



CANCER REAL WORLD

from needs to challenges

MILANO, 24 | 25 gennaio 2019

Auditorium Giorgio Gaber - Palazzo Pirelli

COSA SI ASPETTA IL CLINICO DAL MONDO REALE: EMATOLOGIA

Prof. MATTEO G DELLA PORTA

Myelodysplastic Syndromes MDS

- Heterogeneous disorders with significant unmet clinical needs
- Areas to be addressed by a RWE
 - Incidence/prevalence (RDG050)
 - Improvement of diagnosis
 - Uniform access to treatments
 - Outcome data (after specific treatments)
 - Transplantation
 - Access to clinical trials



Prevalence of mild anemia in the elderly: the Health and Anemia population-based study

Hemoglobin Age (years)*	n	Overall anemia		Mild anemia		Moderate anemia		Severe anemia	
		Women: less than 12.0 g/dL Men: less than 13.0 g/dL	Prevalence (%) 95% CI	Women: 10.0 - 11.9 g/dL Men: 10.0 - 12.9 g/dL	Prevalence (%) 95% CI	8.0 - 9.9 g/dL	Prevalence (%) 95% CI	Less than 8.0 g/dL	Prevalence (%) 95% CI
65-69	2,040	6.3	5.3-7.5	5.4	4.5-6.6	0.8	0.4-1.3	0.1	0.01-0.4
70-74	2,165	8.9	7.7-10.3	7.8	6.7-9.1	1.0	0.6-1.5	0.1	0.01-0.3
75-79	1,933	13.4	11.8-15.2	11.3	9.9-12.9	1.8	1.3-2.5	0.3	0.1-0.7
80-84	1,348	18.9	16.7-21.4	15.7	13.6-17.9	3.0	2.1-4.0	0.3	0.1-0.8
85-89	779	26.6	23.1-30.4	22.1	18.9-25.6	4.2	2.9-5.9	0.3	0.03-0.9
90+	479	41.8	36.2-48.0	31.5	26.7-37.0	9.0	6.5-12.1	1.3	0.5-2.7
≥ 65	8,744	14.2	13.4-15.0	11.8	11.1-12.6	2.2	1.9-2.5	0.3	0.2-0.4
≥ 65	11,608	13.2 ^b		11.1 ^b		1.9 ^b		0.2 ^b	

CI: confidence interval; *age at blood test. ^bestimates (see text)

Mild grade anemia:
Hb 10.0-11.9 g/dL in women
Hb 10.0-12.9 g/dL in men



haematologica
the hematology journal

Haematologica 2009;94:22-28

Main causes of mild anemia in the elderly:
the Health and Anemia population-based study

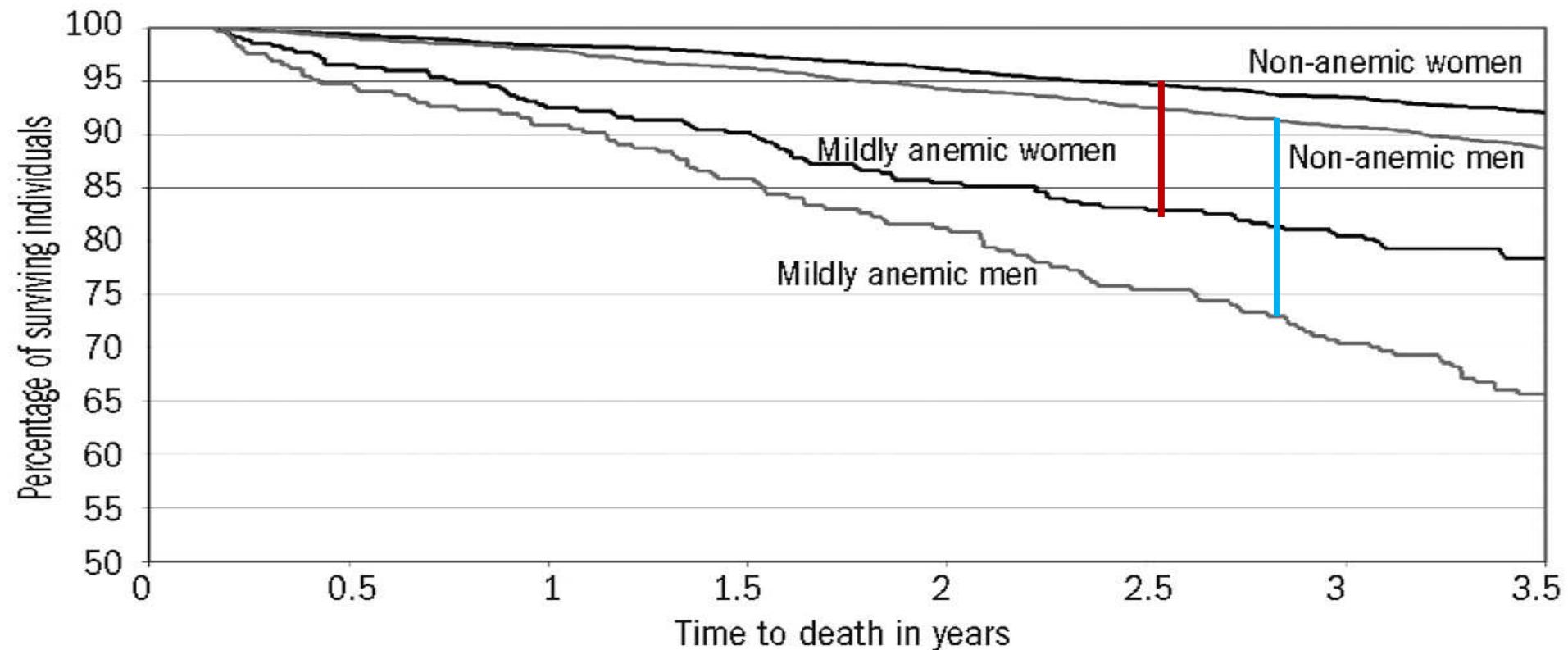
Vitamin B12/folate/iron deficiency	26%
Anemia of chronic disease	17%
Renal insufficiency	15%
Unexplained anemia (possible MDS 8%)	26%



haematologica
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Haematologica 2009;94:22-28

