

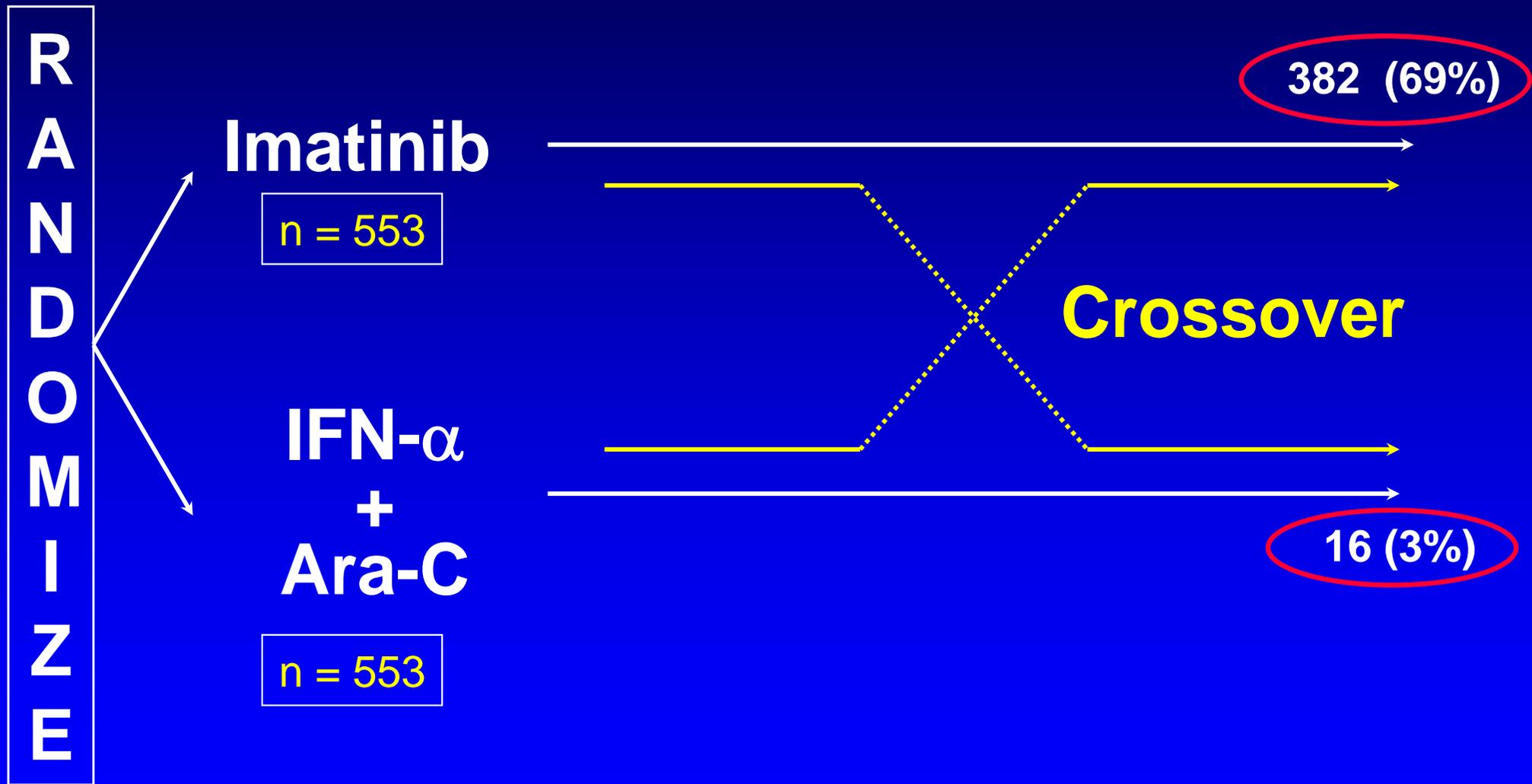
Long-term benefit of imatinib for patients newly diagnosed with CML in chronic phase: The 5-year update from IRIS study

