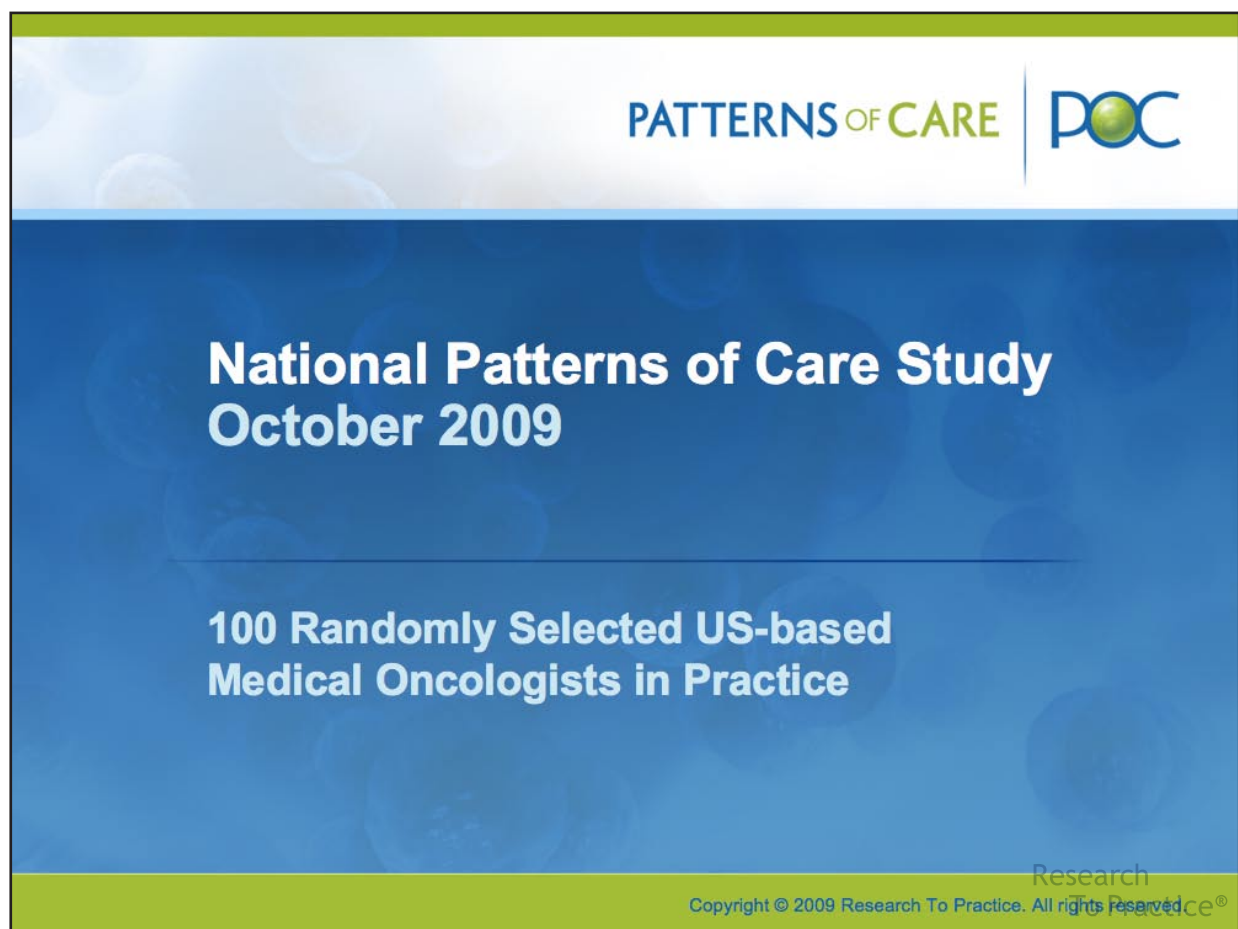


Patterns of Care Survey for Myelodysplastic Syndromes (MDS)

Presentation discussed in this issue:

Research To Practice Patterns of Care Study, October 2009.

Slides from a national Patterns of Care study on MDS



In the past year, how many patients have you seen with the following hematologic cancers?



