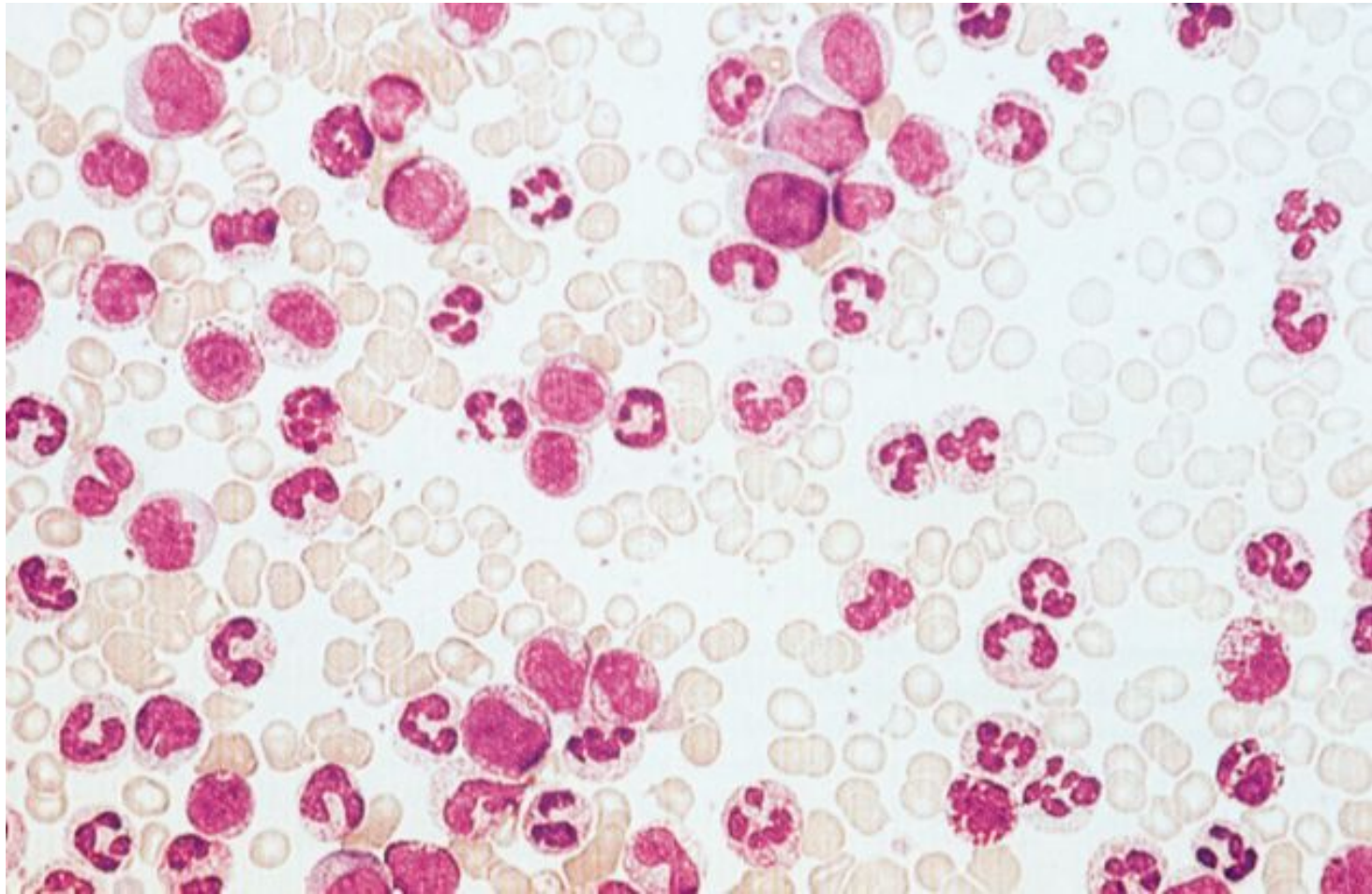
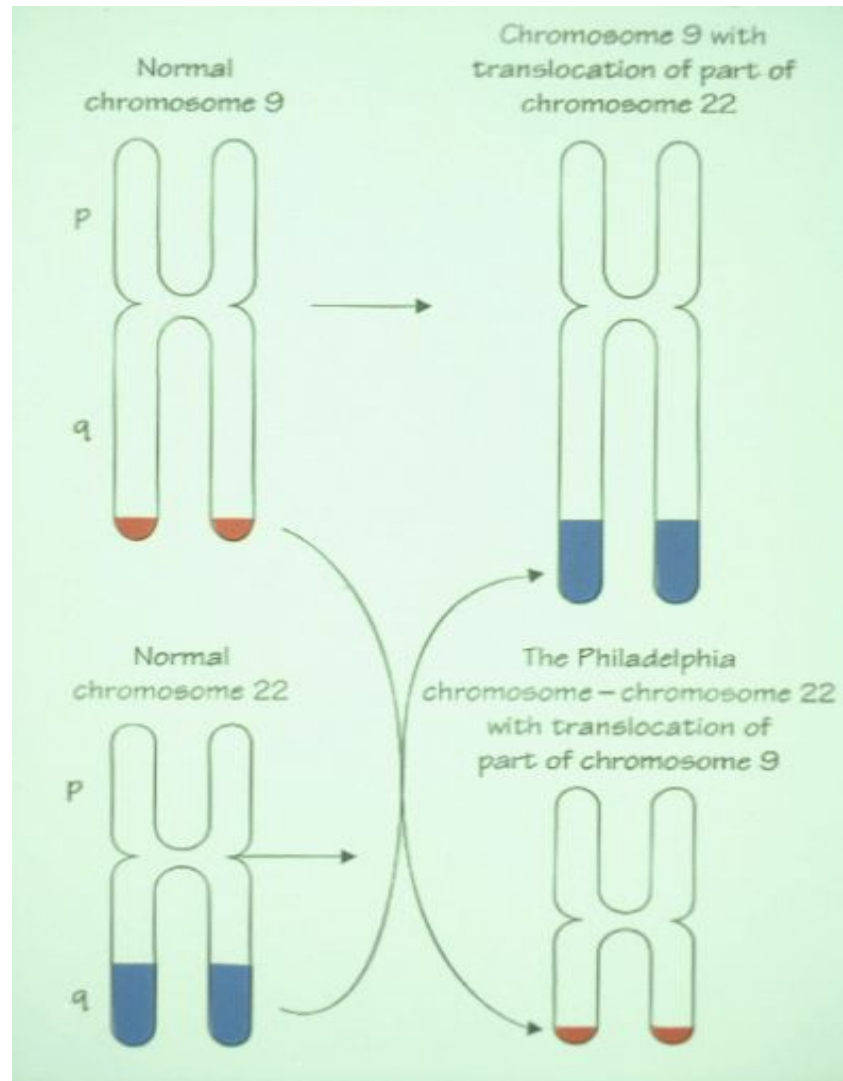




Chronic Myeloid Leukaemia



Ph Chromosome in CML



Treatment Options

- Hydroxurea
- Interferon
- Bone marrow transplant

Ph

+

+

-

+

-

-

BMT



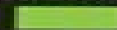
Busulphen



Donor
leukocytes



Interferon



Hb.

