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LETTER TO THE EDITORS

IDARUBICIN ALONE OR IN COMBINATION WITH CITARABINE AND ETOPOSIDE (3+3+5 PROTOCOL) IN ACUTE NON-LYMPHOBLASTIC LEUKAEMIA

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DESPITE encouraging results in the treatment of newly diagnosed patients with acute leukaemia, the outlook for refractory or relapsed patients is still poor. Among the new antileukaemic agents studied over the last few years, Idarubicin (IDR) (4-demethoxydaunorubicin) is a new anthracycline-analog that has shown to be more effective than daunorubicin–doxorubicin [3, 5] in experimental leukaemias. The mechanism of action of these drugs is similar, though IDR is less cardiotoxic [5, 4].

In a first pilot study, 25 patients with refractory or relapsed acute leukaemias were treated with IDR alone [1]. Daily dose was 8 mg/mq for 3 days intravenously. Complete remission (CR) was achieved in three out of 18 patients with acute non-lymphoblastic leukaemia (ANLL) and two out of six with acute lymphoblastic leukaemia (ALL); CR were observed in two out of eight ANLL patients refractory to Cytarabine plus Daunorubicin (7+3 protocol) and m-Amsa plus Etoposide [2], suggesting a lack of cross-resistance between these drugs and IDR. Gut-marrow toxicity was acceptable.

Subsequently 10 newly diagnosed adult patients with ANLL (M1:2, M2:1, M4:3, M5:4) entered a new protocol consisting of IDR (8mg/mq for 3 days intravenously); Etoposide (150 mg/mq in 250 cm^3 dextrose in 2 h infusion for 3 days); ARA-C (200 mg/mq in continuous infusion for 5 days) (3+3+5 protocol).

Bone marrow examinations were made on day 14 and once weekly. Five patients were males and five females with a median age of 40 yr (range 22–49). If there was no reduction of the leukemic infiltrate 2–3 weeks after the first course, a second course of treatment was given with no dose escalation. Support with red cell and platelet transfusions and antibiotics was given when indicated.

All patients achieved CR (100%) and six out of 10 *obtained CR after the first course of treatment.* All patients experienced intense myelosuppression. Mild gut toxicity was observed, but no case was cardiac toxicity.

These preliminary results obtained appear to be promising for ANLL patients.

ANGELO M. CARELLA, GINO SANTINI, DOMENICO GIORDANO, FRANCESCO FRASSONI, MARINA MARTINENGO, ANGELA CONGIU, SANDRO NATI, MARCO RISSO, RAFFAELLA CERRI and ALBERTO MARMONT

Division of Haematology,
Ospedale S. Martino,
Genova,
Italy

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