

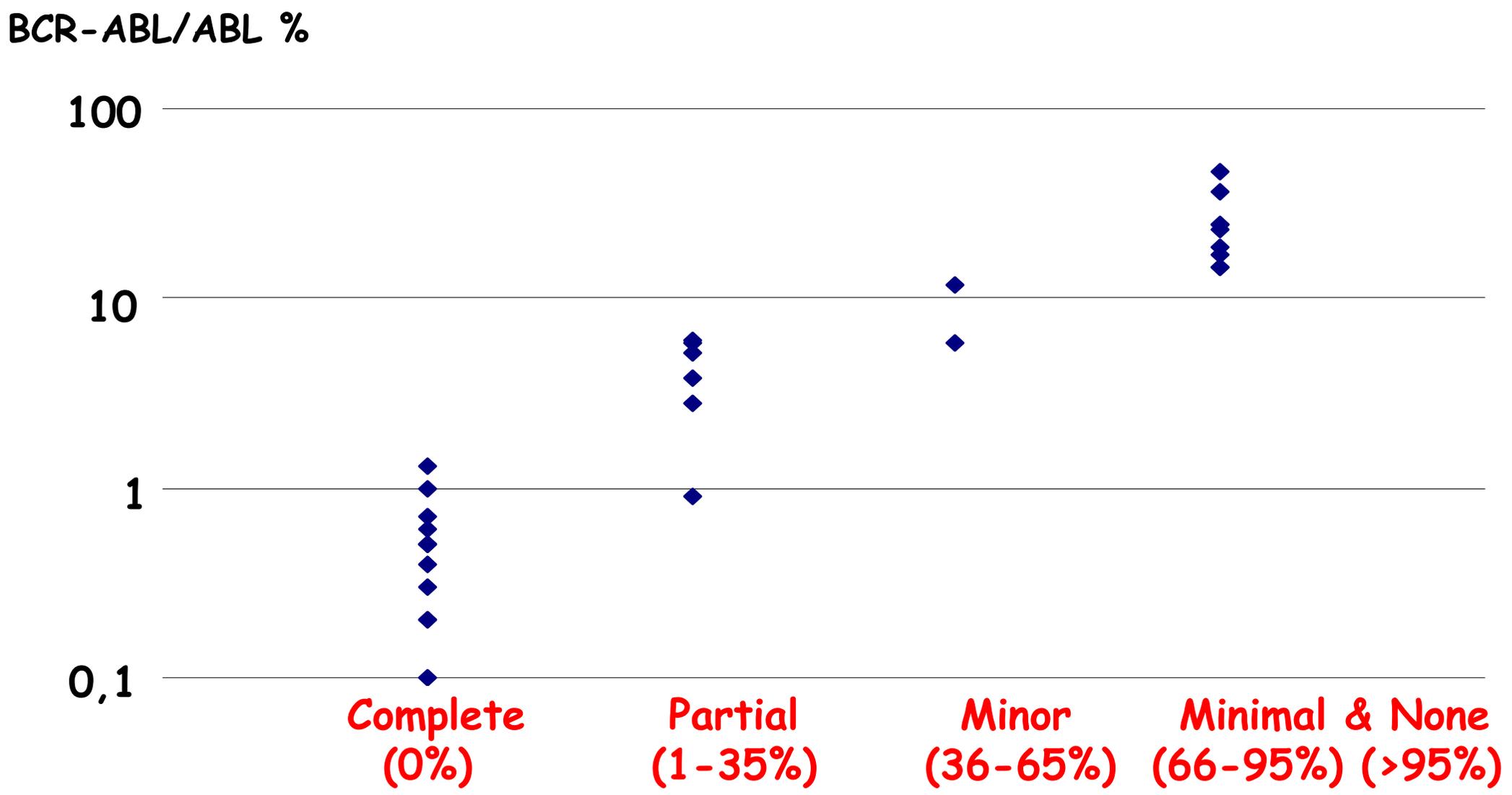


# **Response-related Prognostic Factors: The Molecular Response**

**Giuseppe Saglio**