16
14
12
10

700,000

Platelets

200,000

100,000

WBC

300,000

100,000

30,000

10,000

3,000

1,000

'88

'89

'90

'91

'92

'93

Jan

Mar

May

July

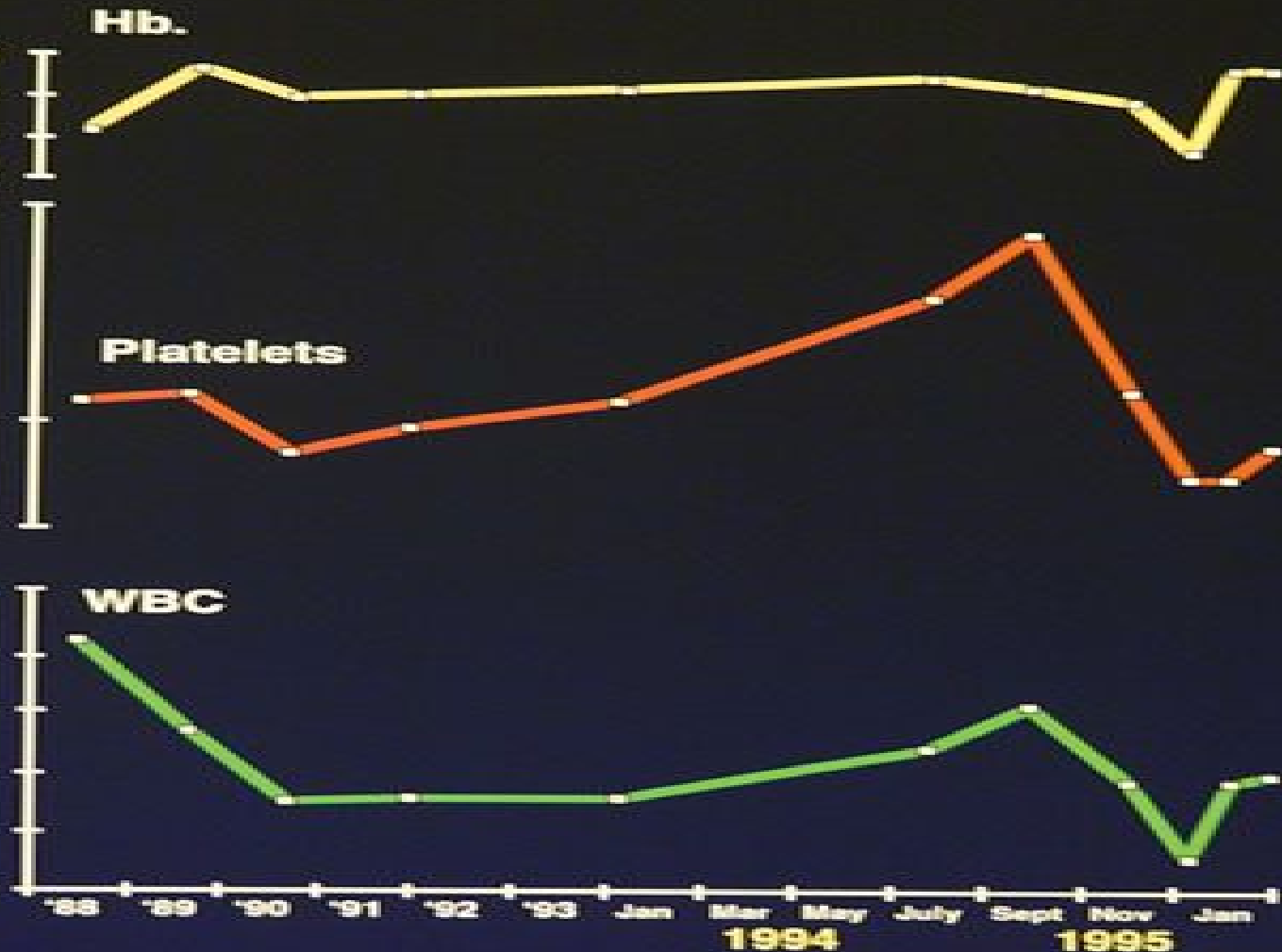
Sept

Nov

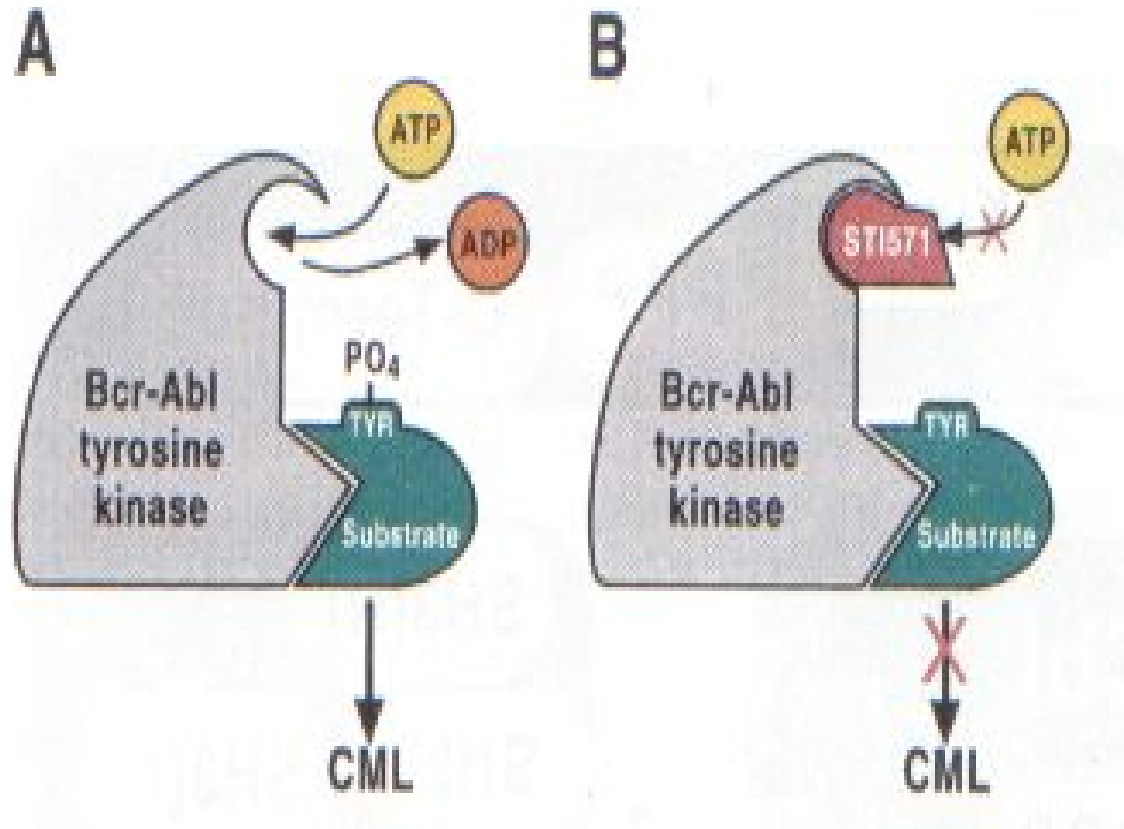
Jan

