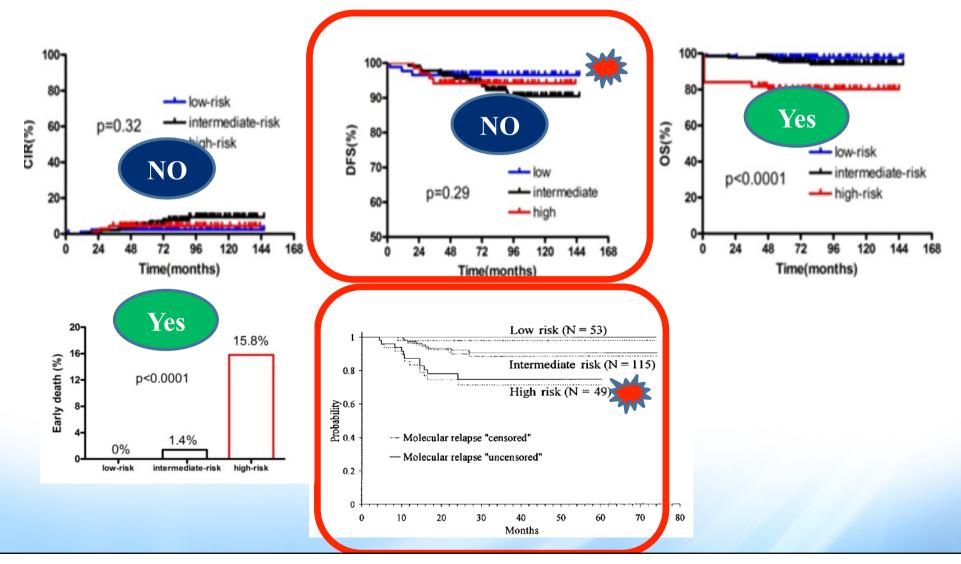
age sex

hemoglobin,
APTT, fibrinogen

D-dimer creatinine level

blasts in BM
PML-RARA

Sanz Score provides new meanings in arsenic era



Conclusions

 In this large cohort of APL patients under a 'real world' setting, a relative low ED and high OS could be achieved

 High WBC count emerged as an independent predictor of ED and OS in arsenic era

Acknowledgements

All the patients involved in this study

My colleagues

Prof. Lo-Coco F, Vikram M





Thanks for your attention