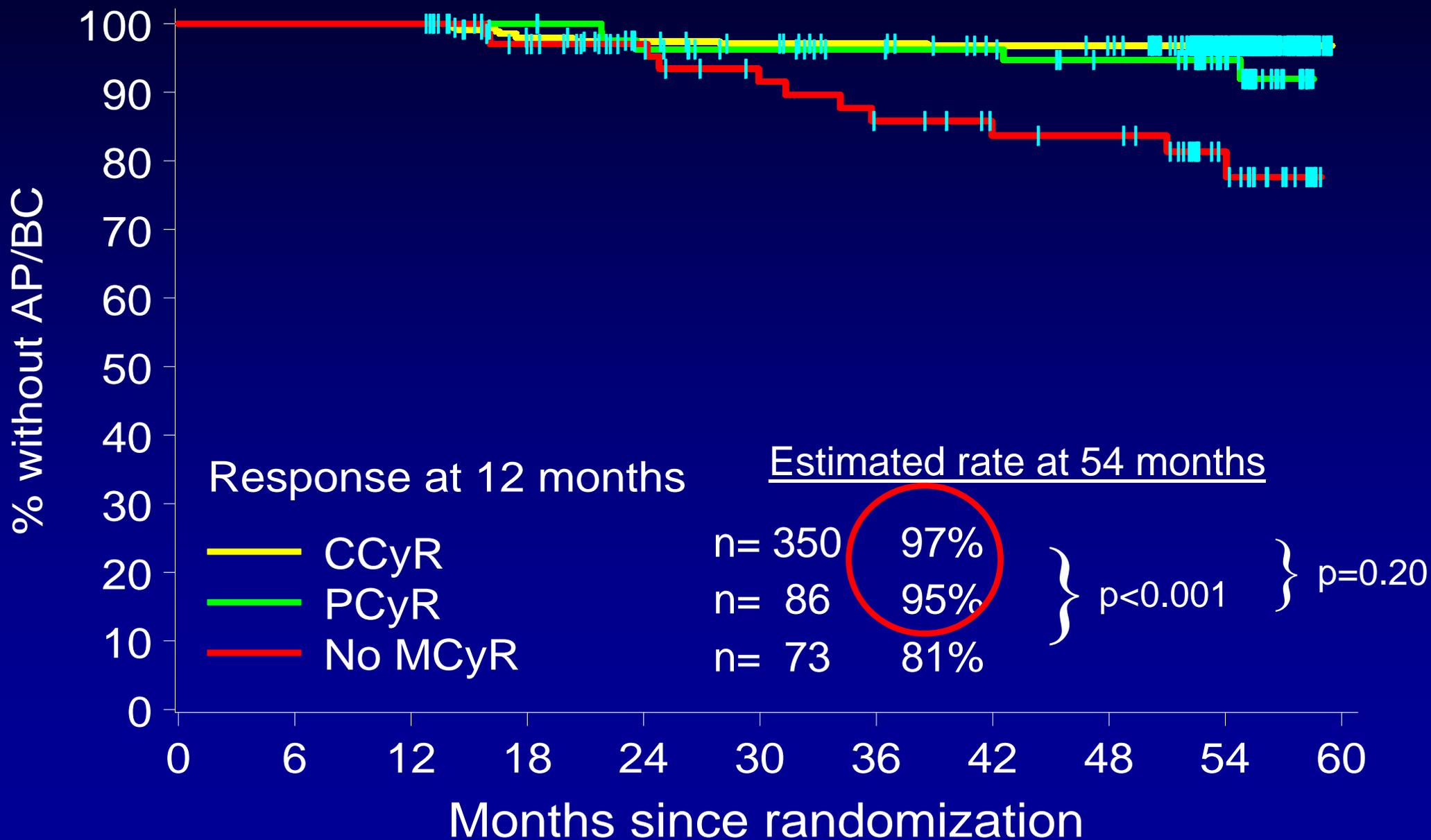


The amount of BCR-ABL transcripts roughly mirrors the number of residual BCR-ABL positive cells.

