METHODS

This was a retrospective cohort study including newly diagnosed patients with HR-MDS between January 1, 2011 and December 31, 2015 using the Surveillance, Epidemiology and End Results (SEER) – Medicare linked database.

Patients diagnosed with MDS were identified using International Classification of Diseases for Oncology, 3rd edition (ICD-0-3) code HM3 (inflammatory anemia with excess blasts (RAEB), a histologic designation that overlaps with International Prognostic Scoring System (IPSS) HR-MDS.

Inclusion criteria:
- Patients were included if they were ≥66 years at diagnosis (to allow for 12 months of pre-HMA treatment).
- Patients were included if they were naïve HMA users by year in the follow-up period.
- Patients were included if they were enrolled in a health maintenance organization (HMO) in the 12 months before MDS diagnosis to HMA initiation, and proportion of HMA users and non-users respectively.
- Among 664 HMA users, 639 (96%) patients received ≥1 transfusion (red blood cell [RBC]/platelet) in the 8 weeks prior to first HMA.

- There was a 10% increase in HMA use among HR-MDS patients between 2011 and 2015. The median time to HMA initiation from MDS diagnosis was 33 days.

- Among 664 HMA users, 639 (96%) patients received ≤1 transfusion (red blood cell [RBC]/platelet) in the 8 weeks prior to first HMA.

RESULTS

- A total of 2,800 patients were diagnosed with RAEB during the study period, of these 1,100 patients met the inclusion/exclusion criteria, 526 (44%) had no HMA and 295 (25%) received ≤4 HMA cycles.
- Patient selection flow chart is shown in Figure 1.
- Excluded: 1. Patients diagnosed with MDS, 2. Patients treated with allogeneic HSCT, 3. HMA therapy for ≥4 cycles were required to assess clinical response.

REFERENCES


CONCLUSIONS

- A majority of HR-MDS patients were transfusion dependent demonstrating the need to develop strategies to optimize HMA use and improve survival outcomes.
- Most HR-MDS patients do not receive guideline-recommended HMA or potentially discontinuous from injectable HMA therapy early.
- This study provides a better understanding of suboptimal HMA use and its relationship with clinical response.

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