

P14. PROGNOSTIC FACTORS, THERAPEUTIC STRATEGIES AND CHRONIC LYMPHOCYTIC LEUKEMIA EVOLUTION.

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Chronic lymphocytic leukemia is one of the most common and heterogeneous hematologic malignancies. Finding a curative solution and prolonging survival is the objective of numerous cases and clinical trials . Diagnosis is based on the interlocking of classic elements and newly identified prognostic factors but time to first treatment is still an open issue. CD38 , ZAP 70 IgHV mutation status of genes and cytogenetic changes are proven to negatively influence the evolution of chronic lymphocytic leukemia . Whether through aggressive rapid evolution or by the difficulty of obtaining a complete remission or risk of early relapse. Adapted to these prognostic factors, combined therapeutic regimens have proved to be effective in achieving a durable complete remission, new agents, with encouraging partial results, being studied. Alkylating agents were a basic treatment of chronic lymphocytic leukemia for decades also combinations with standard chemotherapy (CHOP) and regimens with fludarabine (FC). Randomized trials have demonstrated the efficacy of immunotherapy in patients with adverse prognostic factors .

The present observational retrospective / prospective study are evaluated 145 patients with chronic lymphocytic leukemia admitted in Coltea Clinical Hospital Bucharest between January 2005 - December 2012. Were analyzed risk factors (clinical, laboratory, biological) and patient survival was evaluated according to them, the disease stage and the therapeutic regimens used. A different pattern even in patients with the same stage at diagnosis is put on different regimens but also on factors related to the patient.

Requiring initial screening, for comparative purposes, a current and growing importance has minimal residual disease, its absence at the end of treatment represents a strong positive prognostic factor.