1994

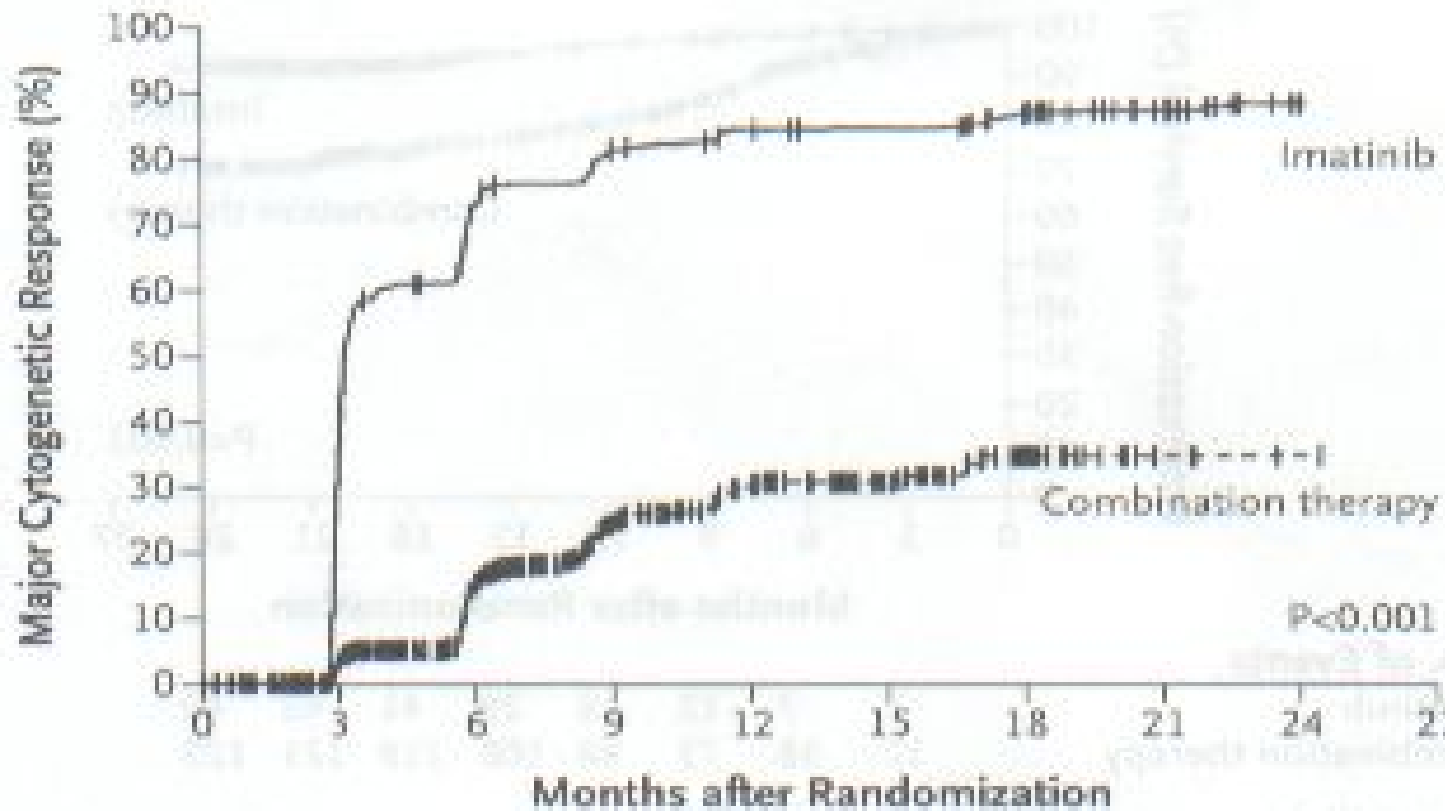
1995

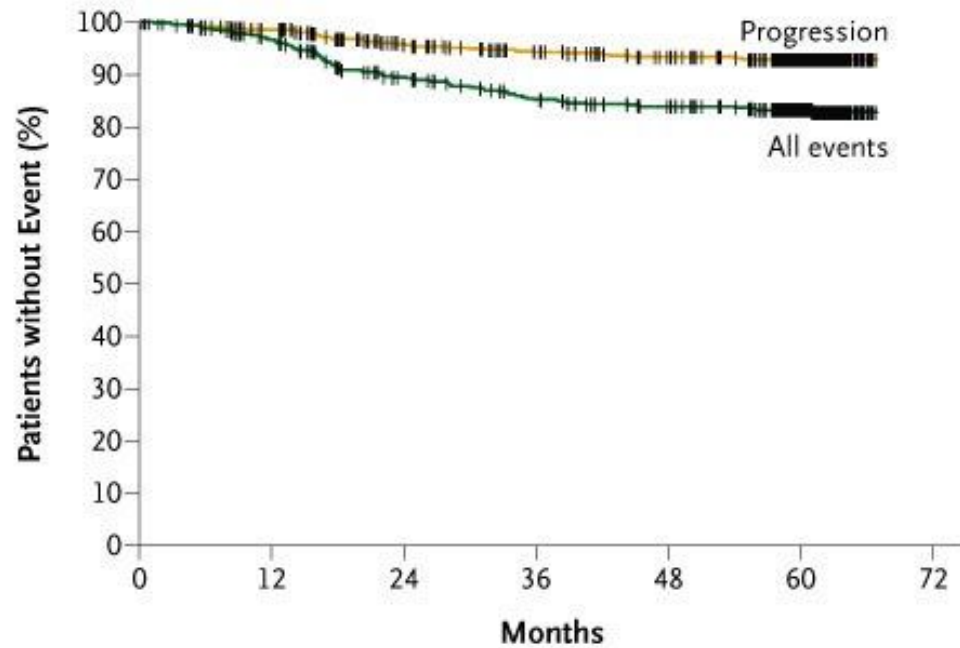


Glivec; Mechanism of Action



Glivec v CCT





No. of Events

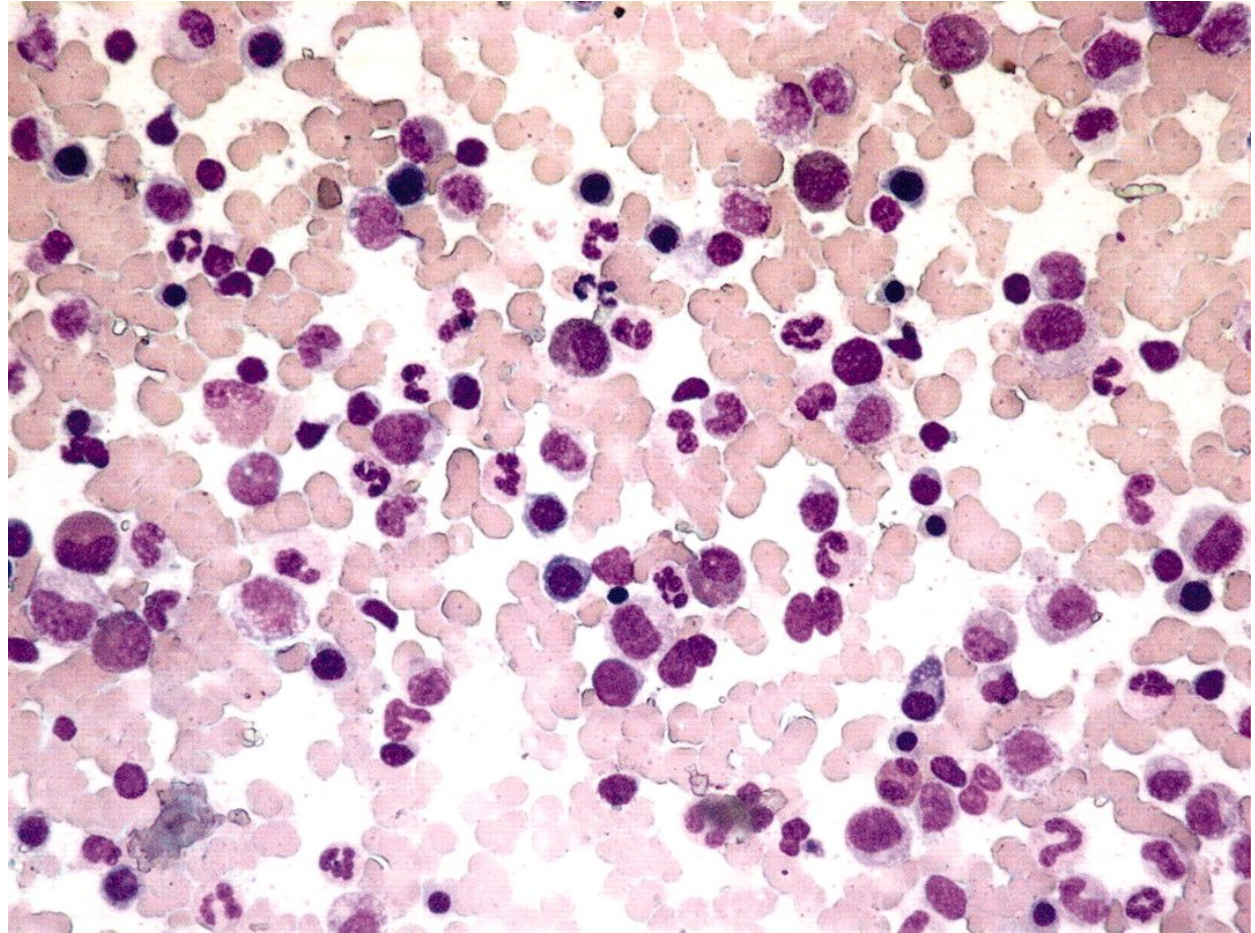
Progression	8	22	29	33	35
All events	18	55	76	82	85