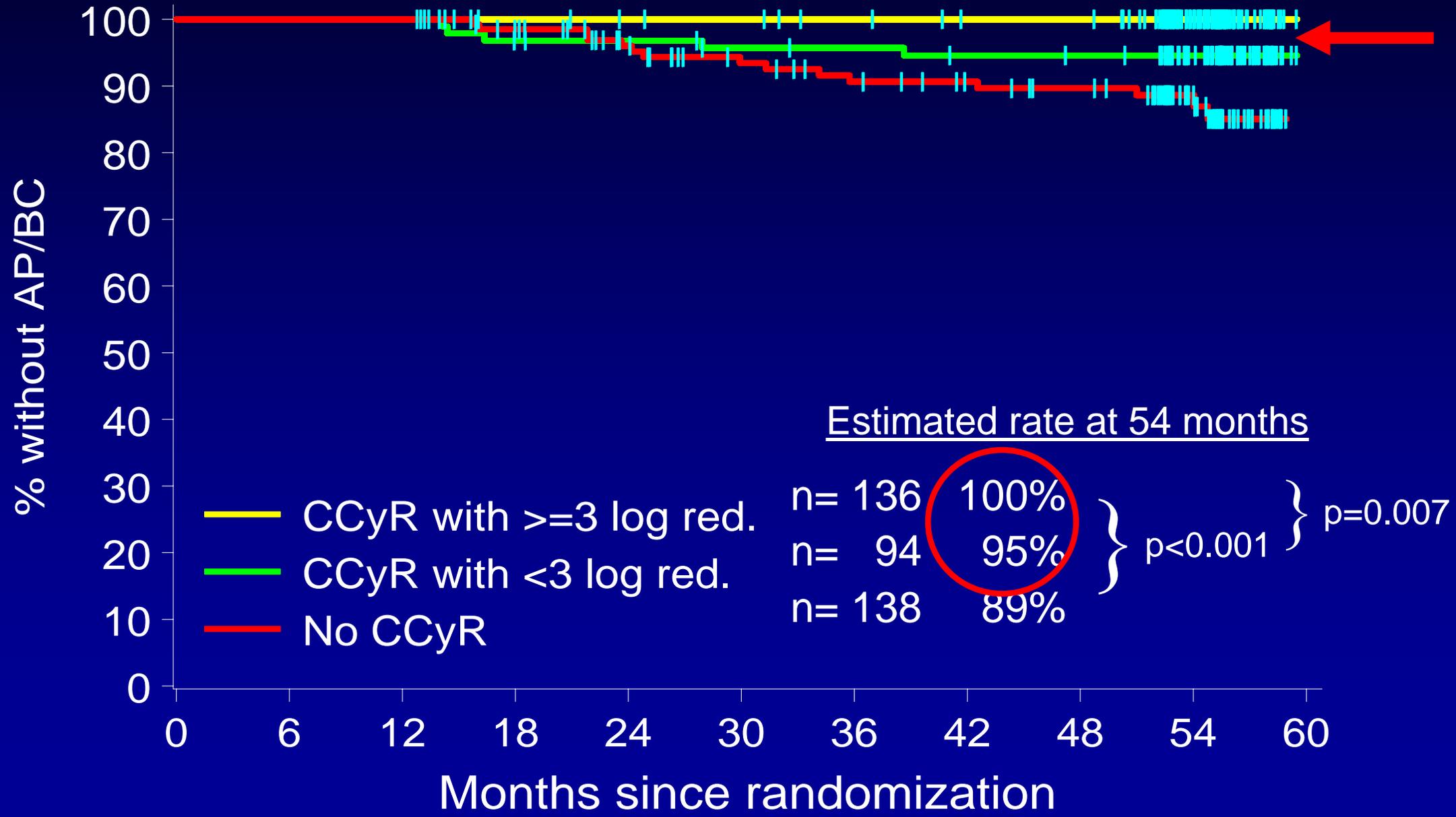


Amount of BCR-ABL in the PB after 3 months of imatinib therapy in the different cytogenetic-response groups

# Survival Without AP/BC by Level of CyR at 12 Months on First-line Imatinib



# Survival Without AP/BC by Molecular Response at 12 Months on First-line Imatinib



## Possible explanation:

- the molecular analysis is more precise in discriminating between response subgroups than cytogenetic analysis

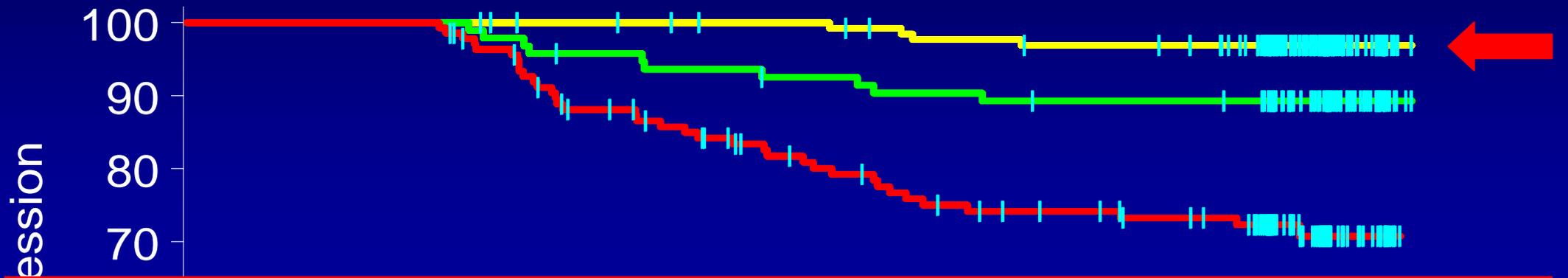
## Consequence:

