

RETROSPECTIVE EVALUATION OF CHOICE OF INDUCTION THERAPY ON REMISSION ATTAINMENT AND SURVIVAL IN ADULT ACUTE MYELOGENOUS LEUKEMIA (A2), Samit Patel, Michelle Ho, Deborah Hass, Anne Chen, R Majeti, Bruno Medeiros, Arash Alizadeh. Stanford Hospitals and Clinics, Stanford, CA (SaPatel@stanfordmed.org) IRB Approval is received.

For over 30 years, treatment of AML has generally consisted of the combination of an anthracycline (daunorubicin, idarubicin or mitoxantrone) with cytarabine. The first phase of therapy is termed 'induction' and attempts to produce complete remission, which remains the only response that leads to cure and, at minimum, to an extension in survival. Several studies have evaluated strategies to improve remission rates using alternative anthracyclines, higher doses of cytarabine and anthracyclines, and addition of other agents including novel targeted therapies to combinations of anthracyclines and cytarabine. Nonetheless, the optimal induction chemotherapy in achieving remission and improving survival is not as yet clear. By retrospective review, this study will assess differences between AML induction regimens (cytarabine/daunorubicin; cytarabine/idarubicin; mitoxantrone/etoposide/cytarabine; fludarabine/cytarabine/idarubicin/filgrastim; cytarabine/idarubicin/etoposide; gemtuzumab; clofarabine; tretinoin; and arsenic trioxide) in achieving first remission, with a comparison of overall survival and effect of myeloid growth factor support on length of hospitalization as additional outcome measures. Patients were treated

between 11/01/2001 through 04/25/2008 at Stanford Hospital and Clinics. A preliminary evaluation of patient cohorts revealed that the main regimen comparisons will likely involve assessing the effect of dose and dose intensity of cytarabine when added to idarubicin during induction, which has not been addressed in the literature for idarubicin. Further results will be discussed.