Association of mild anemia with hospitalization and mortality in the elderly: *the Health and Anemia population-based study*



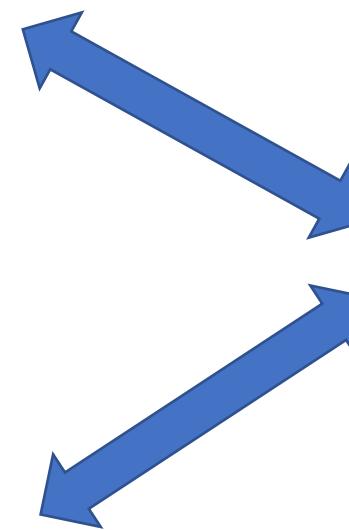
Reti MDS In Italia



FONDAZIONE
ITALIANA
SINDROMI
MIELODISPLASTICHE



REL
RETE
EMATOLOGICA
LOMBARDA



Harvard University

Funded by FRRB, Regione Lombardia

Età mediana alla diagnosi 75 anni

il 30% dei pazienti ha >85 anni, il 6% meno di 50 anni

CLASSIFICAZIONE WHO

- MDS con displasia unilineare	19%
- MDS con sideroblasti ad anello	10%
- MDS con displasia multilineare	34%
- MDS con delezione 5q	6%
- MDS con eccesso di blasti	29%
- MDS non classificabile	2%

STATO DI MALATTIA

INIZIALE (IPSS basso / int 1)	83%
AVANZATO (IPSS int 2 / alto)	17%

PRESENTAZIONE CLINICA

Comorbidità 80%

Anemia 95%

Anemia severa 51%

Neutropenia 58%

Piastrinopenia 39%

CAUSE DI MORTE

Cardiovascolari 47%

Infezioni 14%

Emorragie 6%

Evoluzione acuta della malattia 27%



TERAPIE

Trattamenti per l'anemia (pazienti a basso rischio):

- trasfusioni 38%
- eritropoietina 36%
- lenalidomide 3%

Trattamenti per ridurre il rischio di evoluzione acuta (pazienti ad alto rischio)

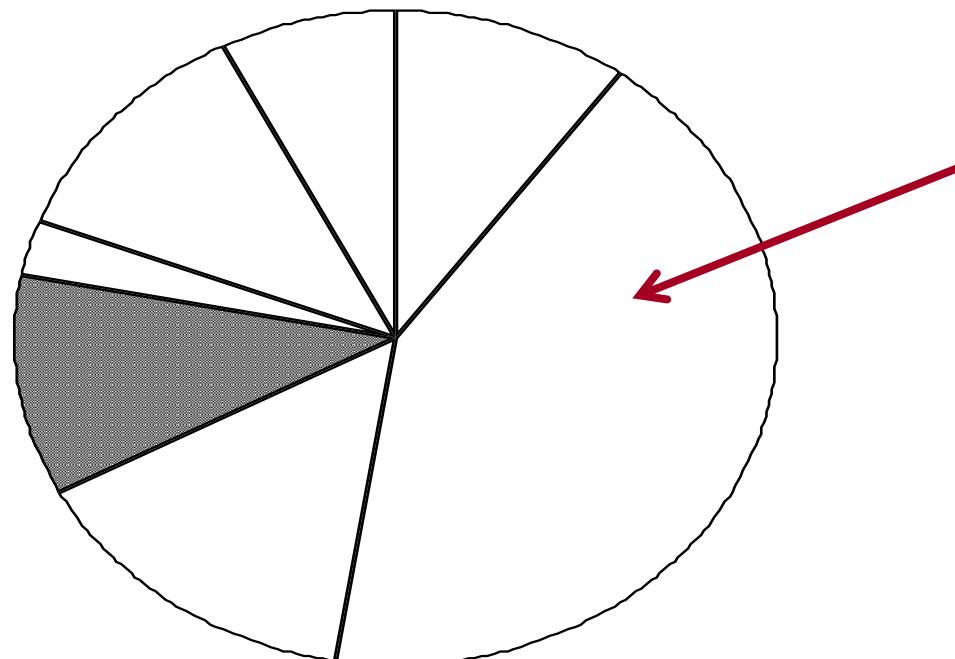
- farmaci ipometilanti 15%
- chemioterapia 5%
- trapianto di cellule staminali 4%

Pazienti in studi clinici sperimentali 3%



MDS prospective registry by Rete Ematologica Lombarda (REL) clinical network

Implementation of the evidence- and consensus-based guidelines for the therapy of MDS from the European LeukemiaNET



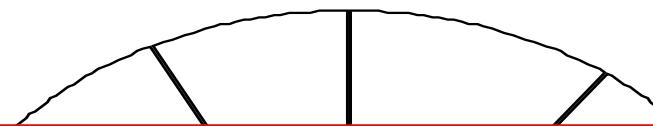
RBC transfusions

Leukemia. 2015;29(1):66-75



MDS prospective registry by Rete Ematologica Lombarda (REL) clinical network

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Clinical outcome after specific treatments in a real life context is unknown