- The patient must be followed not only by cytogenetics but also by RQ PCR

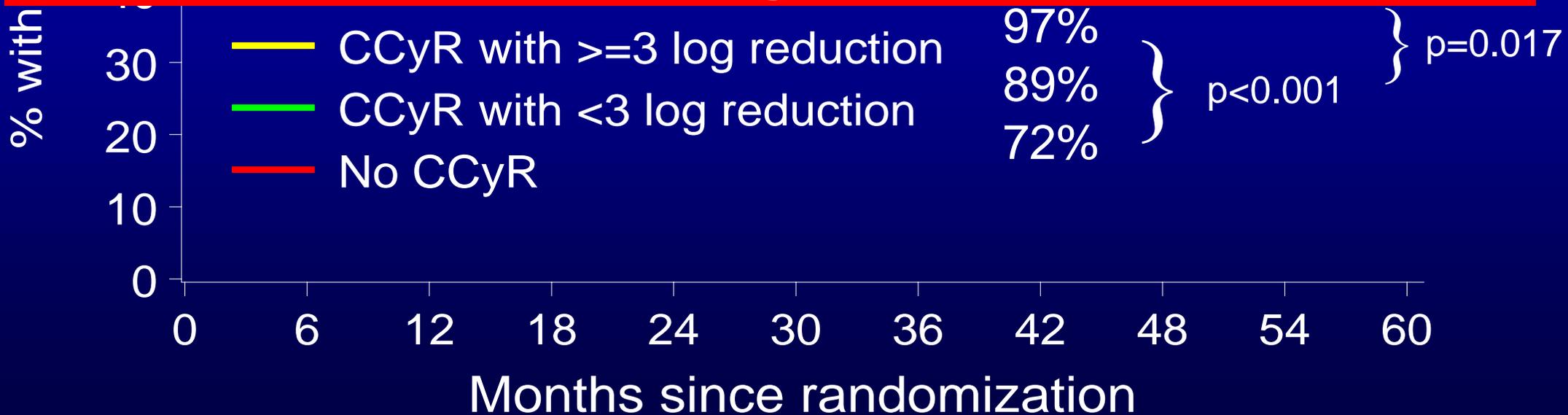
# Question

Once reached, is MMR stable over time?

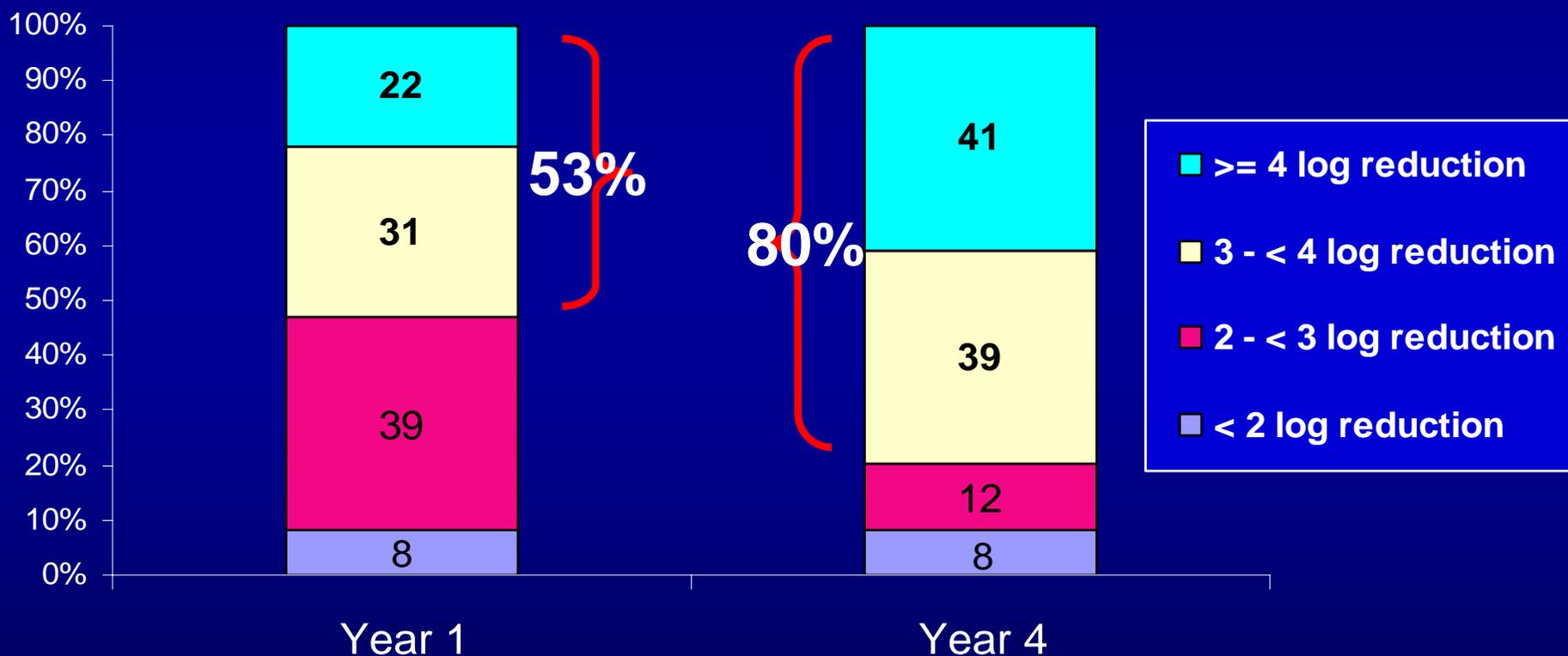
# PFS by Molecular Response at 12 Months on First-line Imatinib



Although very small,  
a risk of losing MMR exists!