No. at Risk

Progression	513	461	431	409	280
All events	505	447	414	395	274



Acute Leukaemia



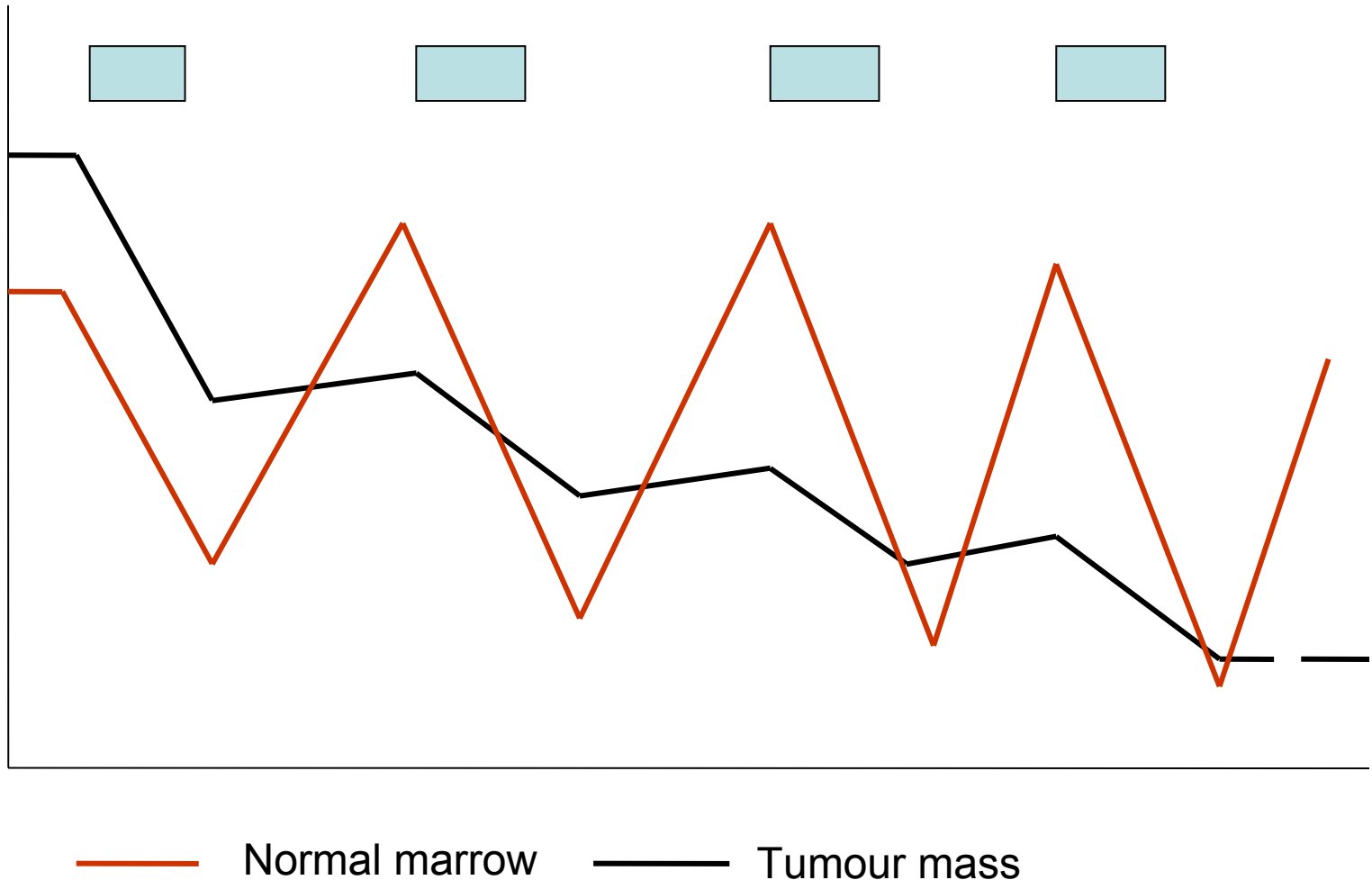
© American Society of Hematology

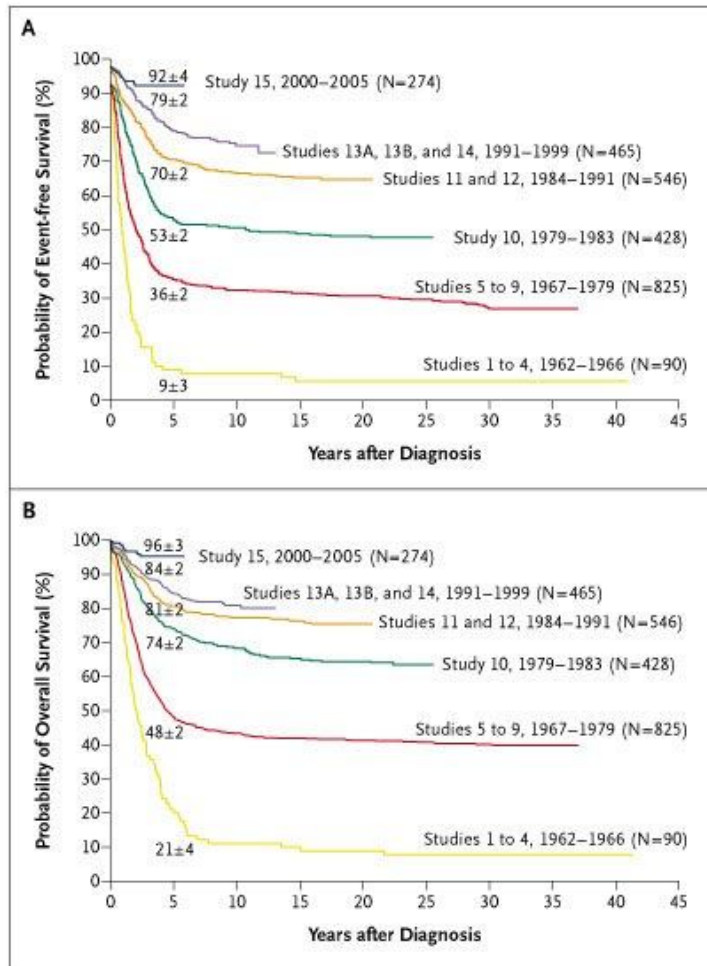


Acute leukemia

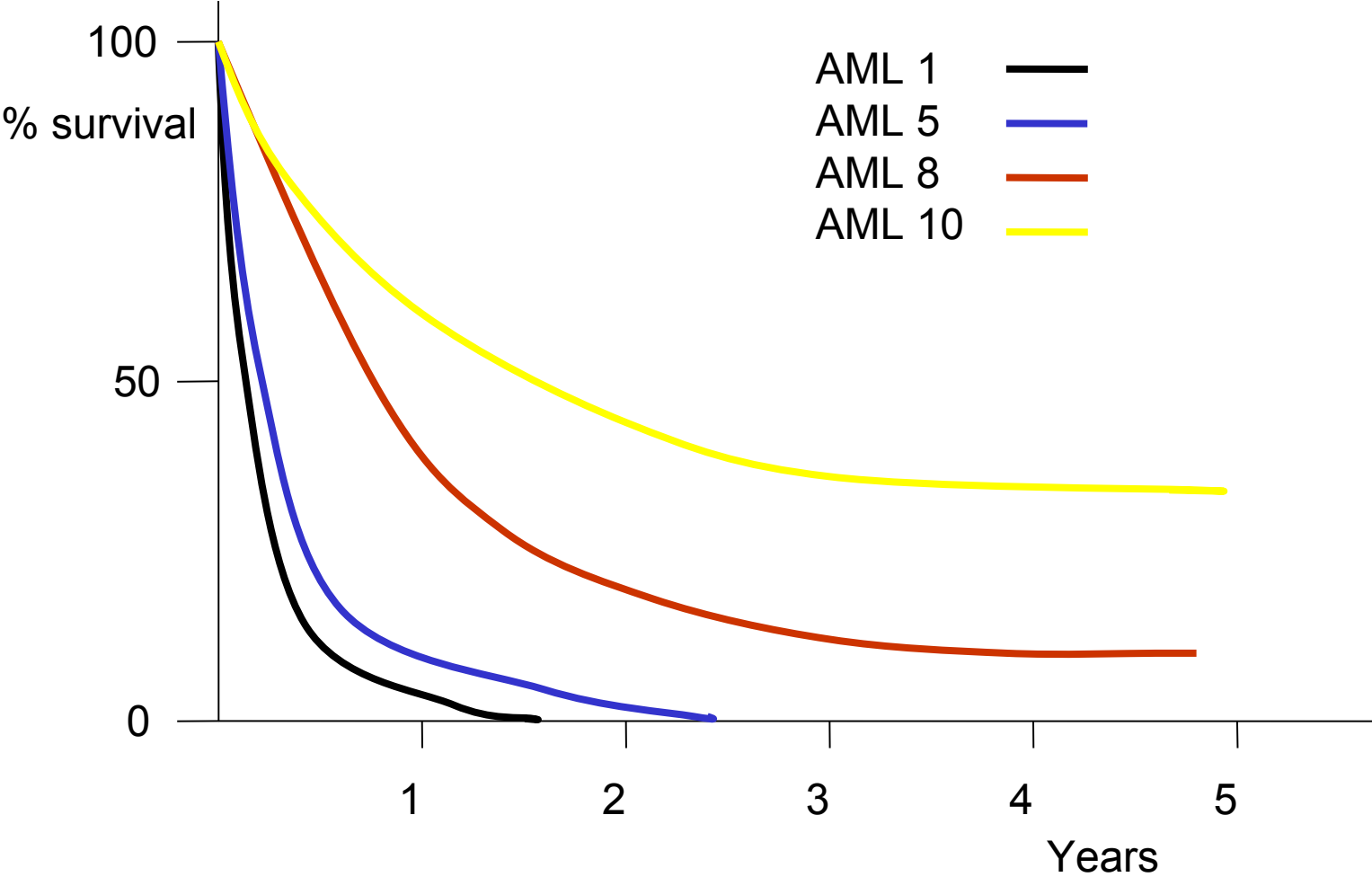
- Presenting symptoms
- Bone marrow failure
- Systemic symptoms
- Local infiltration