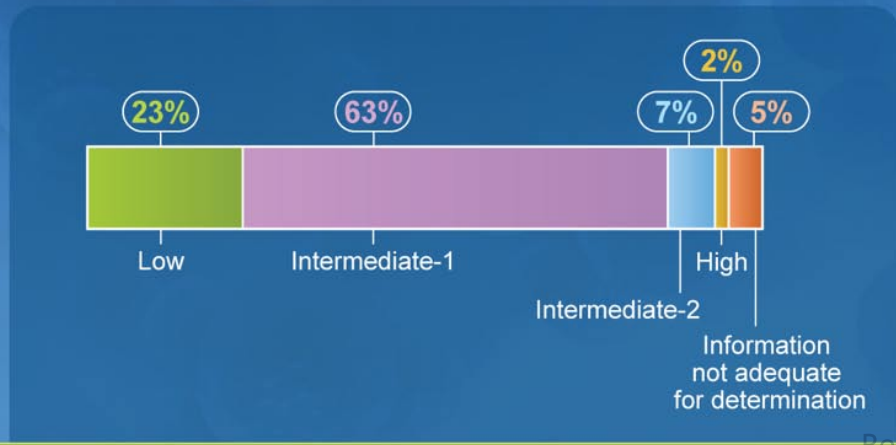
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CASE 1

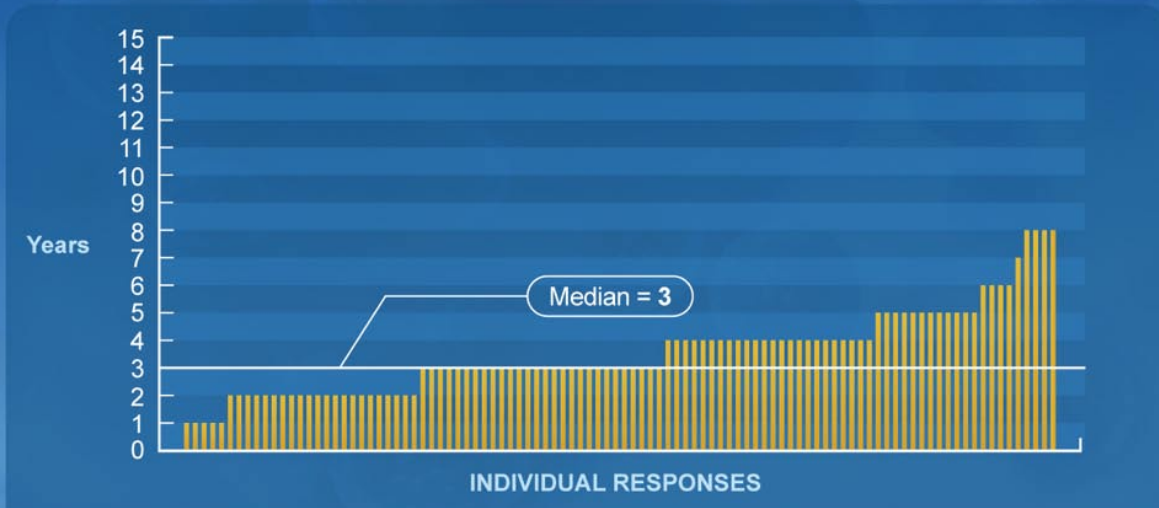
- A 78-year-old man
- WBC $2.5 \times 10^3/\text{mm}^3$, Hgb 8.8 g/dL, Hct 25.7%, platelets 87,000/ μL
- Bone marrow biopsy: MDS, no excess blasts
- Normal cytogenetics and FISH

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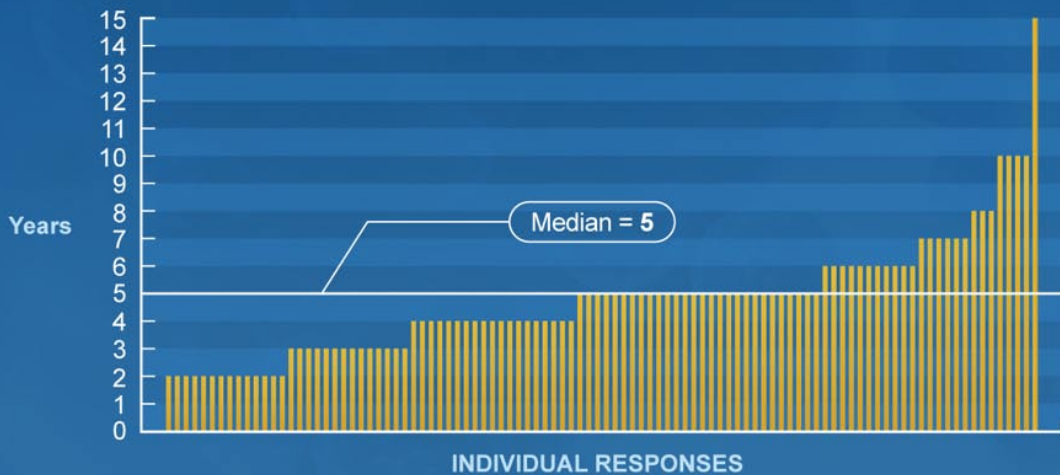
What is this patient's IPSS classification?