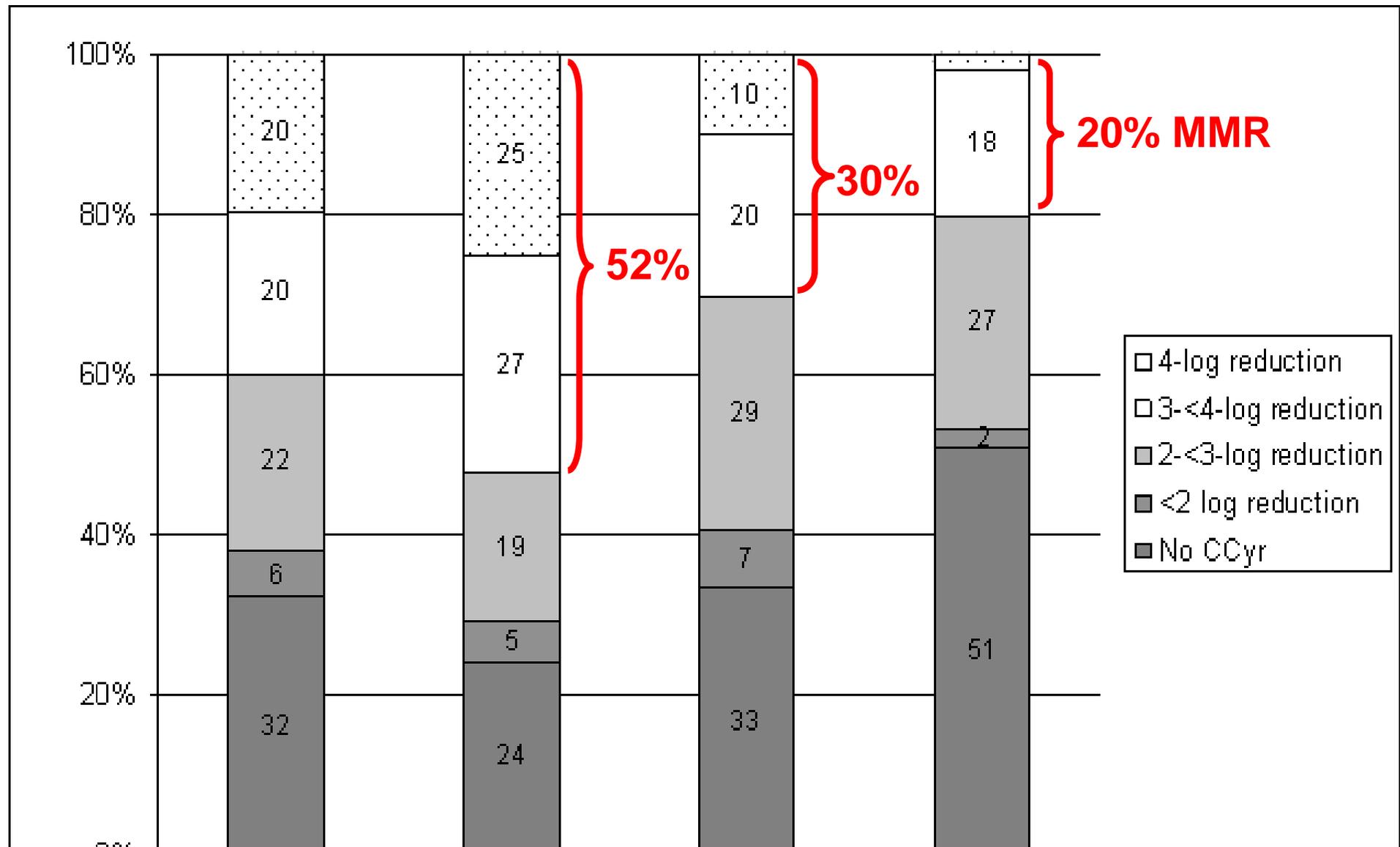
# % *BCR-ABL* log reduction in 124 CCyR pts at 1 and 4 years: IRIS Trial



# Question

Are all molecular remissions the same?