Principle of Chemotherapy





Improvement in Survival in AML



Patient SP.

24 years old.

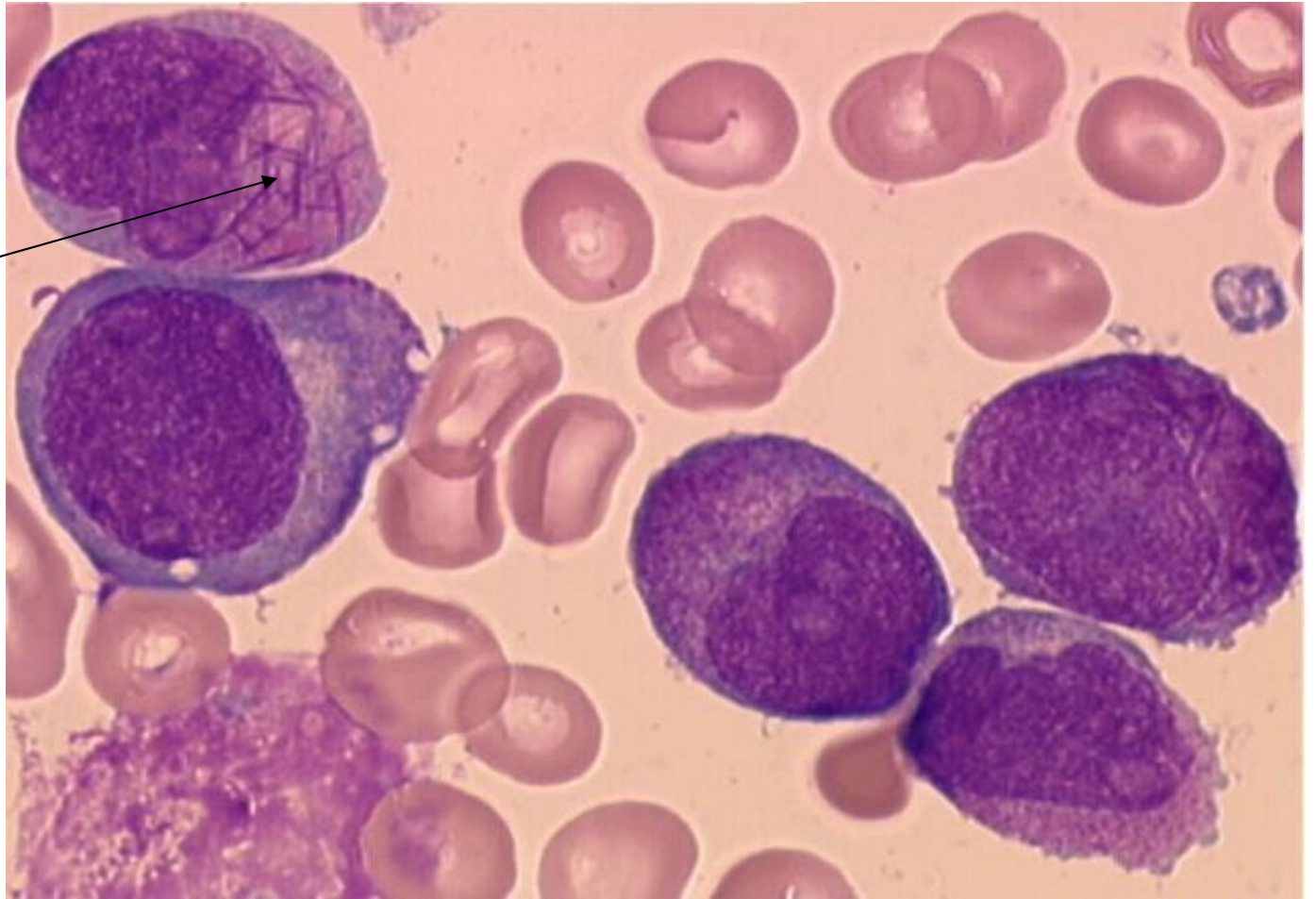
Admitted with severe anaemia and bleeding from his gums, nose, bladder and gut and extensive bruising.

Hb; 4.1; WCC. 1.2; Plats 11.

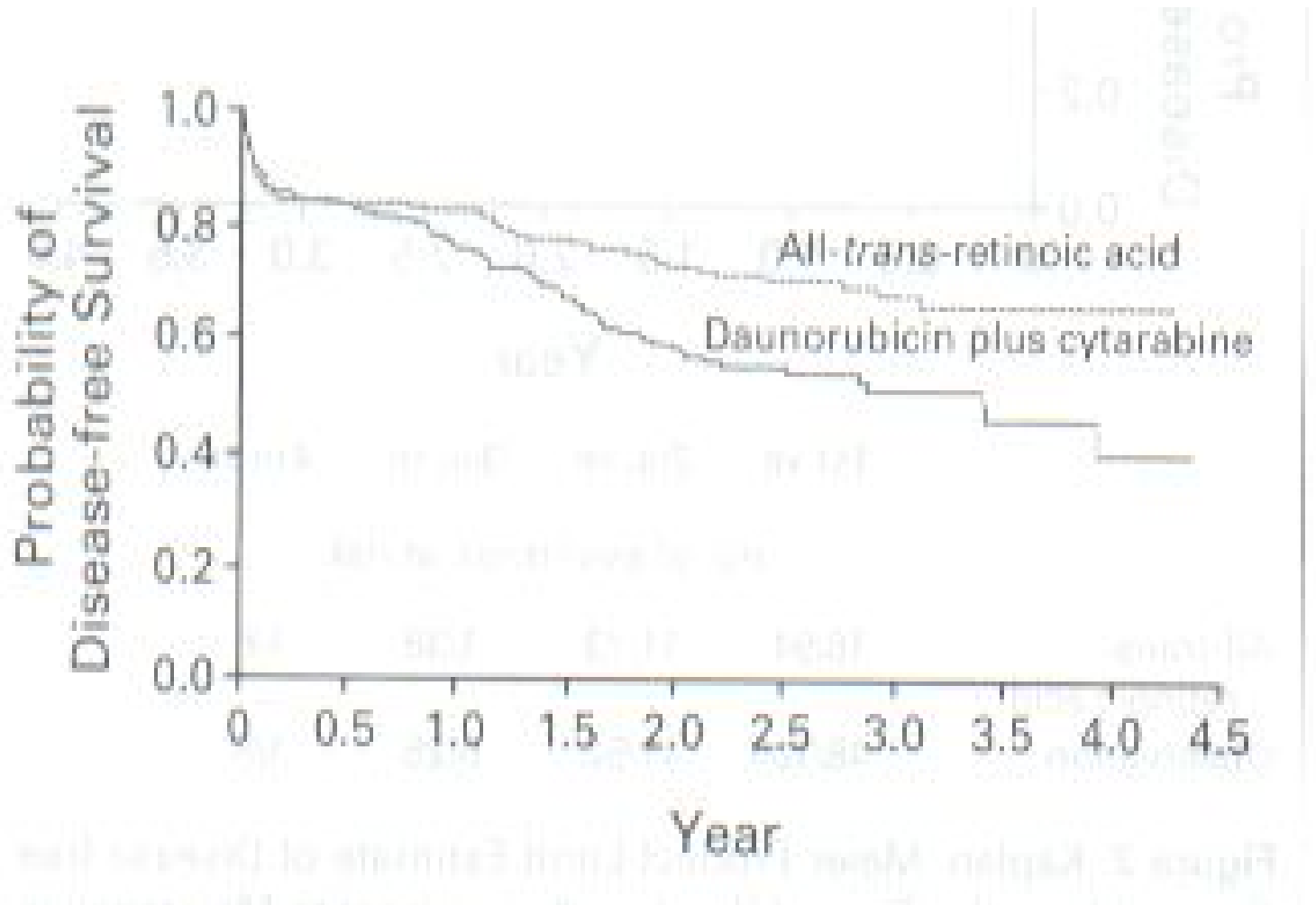
Coagulation screen; DIC.

