

HSCT no better than chemo in Philadelphia-negative acute lymphoblastic leukemia

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0.35; DFS, 31 versus 40 percent; $P = 0.98$). The three-year CIR was 61 and 28 percent for the chemotherapy-only and HSCT groups, respectively ($P = 0.011$), while three-year NRM was 9 and 32 percent, respectively ($P = 0.014$).

"Allogeneic transplantation for patients ≥ 40 years with Ph-negative ALL in first [remission](#) is associated with a lower CIR but this benefit is offset by considerable NRM as compared with [chemotherapy](#)-only approach," the authors write. "HSCT may be beneficial in [patients](#) with high-risk disease features."

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(HealthDay)—For patients ≥ 40 years of age with Philadelphia (Ph)-negative acute lymphoblastic leukemia (ALL), hematopoietic stem-cell transplantation (HSCT) in first remission is associated with lower cumulative incidence of relapse (CIR), but worse non-relapse mortality (NRM), compared with chemotherapy alone, according to a study published online May 6 in the *American Journal of Hematology*.

Ofir Wolach, M.D., from the Dana-Farber Cancer Institute in Boston, and colleagues examined whether HSCT in first remission confers a survival benefit versus chemotherapy alone in patients ≥ 40 years of age with Ph-negative ALL. The outcome of patients treated with HSCT or chemotherapy alone in first remission (40 patients in each cohort) was compared.

The researchers observed no significant difference in three-year overall survival (OS) and disease-free survival (DFS) between the chemotherapy alone and HSCT groups (OS, 46 versus 40 percent; $P =$

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