LONG-TERM THERAPEUTIC OUTCOMES

Immunohematopoietic stem cell transplantation in Cape Town: a ten-year outcome analysis in adults

Wood and colleagues reviewed the outcomes over 10 years of 247 adults who underwent hematopoietic stem cell transplantation at their institution in South Africa. There were no withdrawals and 63% survived to the end of the study period. Median survival was 3.3 years for acute lymphoblastic anemia, 3.1 years for acute myeloid leukemia, 2.8 years for chronic granulocytic leukemia, 2.8 years for lymphoma, 1.5 years for myeloma, 1.6 years for aplasia, and 1.4 years for a miscellaneous group comprising less than 10 examples each. Multivariate analysis showed that only diagnosis and age had a significant impact on survival, but these two variables might be interrelated. The results confirm that procedures carried out in a properly constituted and dedicated unit, which meets established criteria and strictly observes treatment protocols, generate results comparable to those in a First World referral center.

Long-term outcome of adult acute lymphoblastic leukemia in Lebanon: a single institution experience from the American University of Beirut

Charafeddine and colleagues report on predictive and prognostic factors in adult patients with ALL treated at a tertiary care center in a developing country. Of 105 patients with acute leukemia, 36 (34%) had ALL. Induction chemotherapy was administered to 34 patients. The median overall survival time was 22 months and the 5-year disease-free survival was 38%. Age <40 years, WBC <30×10^9/L, achievement of complete remission after first induction and CNS prophylaxis were predictive for overall and disease-free survival. Despite the relatively low socioeconomic status of the Lebanese population, survival rates were similar to international data.

MULTIMODALITY THERAPY

Multimodality treatments in locally advanced stage thymomas

Hassan and Seoud studied nine patients with newly diagnosed, histologically proven, unresectable malignant stage III and IVA thymoma who underwent a multimodality treatment regimen that consisted of neoadjuvant chemotherapy, followed by surgical resection, postoperative radiation therapy, and consolidation chemotherapy. The overall response to neoadjuvant chemotherapy was 77%. Tumors were removed completely in 5 patients and incompletely in 3 patients; 1 patient refused surgery. Seven patients were alive at 4 years and 6 patients were disease free at 4 years. The authors concluded that multimodality treatment contributed to a good long-term outcome.

CANCER EPIDEMIOLOGY

Thyroid carcinoma in Pakistan: a retrospective review of 998 cases from an academic referral center

Bukhari and colleagues reviewed thyroid lesions reported over a 5-year period at a referral center in Karachi. Of 153 malignant cases, papillary carcinoma was commonest, with a frequency of 90.2%. Females predominated (82.4%) for a female-to-male ratio of 4.7:1. Papillary, medullary, and follicular carcinomas occurred most often in the third and fourth decade of life.

HEMATOLOGIC DISORDERS

Nosophomial sepsis-induced late onset thrombocytopenia in a neonatal tertiary care unit: a prospective study

Charoo and colleagues investigated the incidence of thrombocytopenia in LOS patients and studied the influence of various parameters on platelet response. In 200 patients with culture-proven nosocomial sepsis, 119 (59.5%) developed thrombocytopenia. *Klebsiella pneumoniae* was the most common pathogen and the incidence of thrombocytopenia was 60% in those patients. The incidence of thrombocytopenia was 90.3% among the 31 patients that had concurrent bacterial and fungal sepsis. Thrombocytopenia was highest among preterm and low-birthweight babies. Severity of thrombocytopenia was related to the presence of necrotizing enterocolitis and disseminated intravascular coagulation. The mortality rate was significantly related to the degree of thrombocytopenia.

Predictors of severe hemolysis in patients with glucose-6-phosphate dehydrogenase deficiency following exposure to oxidant stresses

Al-Sweedan and colleagues reviewed the records of 428 children with G6PD deficiency, 79 (18%) of which were severe and 349 (82%) were mild. The only factors that were statistically significant for severe hemolysis were younger age, male gender, higher alkaline phosphatase, the presence of fever on admission, the presence of vomiting during the attack, and a negative family history for G6PD deficiency. These factors might serve as predictors of severe hemolysis in in children with low G6PD during episodes of hemolytic activity.