

## **P20. THE EXPERIENCE OF HEMATOLOGY DEPARTEMENT OF COLENTINA CLINICAL HOSPITAL IN THE TREATMENT WITH VIDAZA.**

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**Introduction:** the clinical studies demonstrated that treatment with hypometilating agents, 5-azacytidine and decitabine, in intermediate/high risk MDS resulted in complete cytogenetic responses even in cases with a complex karyotype. On the other hand, patients with AML who do not qualify for aggressive chemotherapy and allogeneic medullary transplantation, treatment with 5-azacytidine lead to transfusional independence and increase of quality of life in half of treated patients.

**Materials and methods:** We present the cases of 5 patients who received 5-azacytidine (Vidaza) treatment in our clinic between 2009-2014. All 5 patients are males, with ages of 56-84 years, 3 of them diagnosed with intermediate/high risk MDS, one with RAEB-1 and two with RAEB-2, and the other two diagnosed with relapsed/refractory AML-M4 FAB subtype. Cytogenetic exam was performed in three patients and a normal karyotype was obtained in all cases. A total of 29 cycles were administered overall, with a medium of 5.8 cycles. The selected schedules were 75, respectevly 100 mg/m<sup>2</sup>/d, 7 days, repeted every 28 days and 100 mg/m<sup>2</sup>/d, 5 days, repeated every 28 days.

**Results:** The first patient with RAEB-2 received 6 cycles of Vidaza, followed by transfusional necessary reduction, but persistent

severe thrombocytopenia, and after 12 month from the end of therapy, the transformation into AML was registered and the patient died. The second patient with RAEB-2 received 14 cycles of Vidaza overall; after 4 cycles the evaluation showed cytogenetic progression, with a complex karyotype, including del(5q), but with a reduction of the percent of medullary blasts, a minimal reduction of transfusional demand, although with persistent severe thrombocytopenia; after 14 cycles of Vidaza the transformation into AML was registered and the chemotherapy was initiated. In patient with RAEB-1 after 3 cycles of Vidaza the hematological picture was almost normal. In the case of patients with AML treated with Vidaza, the first one have received untill today 3 cycles and he is presently transfusion independend, with a normal thrombocyte count; the second patient received untill today a single cycle of Vidaza and he is persistently pancytopenic.

All patients have had a good tolerance to therapy, without significant non-hematological adverse events.

**Conclusions:** The presented data indicate similar results to that in the literature, the most important effect being on the quality of life by the reduction in the transfusional demand. The hypometilating agents are a less toxic alternative to classical cytotoxic/antimetabolites agents, and their main mechanism of action is enzymatic depletion of DNA-methyltransferase and cell cycle exit of the malignant cells, irrespective of the mutational status of p53.