Background

Since several clinical trials suggested the better outcomes compared to those of conventional treatments, decitabine has been a standard of care for patients with elderly acute myeloid leukemia (eAML). However, the real-world clinical outcomes and useful prognostic marker for these patients are scarcely investigated.

Methods

We analyzed the clinical outcomes of 85 eAML patients who received decitabine from Oct 2011 and Aug 2017 at Catholic Hematology Hospital. WT-1 Profile Quant kit ELN

• Implicated in various malignancies, including AML
• Interaction with the epigenetic modifiers TET2 and TET3 in AML
• Progression from MDS to AML
• Overexpressed in progenitor cells
• WT-1 mutation
• Association with FLT3 mutations
• Reduced survival & increased relapse
• Implicated in various malignancies, including AML
• Overexpressed in progenitor cells
• Interaction with the epigenetic modifiers TET2 and TET3 in AML

Results

Enrolled patients: eAML patients over 65 years who received DAC from Oct 2011 and Aug 2017 at Catholic Hematology Hospital

Choice

• Defined initial response by modified 2003 IWG criteria
• Defined best response after 4 cycles (range, 1-13)

Conclusions: Our data showed the clinical efficacy and tolerability of decitabine for patients with eAML in real-world setting. In addition, the possible role of WT-1 as a surrogate marker to predict therapeutic outcomes in our cohort. However, the previously noticed patient or disease-related factors did not predict the therapeutic outcomes in our cohort. Further prospective studies using a larger cohort are needed to confirm our results.