What is this man's estimated survival with no active treatment? (supportive care only)



What is this man's estimated survival with conventional systemic therapy?



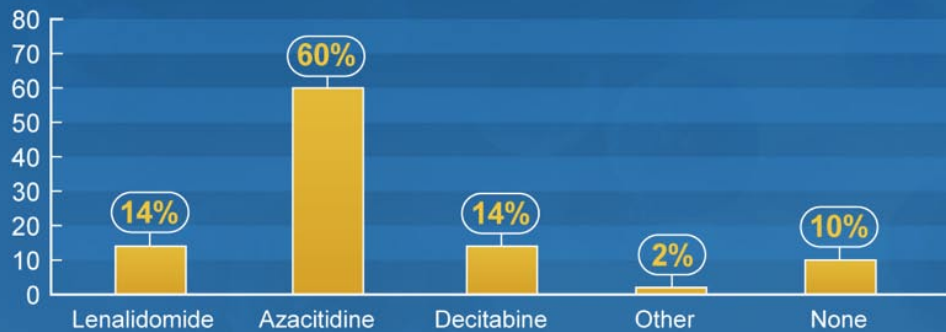
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CASE 1 continued

- Patient chose observation
- Platelet count ↓ 50,000/ μ L
- Became RBC transfusion dependent
- Received darbepoetin, no response, platelet count ↓ 30,000/ μ L

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Which treatment would you recommend at this time?



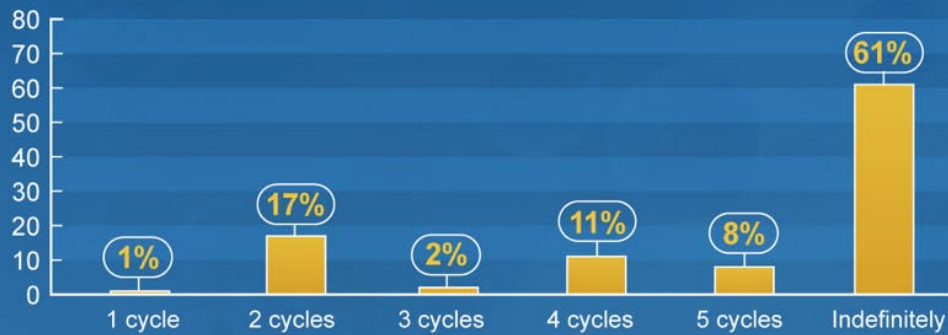
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CASE 1 (continued)

- Administered azacitidine 75 mg/m²/d SQ x 5 days q4wk
- Transfusion independent after 4 cycles
- Hgb 9.5 g/dL, platelet count 50,000/μL

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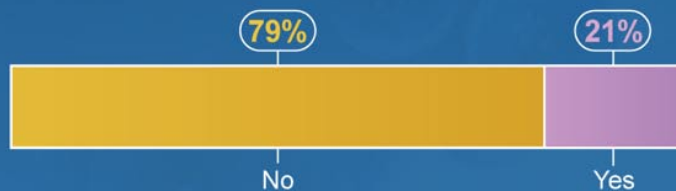
How much longer would you recommend that the azacitidine be continued?



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- Administered azacitidine 75 mg/m²/d SQ x 5 days q4wk
- Transfusion independent after 4 cycles
- Hgb 9.5 g/dL, platelet count 50,000/μL

At this time, would you increase the dosing interval?