# Molecular response at 12 months by Sokal risk category



The probability to achieve MMR correlates to the Sokal risk

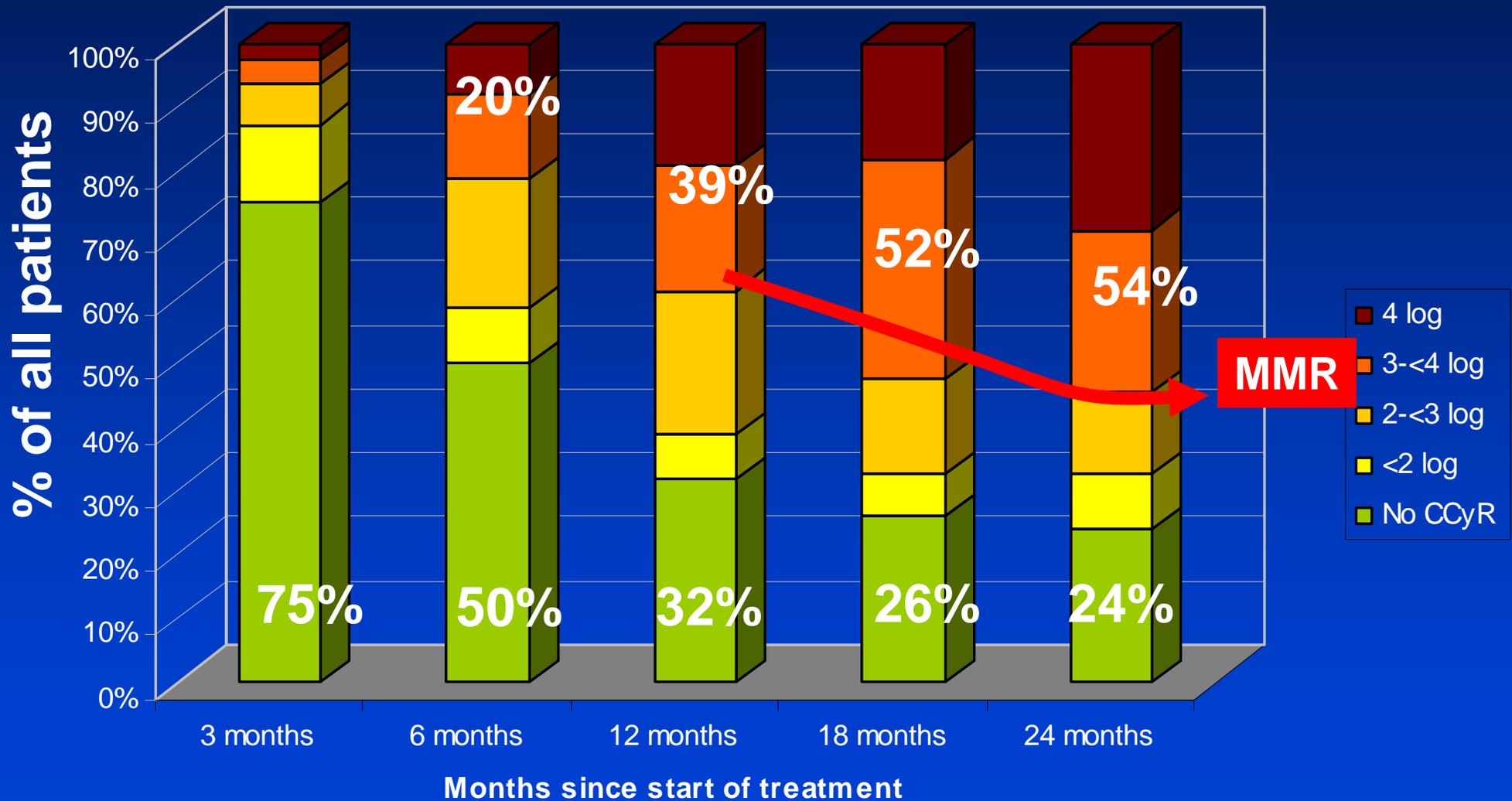
However, when a high or intermediate risk patient achieves a Major Molecular Remission, the risk of subsequent progression is as small as that of low risk patients.

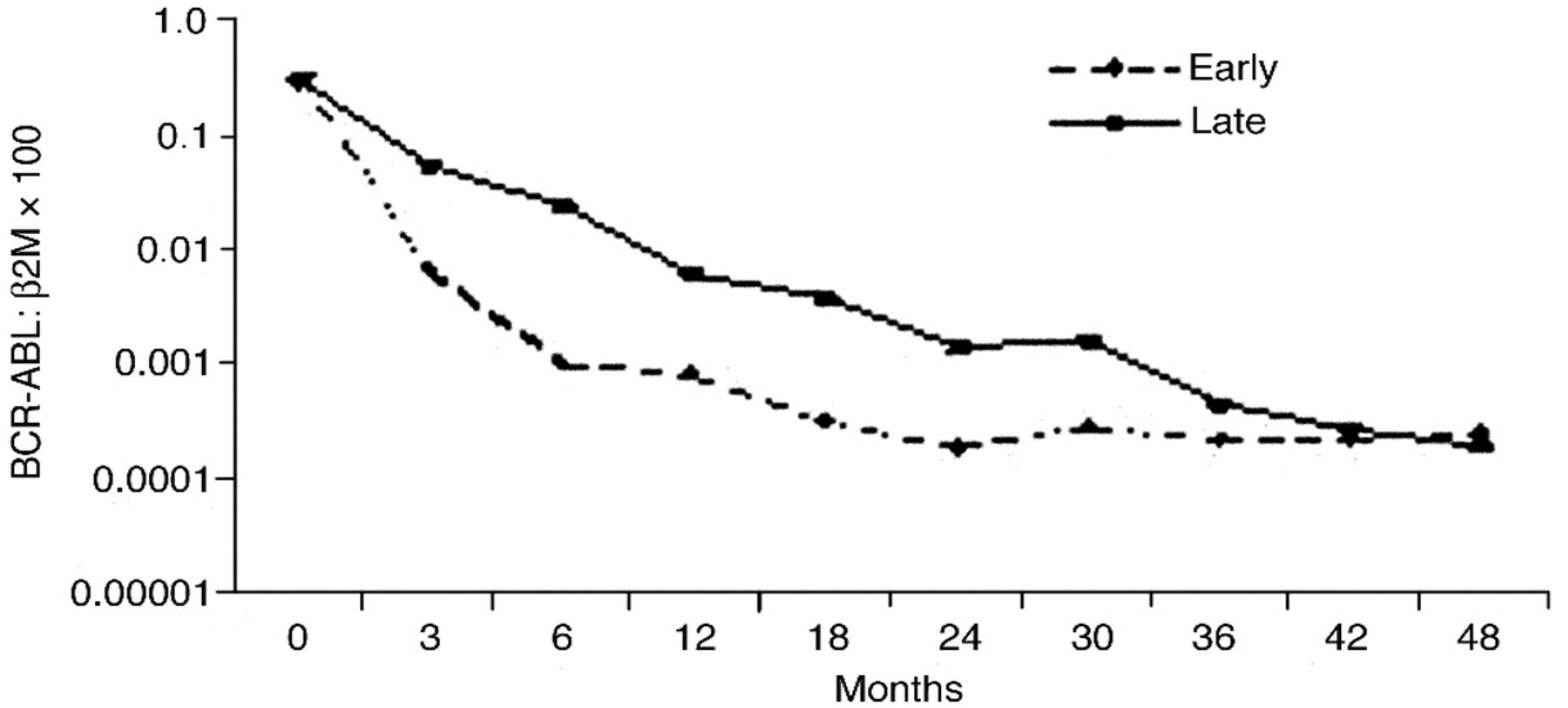
(Goldman J et al., ASH 2005)

