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ATTAINING REMISSION WITH MITOXANTRONE, ETOPOSIDE, CYTARABINE AS SECOND LINE INDUCTION FOR ACUTE MYELOID LEUKEMIA (A2), Michelle Ho, Yi-An Chen, Deborah Hass. Stanford Hospital and Clinics, Stanford, CA (MiHo@stanfordmed.org) IRB approval received.

Achieving complete remission is the cornerstone in the treatment of acute myeloid leukemia (AML). Currently, no consensus exists regarding the selection of second line induction chemotherapy regimen. The primary objective of this study evaluated the remission rate of mitoxantrone, etoposide, and cytarabine (MEC) as a second line induction chemotherapy regimen in relapsed or refractory AML. The secondary outcome assessed the overall mortality. This study involved retrospective chart review of electronic records and the development of a database for patients treated for AML at Stanford Hospital and Clinics. An AML diagnosis was defined as a bone marrow of greater than 20% blasts, consistent with the current World Health Organization (WHO) classification. Included patients must have failed to achieve complete remission or relapsed after standard induction chemotherapy consisting of idarubicin or daunorubicin with cytarabine. Data collected included demographic, diagnostic, and prognostic variables, along with induction chemotherapy regimen(s), corresponding bone marrow response, length of hospitalization, and overall survival data. Descriptive statistics will be utilized for data analysis. Complete results will be presented.

