Nelarabine plus chemo viable in children with T-cell ALL

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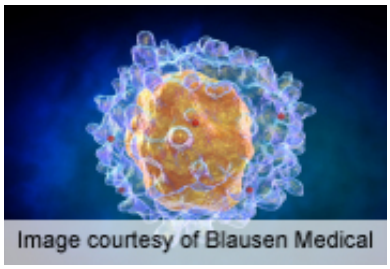
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Treatment of children with newly-diagnosed T-cell acute lymphoblastic leukemia with nelarabine, in addition to an intensive Berlin-Frankfurt-Münster 86-based chemotherapy regimen, is feasible and safe, according to a study published online June 25 in the *Journal of Clinical Oncology*.

(HealthDay) -- Treatment of children with newly-diagnosed T-cell acute lymphoblastic leukemia (T-ALL) with nelarabine, in addition to an intensive Berlin-Frankfurt-Münster (BFM) 86-based chemotherapy regimen, is feasible and safe, according to a study published online June 25 in the *Journal of Clinical Oncology*.

Kimberly P. Dunsmore, M.D., of the University of Virginia Health System in Charlottesville, and colleagues conducted a study involving children with newly-diagnosed T-ALL to assess the feasibility and safety of adding nelarabine to a chemotherapy regimen. In stage one, 12 participants with a slow early response (SER) received chemotherapy plus nelarabine and 16 patients with a rapid early response (RER) received chemotherapy without nelarabine. In stage two, 10 patients with SER received six five-day courses of nelarabine, while 12 SER and 38 RER patients received nelarabine once daily.

The researchers found that nelarabine-treated patients exhibited fewer neutropenic infections compared with non-nelarabine-treated patients (42 versus 81 percent). Five-year event-free survival (EFS) for patients with SER was 73 percent for 11 stage-one patients treated with nelarabine and 67 percent for 22 patients treated with nelarabine. For RER patients, the five-year EFS was 69 percent for 16 stage-one patients treated without nelarabine and 74 percent for 38 patients treated with nelarabine. For all 70 patients receiving nelarabine, the five-year EFS was 73 percent, compared with 69 percent for the 16 patients treated without nelarabine.

"Addition of nelarabine to a BFM 86-based chemotherapy regimen was well tolerated and produced encouraging results in pediatric patients with T-ALL, particularly those with a SER, who have historically fared poorly," the authors write.

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Abstract

Full Text (subscription or payment may be required)