# Question

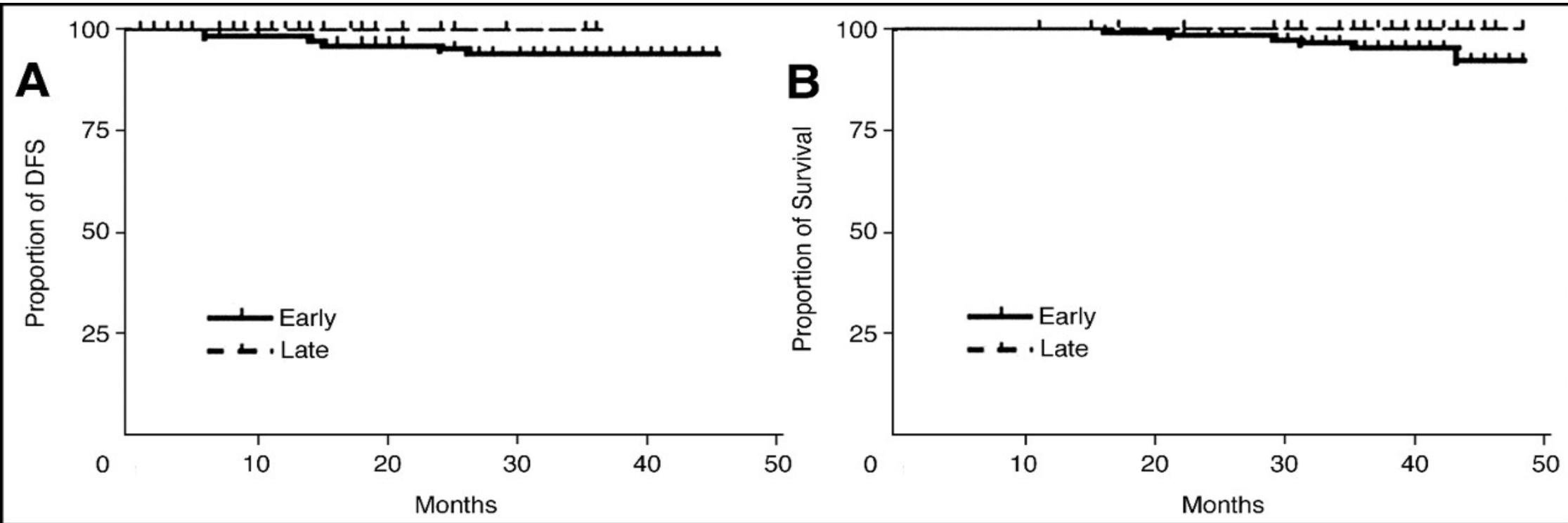
Is the time to reach MMR relevant in terms of prognosis?

