

THERAPY RESULTS IN ELDERLY PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA. SINGLE CENTRE EXPERIENCE

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Background. Acute Lymphoblastic Leukemia is uncommon and less curable in patients over 60 years of age because of a greater resistance to chemotherapy, a relative inability of elderly patients to face the toxic effects and complications of therapy and influence of co-morbidities.

Aim. We presented our experience of 44 consecutive cases of ALL of elderly age collected in the last fifteen years. Median age was 65 years (range 61-85).

Methods. L2/L1 FAB classification: 38/6, Median WBC was 13XI09L (range 1,5 -190); Male/Female ratio was: 26/18. Forty cases (90.9%) belonged to the B cell lineage (pre-pre-B 11, common 24, pre B-5) and 4 (9,1%), to T cell lineage (pre-T staged). Philadelphia chromosome was present in 13 patients (29,5%).

Out of the 44 revisited patients, 31 younger (median age 65 years, range 61-77, good performance status and without co-morbidity factors), received an intensive treatment such as ALL protocols of the adult. In the remaining 13 older patients (median age 77 years (range 61-85) and those with severe coexisting cardiac, pulmonary, renal and hepatic disease, a gentle chemotherapy including prednisone and vincristine, 6-mercaptopurine and methotrexat was utilised.

Results. Six patients (19,3%) of the group treated with curative intent died during the induction phase, 19 patients (61,3%) achieved complete remission (CR) and, at present, 3 patients are alive at + 10, +46 and + 59 months. Out of 13 patients receiving less intensive and supportive treatment only 4 (30,8%) achieved a short CR: all the patients had an early relapse and died after 4, 5, 6 and 12 months.

Conclusion. Our data demonstrated that immunophenotypic patterns of patients is

very important for survival and prognostic. In addition /in our experience emerged that to the younger patients who can well tolerate an aggressive treatment this approach should not be denied because of it is possible to achieve a longer survival.