

P19. EVALUATION OF TREATMENT RESPONSE IN ELDERLY PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA.

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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.

Aims. We presented our experience of 52 consecutive cases of ALL of elderly age collected in the last ten years. Median age was 64 years (range 61-86).

Methods. L2/L1 FAB classification: 46/8; Median WBC was $15 \times 10^9/L$ (range 2-195); Male/Female ratio was: 20/32. Forty-four (84,6%) belonged to B cell lineage (pre-pre-B 11, common 28, pre B-5) and 8 (15,3%) to T cell lineage (pre-T staged). Philadelphia chromosome was present in 13 patients (29,5%).

Out of the 52 revisited patients, 36 patients (median age 65 years, range 61-75, good performance status and without co-morbidity factors), received an intensive treatment such as ALL protocols. In the remaining 16 older patients (median age 78 years (range 61-86) 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. Ten patients (19,2 %) of the group treated with curative intent died during the induction phase; 26 patients (50%) achieved complete remission (CR) and, at present, 4 patients are alive at 12, 48, 50 and 59 months. Out of 16 patients receiving less intensive and supportive treatment only 4 (25%) achieved a short CR: other patients had an early relapse and died after 4, 6, 8 and 12 months.

Conclusion. Our data demonstrated that immunophenotypic patterns of patients is very important for survival and prognosis. In addition in our experience emerged that to the younger patients who can well tolerate an aggressive treatment could benefit of this approach, because of it is possible to achieve longer survivals.