# IRIS Q-PCR Study: Overall Estimated Log Reduction of *bcr-abl* with First-line Imatinib



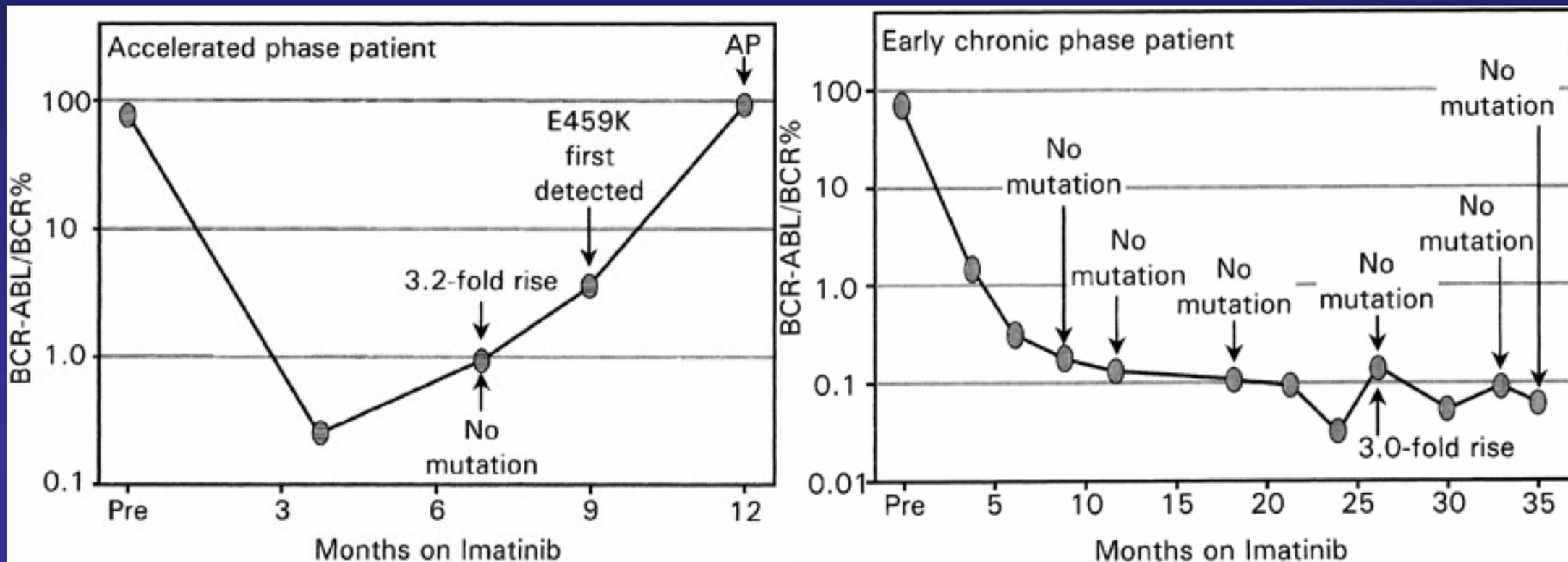


# Association of early and late cytogenetic response with progression-free (A) and overall (B) survival



# RISE in BCR-ABL

- A rise in BCR-ABL of more than 2-fold identifies patients at high risk to become imatinib resistant
- In 60% of these cases, presence BCR-ABL mutations
- Mutation detection can be important



# Question

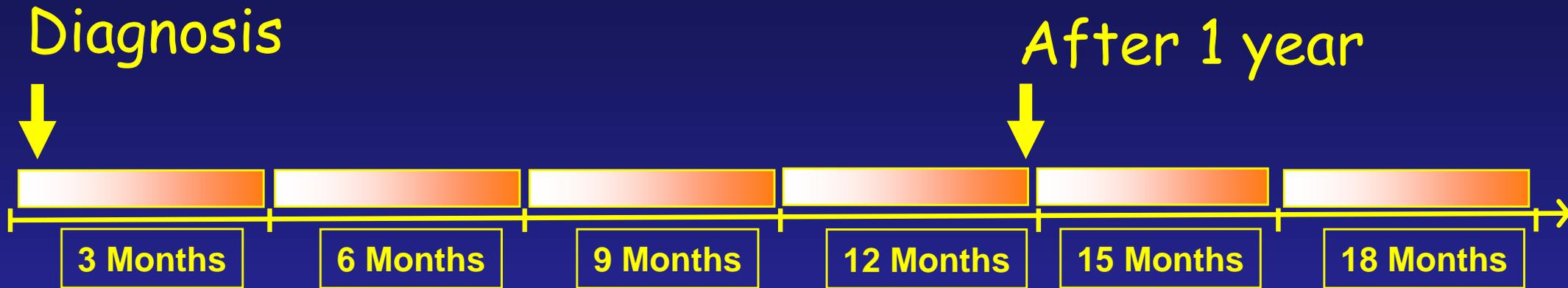
Which increase in BCR-ABL transcript level must trigger search for mutation?

Still an open question!

- 2 fold rise (Branford et al., Blood 2004)

- consecutive rises (Wang et al., Haematologica 2006)

# Timing



- RQ PCR during the first year:
  - To assess the response
- RQ PCR on PB every 3 months after the first year:
  - to identify the late responders (continuously decreasing BCR/ABL%)
  - to detect a possible rise in BCR-ABL

EVOLVING CONCEPTS IN THE MANAGEMENT OF CHRONIC MYELOID LEUKEMIA



RECOMMENDATIONS FROM AN EXPERT PANEL ON BEHALF OF THE EUROPEAN LEUKEMIANET