Quality of treatment response in the Danish national acute leukaemia registry and impact on prognosis

Øvlisen, Andreas Kiesbye; Oest, Anders; Johnsen, Hans Erik; Bendtsen, Mette Dahl; Bæch, John; Lynggaard, L S; Mortensen, T B; Johansen, Preben; Schollkopf, C; Thomassen, J Q; Severinsen, Marianne Tang

Published in:
Kongres for Medicinsk Studenterforskning, 17.-20. marts 2016, Nyborg, Danmark

Publication date:
2016

Document Version
Publisher's PDF, also known as Version of record

ISBN 978-87-995206-2-6

Typografi: pdfLaTeX og memoir-klassen
Sat med Kp-fonts, 9pt/11pt

effects were the primary cause of mortality and morbidity in our cohort. To obtain more accurate estimates, we are currently updating our cohort with Swedish data.

o.7-5 **Andreas Kiesbye Øvlisen** QUALITY OF TREATMENT RESPONSE IN THE DANISH NATIONAL ACUTE LEUKAEMIA REGISTRY AND IMPACT ON PROGNOSIS

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Background: In Denmark, all patients diagnosed with acute myeloid leukaemia (AML) since 2000 have been recorded in the Danish National Acute Leukaemia Registry (DNLR), which has been proven to be of high quality and having a high completeness regarding most information. We aimed to describe the quality in the DNLR concerning treatment response by evaluating complete remission (CR) status according to the international classification of AML treatment response status as well as prognosis according to CR status.

Materials & methods: We conducted a retrospective study including data from the DNLR regarding patients aged $\geq$ 18 years, diagnosed with non-APL AML, treated with curative intention, and registered as having achieved CR following first or second induction treatment. Patients were evaluated as stringent CR (sCR) or non-sCR according to international remission criteria. Analysis included estimation of PPV for CR as being sCR as well as the CR status effect on overall survival and relapse-free survival.

Results: In total 387 patients where included yielding a PPV for CR being sCR of 48.6% (95% CI: 43.5%–53.7%). Patients achieving sCR had better prognostic outcomes compared to non-sCR regarding OS when performing univariable analysis (HR: 1.48, 95% CI: 1.15–1.94, p=0.002) and adjusted multivariable analysis (HR: 1.45, 95% CI: 1.12–1.87, p=0.005).

Conclusions: Our study suggests that the prognosis is dependent of CR being evaluated according to international guidelines, with sCR as best case scenario. Therefore, it is indicated that there is a need for more attention into more precise response evaluation using international remission criteria.