Key Slides

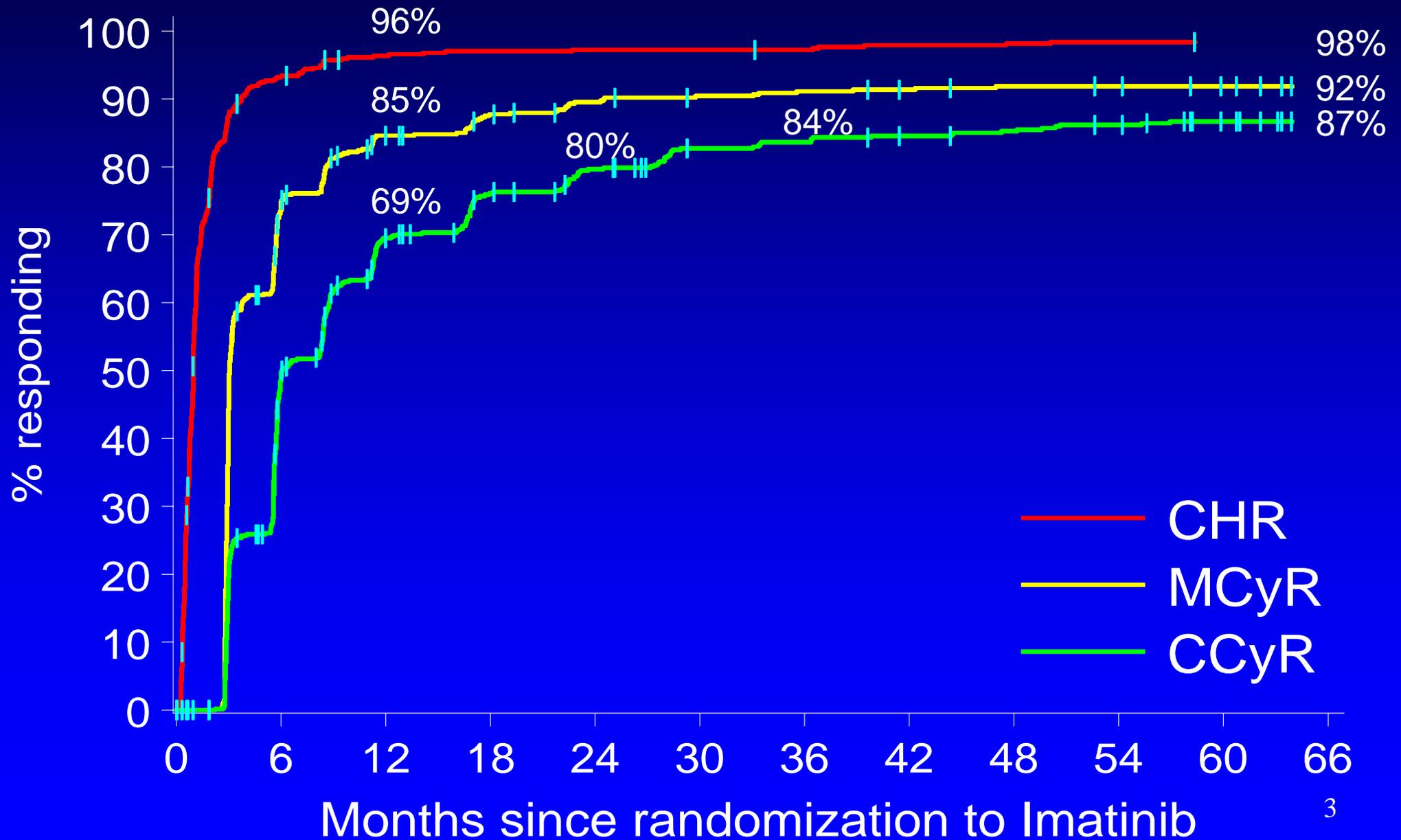
Presented by Brian J. Druker, MD
Oregon Health & Science University, Portland OR
on behalf of the IRIS Study Group

2006 ASCO Annual Meeting, June 2-6, 2006
Atlanta, USA, Abstract 6506

Study Design and Current Patient Status



Cumulative Best Response at 12 and 60 months on First-line Imatinib



Annual Event Rates on First-line Imatinib

<u>Year</u>	<u>All events*</u>	<u>AP/BC</u>
1st	3.3%	1.5%
2nd	7.5%	2.8%
3rd	4.8%	1.6%
4th	1.5%	0.9%
5th	0.9%	0.6%