Bone Marrow of SP

Auer rods



ATRA in Patients with AML M3





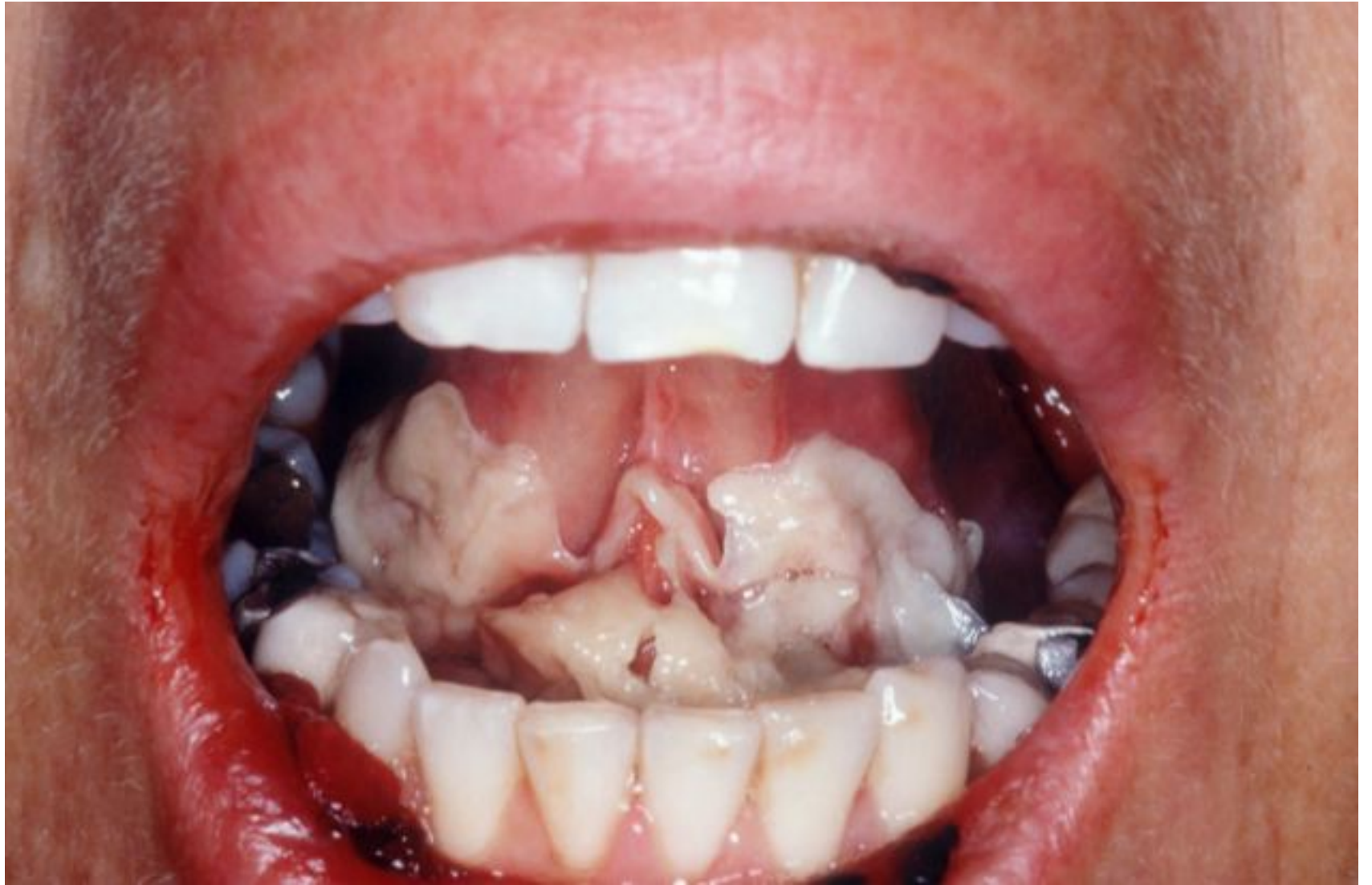
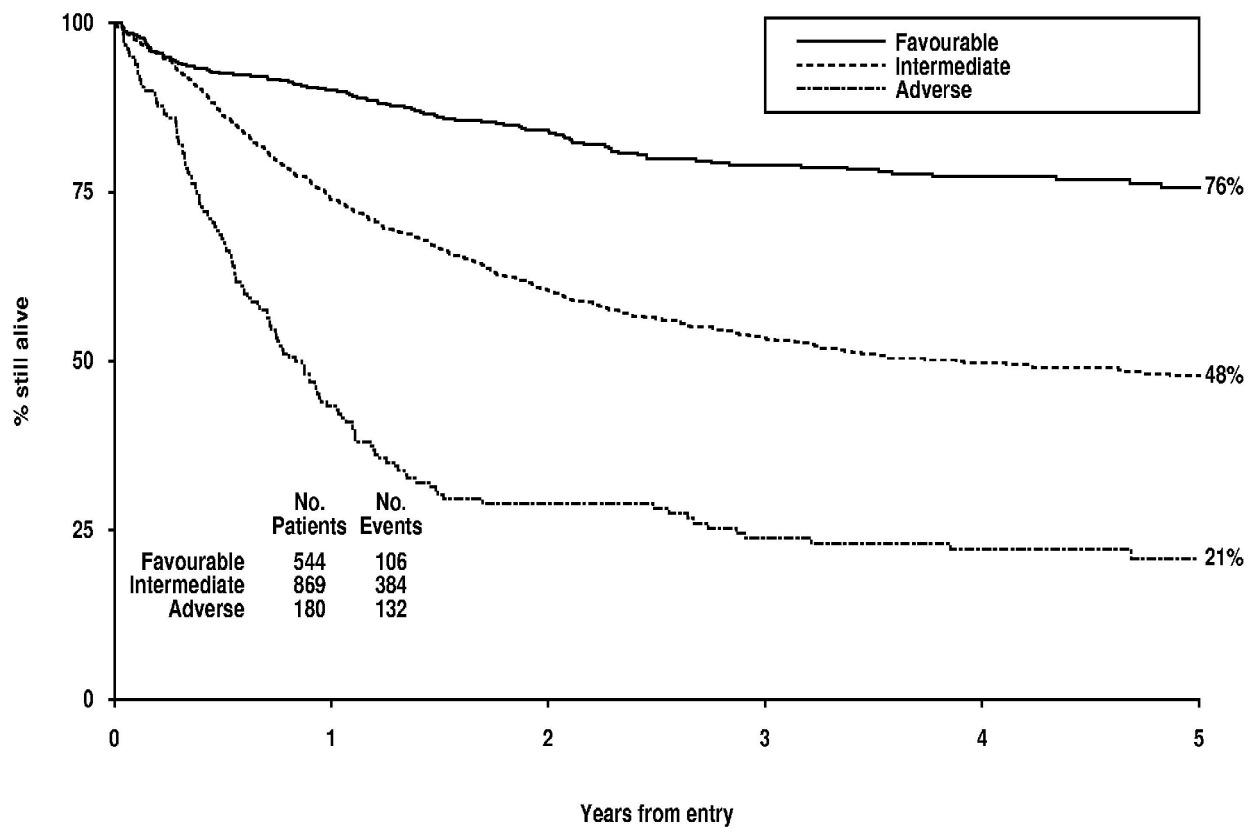




