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Clinical and hematologic patterns, chemotherapy options in Polycythemia Vera

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The clinical and hematologic patterns, short- and long-term results of chemotherapy were analyzed in 92 patients with polycythemia vera during 25 years' follow-up at the Institute of Oncology from Moldova. The patient age ranged between 29 – 74 years old, with the most frequently affected group of 50 – 59 years (38.0%). The median age was 54.2 ± 2.13 years old. Males were 53 (57.6%), females – 39 (42.4%). The diagnosis was proved histologically by the bone marrow biopsy, which detected hypercellularity, erythroid and myeloid hyperplasia. The period disease onset – diagnosis varied between 1 – 7 months (median – 4 months). Stage IIA was revealed in 87 (96.7%) patients, stage IIB – in 5 (5.4%). Clinical examination and ultrasound scanning determined splenomegaly in 67 (72.8%) patients, and hepatomegaly in 46 (50.0%). Vascular thromboses occurred in 15 (16.3%) cases. The hemoglobin range was 180 – 230 g/l, erythrocyte count range – $5.5 - 6.5 \times 10^{12}/l$, and platelet count range – $180.0 - 1620.0 \times 10^9/l$. Busulfan was used as a front-line chemotherapy in 45 (48.9%) patients, and hydroxycarbamide – in 47 (51.1%). Complete hematologic response was achieved in all 92 (100%) cases. Remission duration varied between 4 – 9 months (median – 6 months) in patients treated with busulfan, and between 3 – 8 months (median – 5 months) in those treated with hydroxycarbamide. The overall 10-year survival in busulfan-managed patients (86.9%) didn't exceed significantly ($p = 0.05$) that one achieved under hydroxycarbamide chemotherapy (85.2%). Chemotherapy decreases the probability of vascular complications, improves the life quality of patients, and approaches their median lifespan to that of population.

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Chronic Myelogenous Leukemia: Epidemiological Characteristics and Chemotherapy Approaches in the Republic of Moldova

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This descriptive and clinico-analytic study comprized 125 patients with chronic myelogenous leukemia (CML), who had been followed up at the Institute of Oncology between 2002 – 2013. The diagnosis was established in chronic phase in 113 ($90.4 \pm 2.32\%$) cases, in accelerated and acute phases in 12 ($9.6 \pm 2.02\%$). The patient age ranged between 19 – 81 years, with the most frequently affected group of 40 – 49 years ($27.4 \pm 4.89\%$). The median age was 46.1 ± 2.13 years old. The median male/female ratio was 1.4:1, with the age-adjusted limits of 1.1 – 1.8:1. In spite of the slow incidence increase (2010 – $0.81\%000$, 2014 – $0.83\%000$), the prevalence of CML grew progressively (2005 – $2.11\%000$, 2014 – $4.16\%000$). The northern (27 patients / $32.1 \pm 5.10\%$) and central (25 patients / $29.8 \pm 4.99\%$) regions population proved to be mainly affected by CML. 50 ($59.6 \pm 4.99\%$) patients were exposed to insolation during professional activities and daily life (correlation coefficient 0.479). The discriminant analysis of the late diagnosis factors revealed the higher coefficient of canonical correlation for asymptomatic /oligosymptomatic onset of the disease (0.548). 81 (64.8%) patients were approved for GIPAP, and 4 (4.0%) – for NOAT Program. The enrollment in GIPAP and NOAT Program, with imatinib and nilotinib therapies significantly improved ($p < 0.01$) the performance status in 90.5% of patients (ECOG-WHO score 0 – 1, $P \pm ES\% = 0.25 \pm 0.06$), as compared to the non-TKIs chemotherapy. The overall 3-year survival in TKIs -treated patients (66.0%) outstripped ($p < 0.05$) that one obtained under the non-TKIs chemotherapy (44.5%).

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