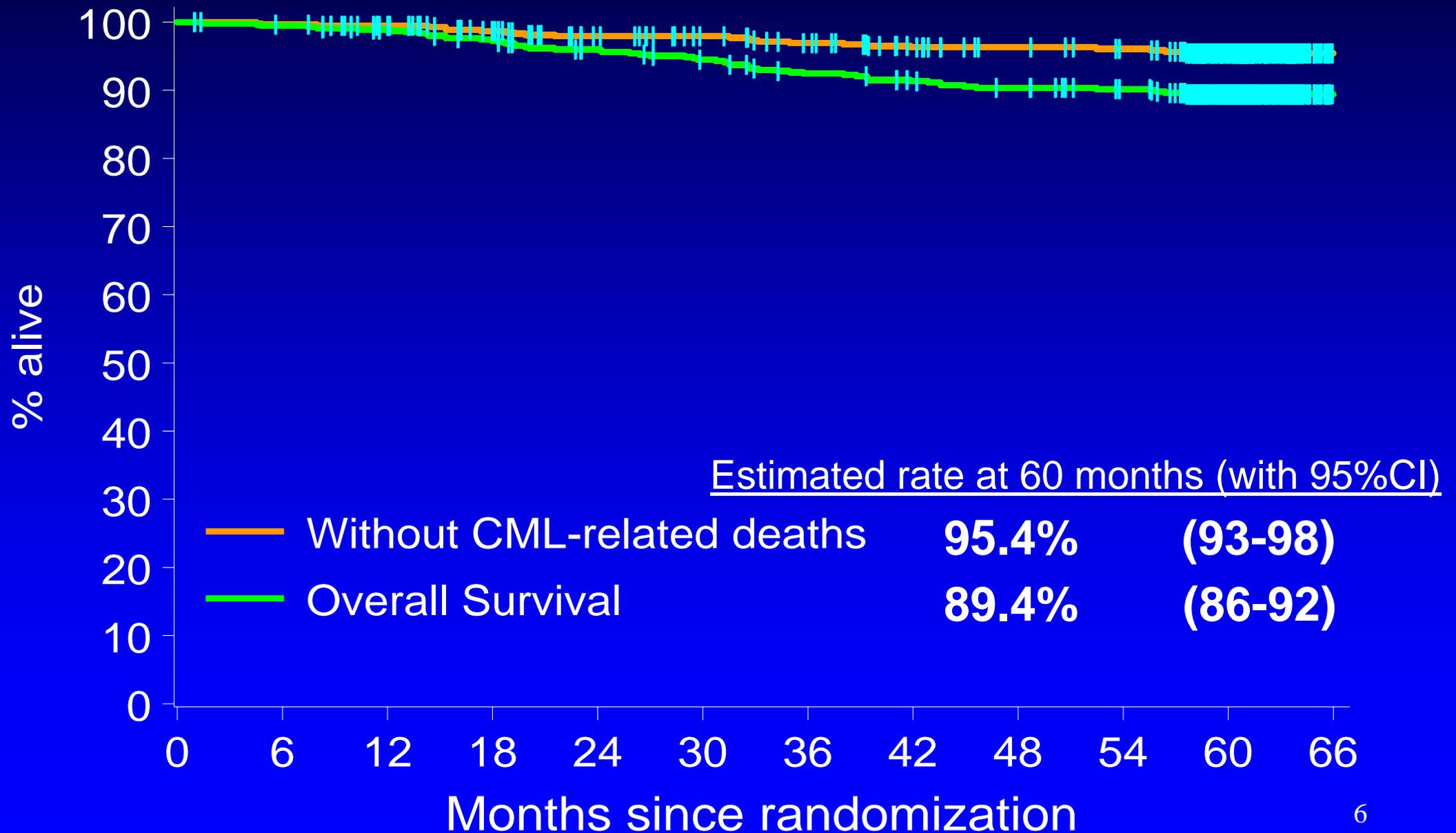
* All deaths or loss of response **including** progression to AP/BC

Annual Event Rates in patients after Achievement of CCyR on First-line Imatinib

<u>Year after achieving CCyR</u>	<u>All events*</u>	<u>AP/BC</u>
1st	5.5%	2.1%
2nd	2.3%	0.8%
3rd	1.1%	0.3%
4th	0.4%	0%

* All deaths or loss of response **including** progression to AP/BC

Overall Survival on First-line Imatinib (ITT principle)



Conclusions

- **Imatinib is confirmed as the standard first-line therapy for all CML patients**
- **Late responses to imatinib occur and responses are durable**
- **Annual risk of progression is decreasing with time**
- **89% overall survival at 5 years with imatinib exceeds that of all other CML therapies, with <5% of deaths related to CML**

Conclusions

- Overall risk of progression to advanced phase is low and is associated with the degree of response, regardless of when achieved

Average annual rate of progression		
	12 month	18 month
PCyR	1.4%	2.0%
CCyR	0.6%	0.2%
MMR	0%	0%

EVOLVING CONCEPTS IN THE MANAGEMENT OF CHRONIC MYELOID LEUKEMIA



RECOMMENDATIONS FROM AN EXPERT PANEL ON BEHALF OF THE EUROPEAN LEUKEMIANET