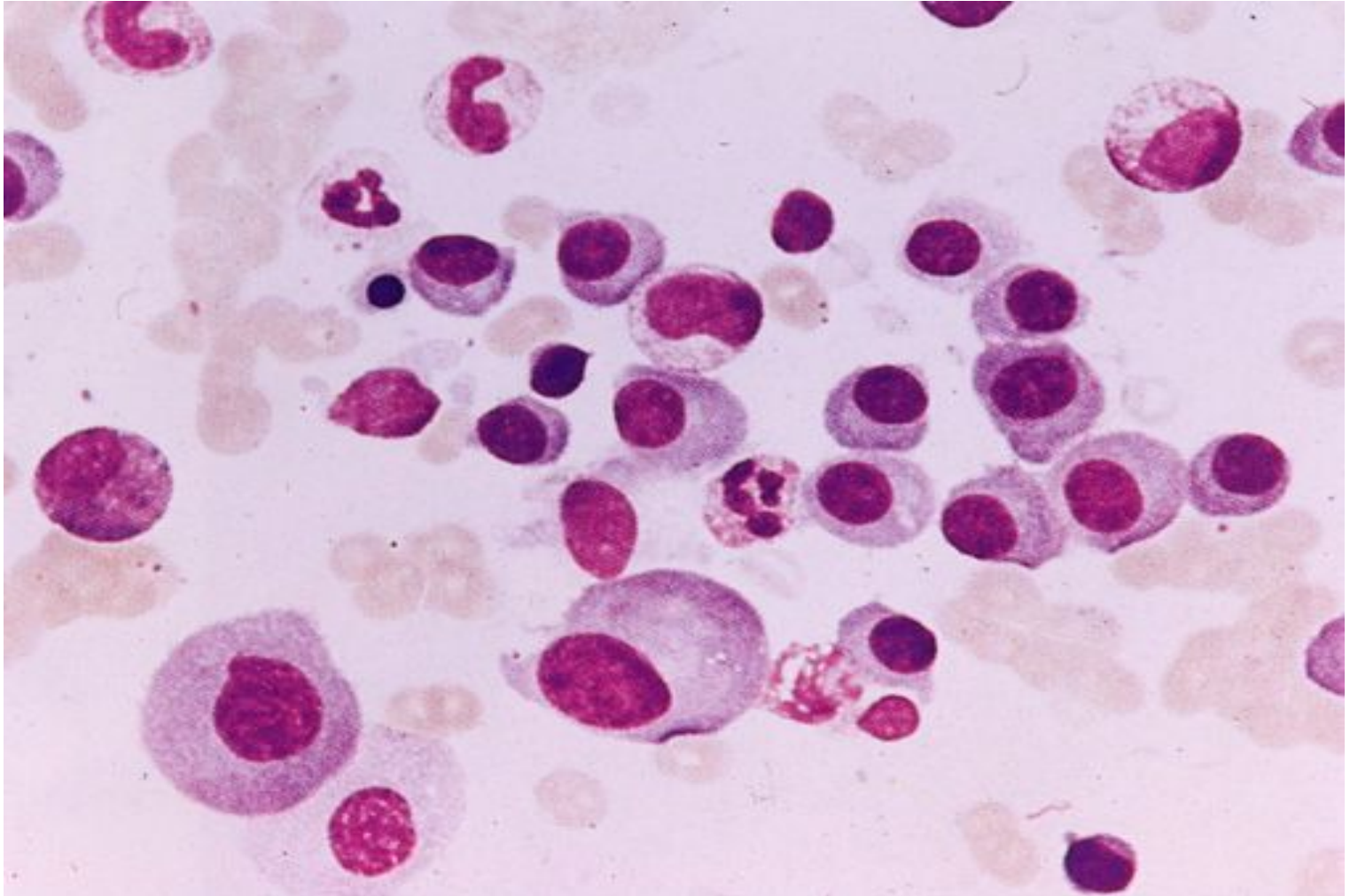
Figure 7: AML12 – Overall Survival by Cytogenetic Risk Group



Myeloma

Myeloma

Cancerous disorder of the marrow



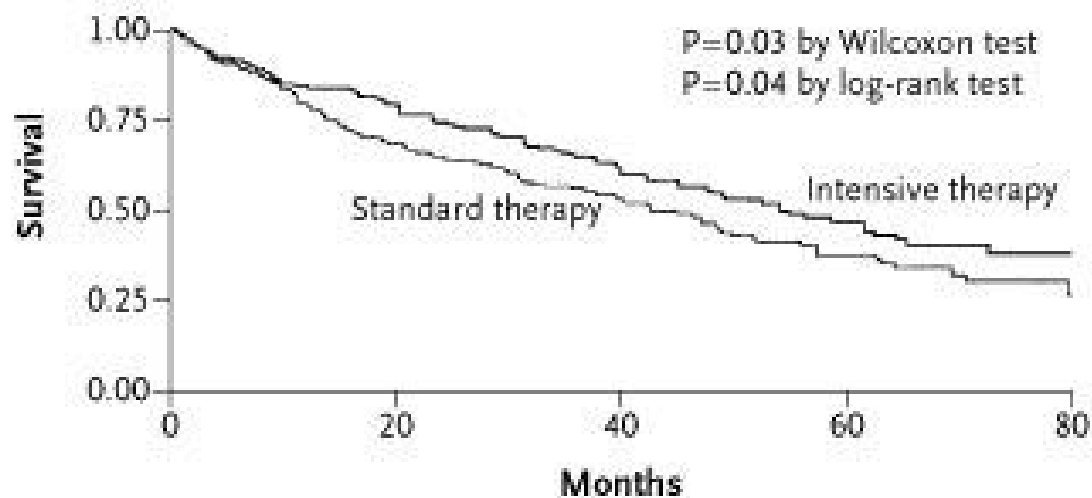
Myeloma

- Increasingly common with increasing age.
- Common presenting symptoms;
 - Bone pain
 - Hypercalcaemia
 - Infection
 - Renal impairment
 - Anaemia

Myeloma

- Treatment
 - Chemotherapy
 - CTD or VAD
 - melphalan / prednisolone
 - High dose treatment with stem cell transplant
 - Supportive care

Overall survival after high dose compared to standard chemotherapy.



No. at Risk

Intensive therapy	201	148	79	38	8
Standard therapy	200	129	70	30	8



Myeloma

New Treatments

- Bortezomib
- Lenalidomide

Bortezomib and Myeloma

Bortezomib Dexamethasone

DOR	7.8m	5.6m
OS (median)	29.8m	23.7m

Relapsed/Refractory Myeloma: MM-009/010: study design

R
A
N
D
O
M
I
Z
E

Arm A (MM-009: n = 170; MM-010 n = 176)

Lenalidomide, 25 mg/day, days 1–21;

