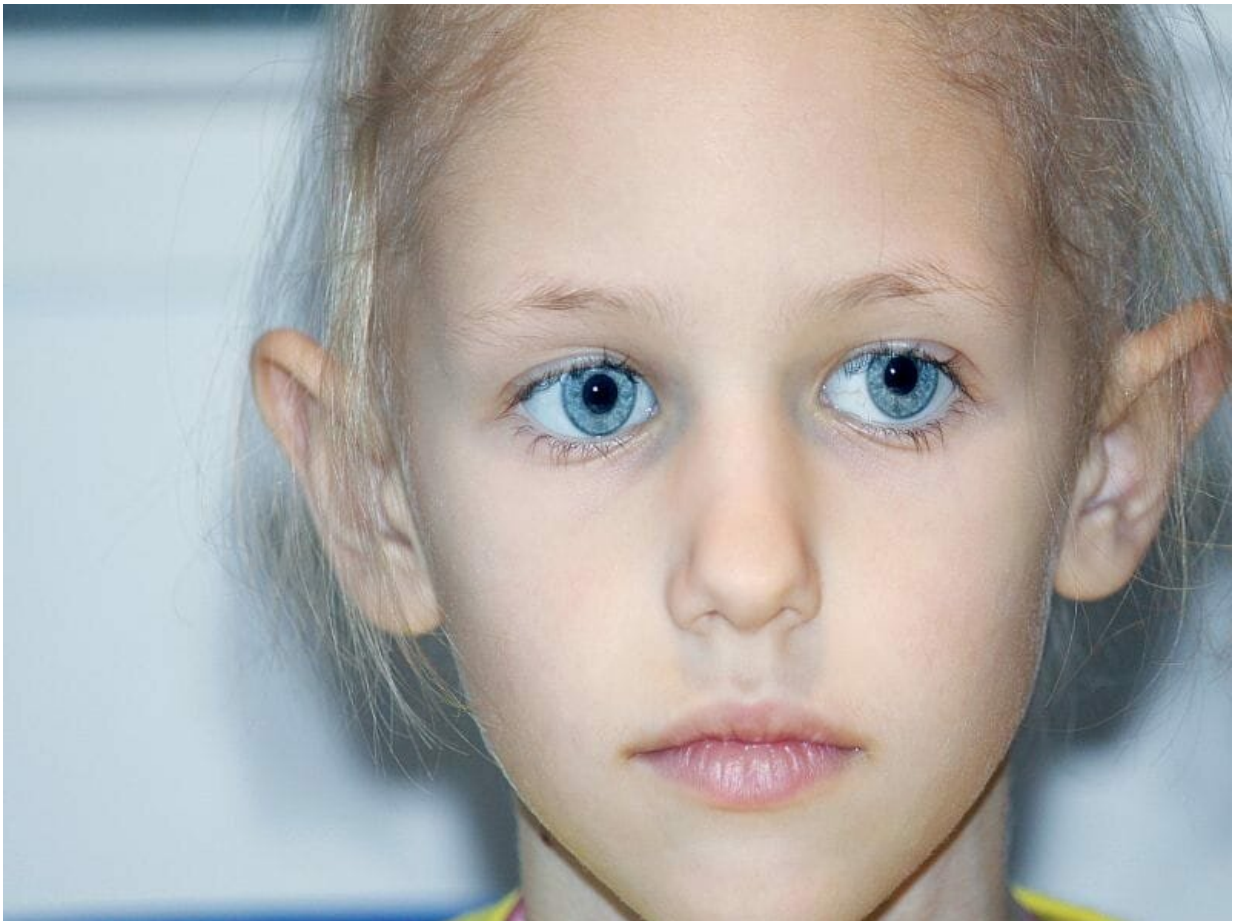


Favorable outcomes seen in long term for ALLR3 trial

March 19 2019



(HealthDay)—For children with B-cell precursor acute lymphoblastic

leukemia with late bone marrow relapse, risk stratification by minimal residual disease seems to be an effective strategy for treatment, according to a study recently published in *The Lancet Haematology*.

Catriona Parker, Ph.D., from the University of Manchester in the United Kingdom, and colleagues conducted a long-term follow-up in 228 children aged 1 to 18 years with B-cell precursor acute lymphoblastic leukemia who had late bone marrow relapses. Patients with high [minimal residual disease](#) at the end of induction (110 patients) were allocated to undergo allogeneic stem cell transplantation, and those with low minimal residual disease (82 patients) were allocated to chemotherapy.

The researchers found that of the 92 patients who were transplanted, 63, 14, and 23 percent remained in second complete remission, died of complications, and relapsed after stem cell transplantation, respectively. Of the 70 patients allocated to chemotherapy who continued on chemotherapy, 70, 3, and 27 percent remained in second complete remission, died of complications, and relapsed, respectively. At five years, [progression-free survival](#) was 56 and 72 percent in those with high and low minimal residual disease, respectively.

"The long-term follow-up analyses of the ALLR3 trial indicate favorable outcomes in patients with B-cell precursor-[acute lymphoblastic leukemia](#) and late bone marrow relapses who were risk stratified by minimal residual disease at end of induction to not undergo stem-cell transplantation and to continue chemotherapy," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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Citation: Favorable outcomes seen in long term for ALLR3 trial (2019, March 19) retrieved 25 April 2024 from

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