# Reasons for TKI discontinuation ID'd in chronic myeloid leukemia

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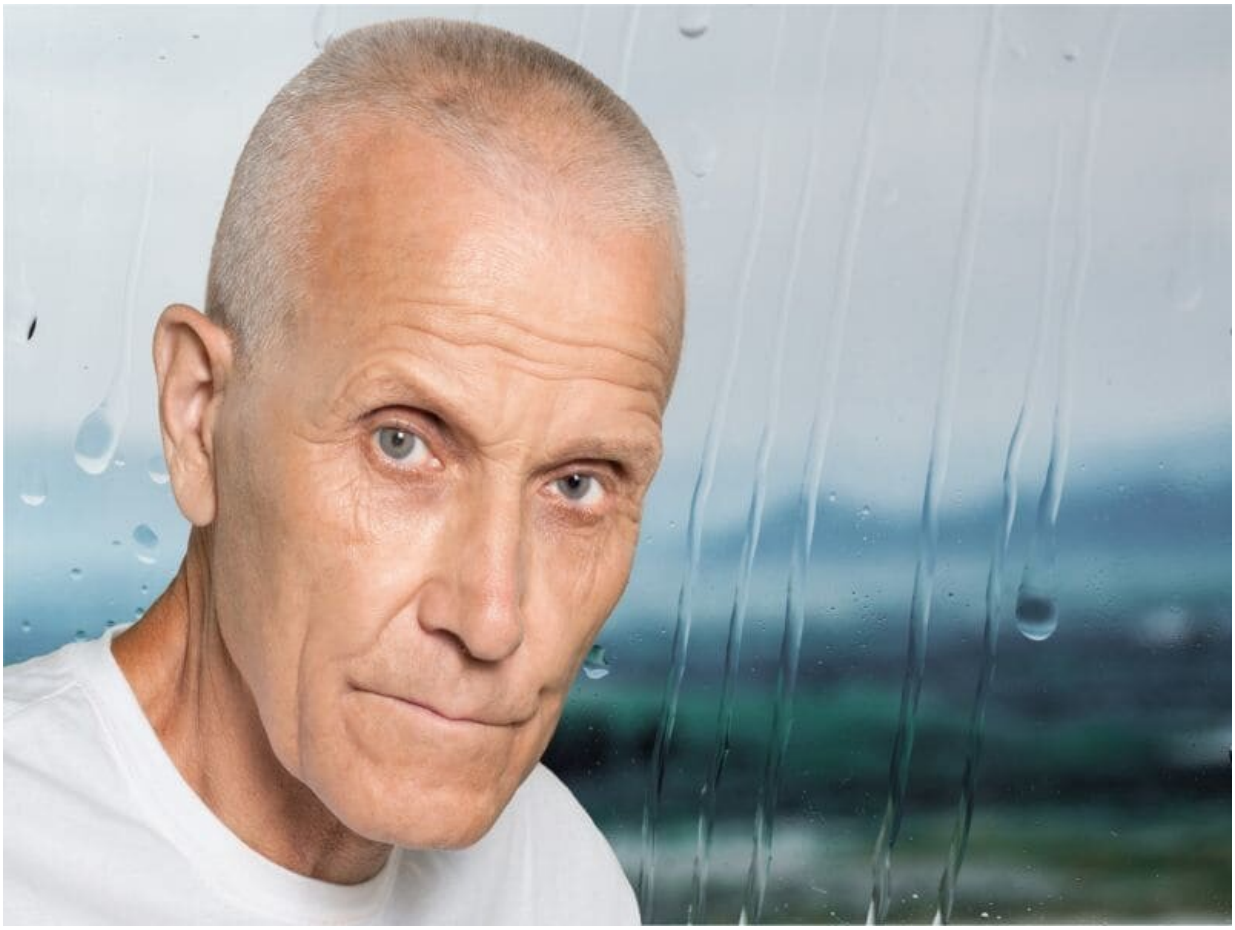

(HealthDay)—For patients with chronic myeloid leukemia (CML),

tyrosine kinase inhibitor (TKI) therapy can be safely discontinued and yields high rates of treatment-free remission (TFR), according to a study published online March 16 in *Hematology*.

Masaki Iino, M.D., Ph.D., from the Yamanashi Prefectural Central Hospital in Kofu, Japan, and colleagues used medical records from 85 consecutive CML patients who received TKIs to examine reasons for discontinuation, duration of treatment and discontinuation, duration of TFR, and overall survival after discontinuation.

The researchers found that TKI therapy was discontinued in 21 patients, with a median of 68.3 months of treatment before discontinuation. At discontinuation, the response statuses were molecular response (MR)$^4$, MR$^{4.5}$, and ≥MR$^5$ in two, four, and 15 patients, respectively. Reasons for discontinuation included pleural effusion (five patients); requests for prolonged deep MR (four patients); ischemic heart disease, anemia, and economic problems (three each); renal dysfunction (two patients); and hyperkalemia, diarrhea, dementia, asthma, and desire to get pregnant (one each). At a median follow-up of 32.1 months, all patients were alive. TFR was maintained in 14 patients, and 66.7 percent had two-year TFR. Longer duration of TKI administration before discontinuation (≥70 months) favored longer TFR durations.

"These data indicate that the achievement of TFR has a greater impact on patients' quality of life in terms of complications, drug adverse events, and economic burden than the disease itself, and should become an important consideration in clinical practice," the authors write.

**More information:** Abstract/Full Text