placebo, days 22–28

Dexamethasone, 40 mg/day, days 1–4, 9–12,
17–20, every 28 days

x 4 courses

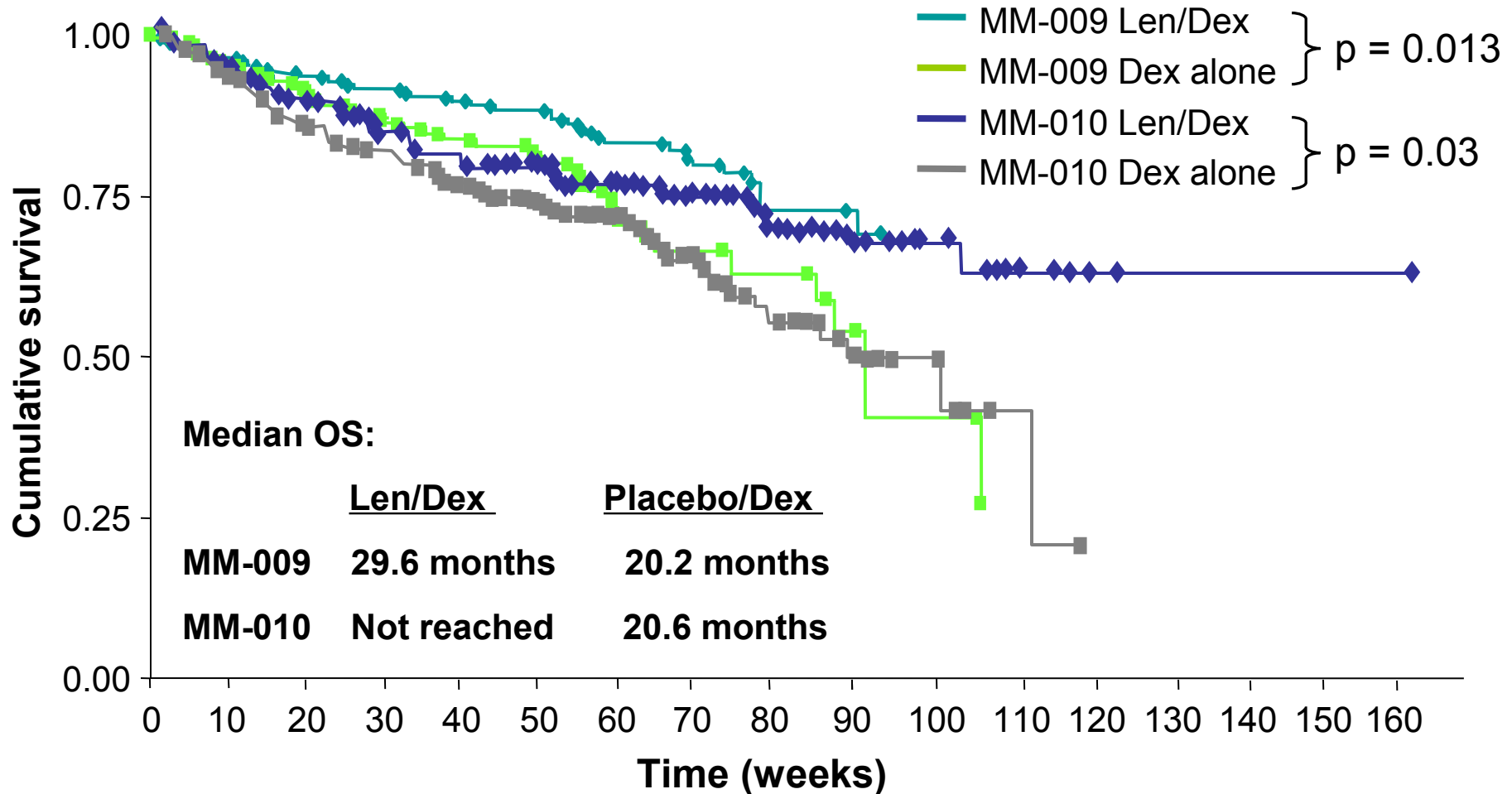
Arm B (MM-009: n = 171; MM-010: n = 175)

Placebo, days 1–28

Dexamethasone, 40 mg/day, days 1–4, 9–12,
17–20, every 28 days

Beginning with cycle 5, dexamethasone is reduced to 40 mg on days 1–4 only, every 28 days.

MM-009/010: Overall Survival



OS = overall survival.

Dimopoulos M, et al. Blood. 2005;106:6a.
Weber DM, et al. Presented at ASCO 2006; abstract 7521.

Myeloma

Supportive care

- Bone disease
- Anaemia
- Renal impairment
- Infection

Myeloma

Bony complications



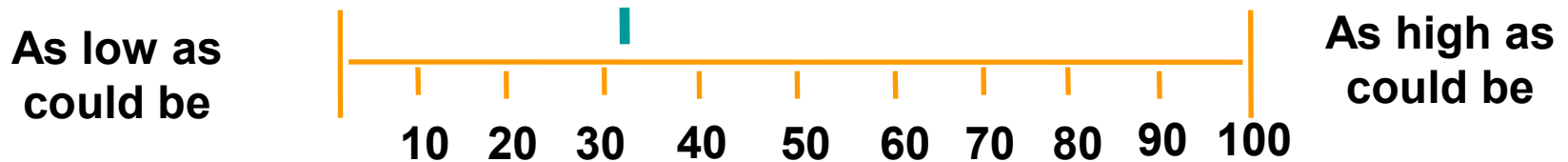
Myeloma

Bony Disease Management

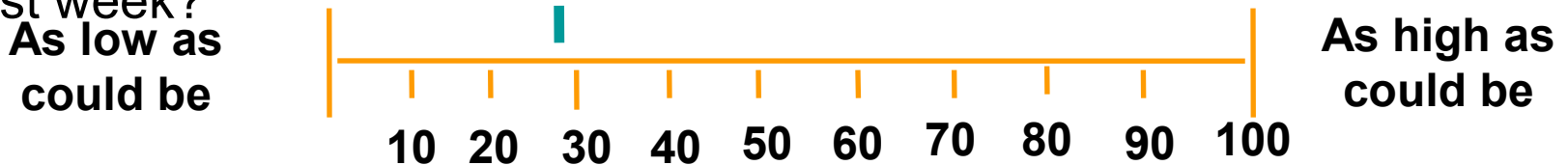
- Analgesia
- Radiotherapy
- Bisphosphonates
- * Spinal cord compression

QOL – patient assessment:

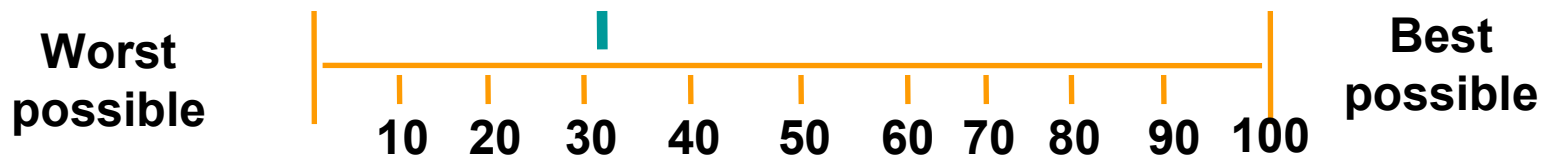
1. How would you rate your energy level during the past week?



2. How would you rate your ability to do daily activities during the past week?



3. How would you rate your overall QoL during the past week?

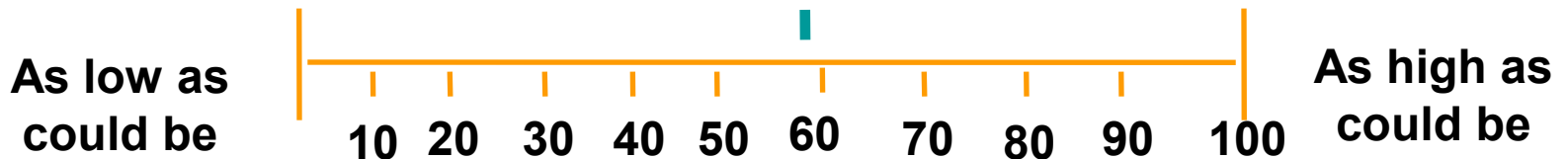


QoL – patient assessment: week eight

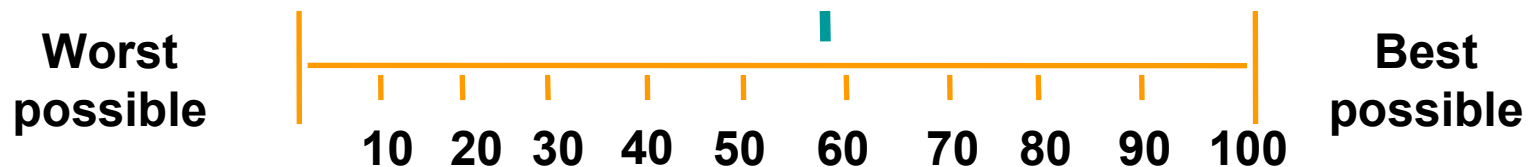
1. How would you rate your energy level during the past week?



2. How would you rate your ability to do daily activities during the past week?



3. How would you rate your overall QoL during the past week?



Myeloma Infection

- Common.
- Secondary to hypogammaglobulinaemia and chemotherapy induced neutropenia.
- Common cause of both early and late deaths