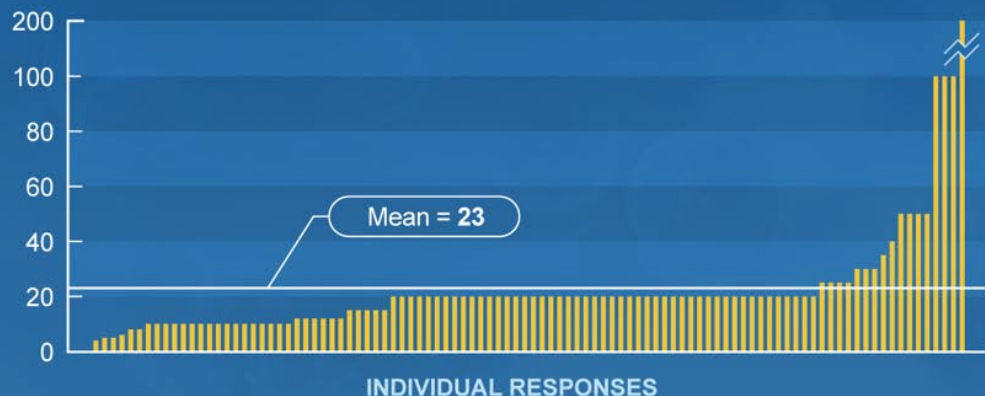


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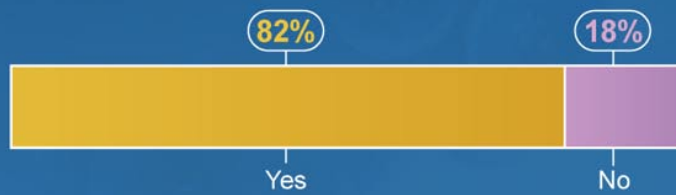
CASE 2

- A 93-year-old man treated for MDS
- Received 28 units of packed RBC
- Hgb 8.0 g/dL, WBC normal, platelet count 109,000/ μ L
- Bone marrow biopsy: Hypercellularity, increased iron
- Chromosomes: del(5)(q15q33)

After how many units of packed RBCs do you become concerned about iron overload?
 _____ units

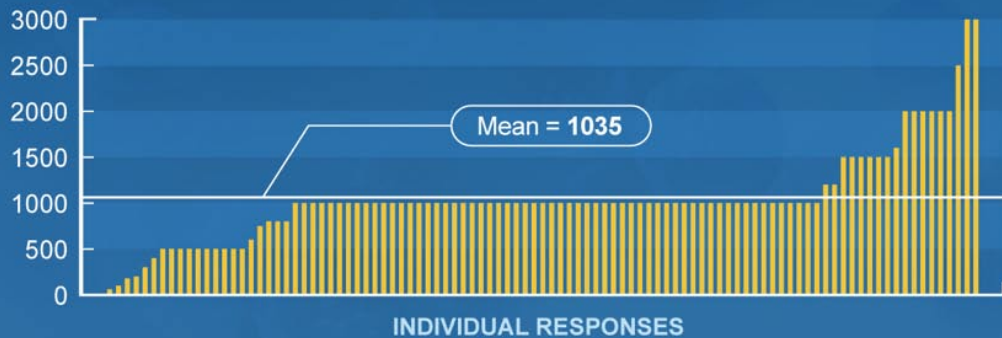


Do you routinely check erythropoietin levels in patients diagnosed with MDS?



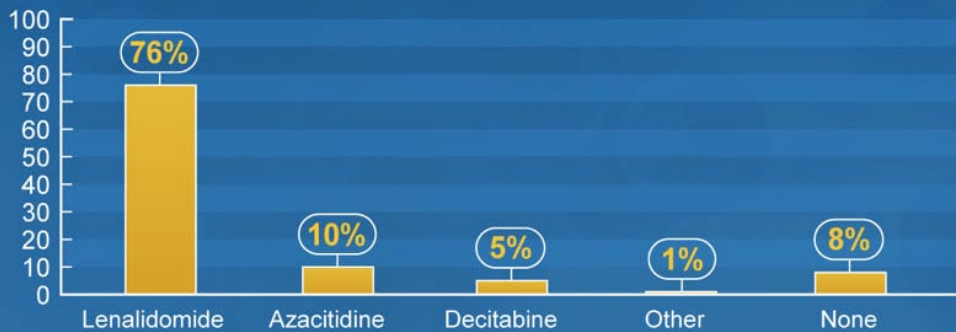
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At what ferritin level do you routinely start iron chelation therapy? _____ $\mu\text{g/dL}$



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Which treatment would you recommend for this patient at this time?



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- Patient receiving lenalidomide 10 mg daily
- After 2 wks platelets ↓13,000/ μ L, ANC less than 200/ mm^3

Which treatment strategy would you likely recommend?

Continue lenalidomide at a reduced dose of 5 mg daily	10%
Hold lenalidomide until platelets > 50,000/ μ L and ANC > 1,000/ mm^3 , then resume lenalidomide at 10 mg daily	10%
Hold lenalidomide until platelets > 50,000/ μ L and ANC > 1,000/ mm^3 , then resume lenalidomide at 5 mg daily	74%
Discontinue lenalidomide	6%

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Which treatment would you recommend if this 93-year-old patient experienced intolerance or progressive disease on or after lenalidomide?

