Management of high-risk MDS and refractory (or early relapse) AML

Current dilemma

Re-induction therapy or straight to transplantation?

– This is the question –
• Patients with high-risk MDS, primary resistant or relapsed AML are rarely cured without allo-SCT.

• Several studies have developed useful models in predicting response to salvage chemotherapy.

• For patients unlikely to respond to salvage chemotherapy, re-induction attempts may be detrimental, leading to added organ toxicity and possible increased tumor resistance.
Facing the dilemma
Background

• **Allo-SCT** in the setting of active disease is the **alternative strategy**.

• Multiple studies have demonstrated the feasibility of proceeding directly to allo-SCT, but **cure rates have been low with traditional transplant approaches**.

• Newer strategies based on the **earlier use of allo-SCT** in patients with high-risk MDS and relapsed or refractory AML, as well as the incorporation of **novel and effective antileukemic agents** into the transplant conditioning regimen, may lead to better outcomes.
Should patients with high risk MDS (and AML in early relapse) proceed directly to allogeneic transplantation without prior induction chemotherapy?

Yes: A.K. Burnett, UK
No: P. Fenaux, France

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