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Evaluation of UK- ALL-X I treatment method in children with acute lymphoblastic leukemia in Bahrami Hospital in 2007-2014

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Introduction: Acute lymphoblastic leukemia is the most common childhood malignancy. In recent years, there has been impressive progress in treating this disease so that we are now witnessing treatment of more patients with it. The UK ALL-X reimen is a protocol in which by considering patient's condition, one or two steps of consolidation therapy are used to improve results. The aim of this study was to evaluate response to treatment and side effects related to steps of consolidation therapies in this protocol.

Materials & Methods: Patients' information by reviewing records of patients with acute lymphoblastic leukemia during 82 to 89 at Bahrami Pediatric Hospital in Iran, Tehran was recorded on forms provided for that purpose. The characteristics such as age and gender of patients, relapse and mortality, morphology of the disease, side effects of the treatment such as neutropenia and hospitalization, counting white blood cells and neutrophils, hemoglobin level before and after each stage of treatment, and duration of treatment and neutropenia due to treatment were recorded.

Results: Sixty seven patients with acute lymphoblastic leukemia treated under the UK ALL-X protocol entered the process of data analysis. 28 patients (41.7%), 20 (29.8%), and 19 (28.3%) were in the age range of 0-5, 5-10, and 10-15 years, respectively. 44 patients (65.6%) were male and 23 (34.3%) were female. 7 cases (10.7%) of recurrence were reported during the three years after the onset of illness. 50 (74.6%) had survival rate at least three years. 47% of mortality rate were in the age group of 0-5 years. 45 patients (67.2%) had L1 morphology and 22 patients (32.8%) had L2 morphology in pathology. Of 33 patients who had received the first stage of consolidation therapy, 17 patients (51.5%) were with neutropenia, and of 35 patients who had received the second stage of the treatment, 19 (54.2%) were suffering from this complication. No deaths in the neutropenia following the consolidation therapies were found in the cases. No significant relationships between age and mortality (P value=0.382) as well as the age and the incidence of neutropenia following the consolidation therapies were observed. (P value=0.6, 0.8).

Conclusion: Considering the three-year survival rate of the patients, lack of mortality due to neutropenia following the consolidation therapies, and low rate of relapse of the disease, this method of treatment can be a suitable method for treating these patients in a country such as Iran now.

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