RESULTS (cont)

**Impact of LEN Dose Modification on TTP in MDS Patients**

- Median TTP was 20.6 months for patients with dose modifications versus 13.7 months for those without (Figure 2); the adjusted HR was 0.705 (95% CI: 0.604–0.831) (P < 0.008). Patients with dose modification had statistically significant improvements in time to AML (P = 0.018), TTNT (P = 0.005), and time to high-risk disease (P = 0.043) compared with patients without dose modification.

**Rate of Cytophenias Proximate to Dose Modification or Discontinuation**

For patients without dose modification, the rate of cytophenias within 14 days prior to discontinuation (50.7%) did not significantly differ from the rate of cytophenias within 14 days prior to first modification for patients with dose modification (52.6%, P = 0.920) (Figure 3).

**LIMITATIONS**

- This study is subject to limitations common to all studies that utilize retrospective claims data, such as potential coding errors and confounding and incomplete data.
- Disease severity or stage and mortality data were unavailable for most patients, and reasons as to why patients discontinued or switched therapy were therefore inconclusive.
- TTNT was determined based on a change in treatment or a defined gap in therapy. This could result in misclassification of patients who had longer periods of drug holiday or who were intermittent or, of nonresponsive, to initial therapy and switched treatments without having disease progression.
- The data came from a commercially insured and managed Medicare population and may not apply to patients in nonmanaged-care settings.
- This study assessed treatment patterns among patients receiving LEN as a first-line therapy who did not receive SCT and, therefore, may not be representative of all MDS patients.

**CONCLUSIONS**

- For patients medically managed with LEN in the USA, dose modification during treatment was associated with longer DOT improvement in TTP to AML or high-risk disease, and improved TTNT compared with patients without dose modifications.
- Dose modification was utilized in 46% of patients, and the median time to modification was similar to the DOT in those not receiving modification. Accordingly, dose modification may be worth considering for some patients who discontinue LEN.

**DISCLOSURES**

- This study was sponsored by Celgene Corporation, Summit, NJ, USA. The authors received no financial assistance and the content of this material is solely the responsibility of the author(s) who are responsible for all content and editorial decisions.

**REFERENCES**