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Benefits and pitfalls of pegylated interferon-α2a therapy in patients with myeloproliferative neoplasm-associated myelofibrosis: a French Intergroup of Myeloproliferative neoplasms (FIM) study

Submitted by Beatrice Guillaumat on Wed, 08/28/2019 - 12:24

Titre	Benefits and pitfalls of pegylated interferon-α2a therapy in patients with myeloproliferative neoplasm-associated myelofibrosis: a French Intergroup of Myeloproliferative neoplasms (FIM) study
Type de publication	Article de revue
Auteur	Ianotto, Jean-Christophe [1], Chauveau, Aurélie [2], Boyer-Perrard, Françoise [3], Gyan, Emmanuel [4], Laribi, Kamel [5], Cony-Makhoul, Pascale [6], Demory, Jean-Loup [7], de Renzis, Benoit [8], Dosquet, Christine [9], Rey, Jerome [10], Roy, Lydia [11], Dupriez, Brigitte [12], Knoops, Laurent [13], Legros, Laurence [14], Malou, Mohamed [15], Hutin, Pascal [16], Ranta, Dana [17], Benbrahim, Omar [18], Ugo, Valérie [19], Lippert, Eric [20], Kiladjian, Jean-Jacques [21]
Editeur	Fondazione Ferrata Storti
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Mars 2018
Pagination	438-446
Volume	103
Titre de la revue	Haematologica
ISSN	1592-8721
Mots-clés	Adult [22], Aged [23], Aged, 80 and over [24], DNA Mutational Analysis [25], Female [26], Follow-Up Studies [27], Humans [28], Interferon-alpha [29], Male [30], Middle Aged [31], Myeloproliferative Disorders [32], Polyethylene Glycols [33], Primary Myelofibrosis [34], Prognosis [35], Recombinant Proteins [36], Risk Assessment [37], Survival Analysis [38]

Résumé en anglais	We have previously described the safety and efficacy of pegylated interferon-α2a therapy in a cohort of 62 patients with myeloproliferative neoplasm-associated myelofibrosis followed in centers affiliated to the French Intergroup of Myeloproliferative neoplasms. In this study, we report their long-term outcomes and correlations with mutational patterns of driver and non-driver mutations analyzed by targeted next generation sequencing. The median age at diagnosis was 66 years old, the median follow-up since starting pegylated interferon was 58 months. At the time of analysis, 30 (48.4%) patients were alive including 16 still being treated with pegylated interferon. The median survival of patients with intermediate and high-risk prognostic Lille and dynamic International Prognostic Scoring System scores treated with pegylated interferon was increased in comparison to that of historical cohorts. In addition, overall survival was significantly correlated with the duration of pegylated interferon therapy (70 30 months after 2 years of treatment, <10). allele burden was decreased by more than 50% in 58.8% of patients and two patients even achieved complete molecular response. Next-generation sequencing analyses performed in 49 patients showed that 28 (57.1%) of them carried non-driver mutations. The presence of at least one additional mutation was associated with a reduction of both overall and leukemia-free survival. These findings in a large series of patients with myelofibrosis suggest that pegylated interferon therapy may provide a survival benefit for patients with intermediate- or high-risk Lille and dynamic International Prognostic Scoring System scores. It also reduced the allele burden in most patients. These results further support the use of pegylated interferon in selected patients with myelofibrosis.
URL de la notice	http://okina.univ-angers.fr/publications/ua20109 [39]
DOI	10.3324/haematol.2017.181297 [40]
Lien vers le document	http://www.haematologica.org/content/103/3/438 [41]
Autre titre	Haematologica
Identifiant (ID) PubMed	29217781 [42]

Liens

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