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Modulo per la sottomissione abstract di ricerca CLINICA


Titolo (massimo **15 parole**)

International Prognostic Score (IPS-A) for Early Stage Chronic Lymphocytic Leukemia

Autori (cognome e iniziali, es: Grassi L.)

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Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, **Metodi, Risultati, Conclusioni e Finanziamento**)

Background. Most patients with chronic lymphocytic leukemia (CLL) are diagnosed in early, Binet stage A disease. Although considered as a whole stage A patients have good prognosis, the individual outcome is heterogeneous. We aimed at designing an IPS-A for time-to-first-treatment (TTFT) prognostication in stage A CLL patients.

Methods. Individual patient data from 7 cohorts of stage A CLL initially managed with watch and wait, and accounting for a total of 2843 patients, were analyzed.

Findings. By multivariate analysis, five covariates were independently associated with TTFT: lymphocyte >15x10⁹/l, palpable lymph nodes, palpable spleen, unmutated IGHV genes, and trisomy 12. IPS-A was the sum of the weighted risk (1 point) of each one of these parameters, and separated three groups of patients (low-risk: score 0, median TTFT not reached; intermediate-risk: score 1, median TTFT 14.6 years; high-risk: score 2-5, median TTFT 3.5 years) with significantly different probability of disease progression and need of therapy. The ability of the IPS-A CLL in discriminating TTFT (c-index) was 0.77. The IPS-A was confirmed and the 3 risk groups were reproduced in all the 6 independent validation series (c-index range: 0.65-0.75). Compared to previously developed prognostic scores for CLL, the IPS-A has the highest discrimination capacity of TTFT.

Interpretation. IPS-A score allows to inform patients about the likelihood of disease progression and might be of help in patient management in clinical practice and in the design of clinical trials tailored to this group of patients.

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Visto superiore* (prego indicare **Nome e Cognome** del superiore) ***campo obbligatorio**

Davide Rossi

Criteria per sottomissione Abstract:
NO Case report
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Invio Abstract

