

Improving Therapies for Adult Patients with Acute Lymphoblastic Leukemia

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A. Specific Aim of This Project:

To improve cure rates for adult patients with acute lymphoblastic leukemia (ALL):

B. Background and Rationale:

In the last 20-30 years a multitude of treatment programs for adults with ALL have been developed. These regimens are all very similar in that they all share a common treatment structure (induction, consolidation, maintenance, and CNS prophylaxis) and use essentially the same drugs in each phase of treatment (for example induction therapy in almost all regimens is comprised of vincristine, prednisone and an anthracycline). Though these regimens can induce the majority of patients to enter a remission, relapse is frequent and unfortunately most adult patients ultimately die of their disease. Despite many variations on this treatment strategy an analysis of treatment regimens indicated that essentially all regimens had the same overall results. We postulated that further "refinements" in this approach were unlikely to improve treatment results.

Instead, over the last decade we have been evaluating a very different approach to treating adult patients with ALL. We have evaluated a regimen that in some ways more closely resembles treatments given to adults for the more common acute myeloblastic leukemia (AML). [Note: The success of this regimen in both ALL and AML has also made it an ideal choice for treating patients with leukemia that cannot be completely categorized as ALL or AML (this is the type of leukemia that Victoria had)].

Following a successful pilot study published in the Journal of Clinical Oncology (the premier medical oncology journal) in 1996, we embarked on a direct, head to head comparison of this regimen compared to standard treatments for adult patients with ALL. Because this is a rare disease we enlisted the aid of 7 other leading medical centers: Emory University, Duke University, the Cleveland Clinic, Westchester Medical Center, UCLA, and Stanford University. This trial is now nearing completion (anticipated by the end of 2004) and we are hopeful that it will demonstrate an important improvement not only by getting more patients into remission but more importantly by increasing the number of patients who are cured of their disease. Once analysis of the data is complete we plan to submit this for publication in the New England Journal of Medicine (the premier medical journal in the U.S.).

C. SUPPORT

The Victoria's Smile Foundation has been instrumental in providing funding to help support the conduct of this trial. The funds supplied by the Foundation help pay the salaries of some of the individuals involved in the conduct and monitoring of this trial. Such individuals include the data research assistants, research nurses, and a research fellow. Additionally some of the funds have been used to pay the outside centers to help defray the cost of data collection on the patients they treated on this study.