Other highlights from ASH 2004

Therapy for myelofibrosis

Drs Mesa and Tefferi from the Mayo clinic presented an impressive series of data in relation to new drugs or combinations or drugs for myelofibrosis.

Previously a number of agents have been trialed including Anagrelide, Cladribine Suramine Pirfenidone, and STI 571 with little or no success. Thalidomide seems to be the best most recent agent although there are varying reports and it does not seem to change marrow appearances. Thalidomide combined with prednisolone may be better.

Three reports from ASH are summarised

1) Therapy with PET - (thalidomide + prednisolone + etanercept) in a Phase II study with 12 evaluable patients overall results show

- 4 improved anaemia, 1 no longer required blood transfusion
- 4/6 improved platelet counts
- 4/4 improved severe constitutional symptoms (pain, sweating etc)
- 50% had smaller spleens,
- no change in marrow appearances

2) Treatment with R115777 Tipifarnib a farnesyl transferase inhibitor
34 patients were treated but the drug caused significant toxicity - fatigue, myelosuppression (low counts). Overall there was no benefit only 14/34 completed 6 cycles

3) Treatment CC-5013 (or revulmid) a thalidomide-like drug but with more potency and fewer side effects
19 patients treated and tolerated the drug well, results for disease showed

- 3 became transfusion independent, 1 reverted to ET
- 27% had a smaller spleen
- 83% felt better

Possible newer therapies include cytoxan + thalidomide/prednisolone
velcade
revulmid + prednisolone

A trial of low intensity transplants (ECOG mini trial) is also underway and results are awaited.