MDS 2015

The 13th International Symposium on Myelodysplastic Syndromes (MDS 2015), held in Washington from the 29th of April to the 2nd of May, was a success thanks to both its stimulating scientific program as well as the presence of renowned professionals from the field of hematology.

As a novelty, this year's scientific program was divided into two main topics. The first, MDS Clinical State-of-the-Art, was focused on different clinical aspects involving MDS diagnosis, prognosis and treatment. The second track, Next Gen MDS, was focused on the newest translational science. One of the hottest topics of this second track was the application of the novel Next-Generation Sequencing technique in the management of MDS patients. However, scientific talks of these two main tracks took place simultaneously, and this change was not really well received among the attendees of the conference. In contrast to hematology international meetings such as the ASH Annual Meeting or the Congress of EHA, the International Symposium on MDS is a monographic scientific meeting, so people usually prefer to attend to all the conferences and not have two choose between two meetings.

This meeting has attracted approximately 1000 attendees, including clinicians, researchers and educators from around the world. USA, Italy, UK and Spain are some of the countries with the highest number of attendees to the meeting.

MDS Diagnosis booth opened Wednesday 29th in the evening, in time for the welcome reception, and remained opened both Thursday and Friday all day long. We registered for the website 120 attendees, which is a 12% rate out of the approximately 1000 attendees to the meeting. We received really good impressions from almost everyone that approached to the booth.

A lot of people came because they were just curious about the website and thought it was a good initiative. Other people approached because we offered free pens (which was really useful because no other booth offered them), but then we talked to them about the website and thought it was a good idea and were glad to register. Around 5-10% of the people that approached to the booth did not want to register for the website, which is a minority.

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Visitors to the booth included people from many countries, but we had a high number of registers from Spain and Italy. I got some really good impressions specially from clinicians coming from countries which are not leading in research, such as South Africa, New Zeeland, Portugal, Czech Republic and different countries across South America (Argentina, Uruguay, Brazil, Peru...). They said that it was great that a group of experts had put together all this knowledge and shared it with everyone with the only purpose to help. On the other hand, clinicians with a lot of expertise in the area of MDS, which probably do not directly benefit from the courses themselves, felt that the website was a good tool for the interns, residents and the students which are still learning.

I also think that is was helpful the fact that it was easy to register the attendees (we only had to scan their badge), because some people were in a rush or did not want to stay long and it helped that it was fast. However, since a lot of people do not register for the meeting themselves (many of them are registered in a group of people), the e-mail that we got when we scanned the badge was not correct and they had to write the correct e-mail themselves, but this did not seem to be a problem.

Laura Palomo - Fundacio Institut de Recerca contra la Leucèmia Josep Carreras
Professor Dr. med. John Bennett - University of Rochester Medical Cente

People did not have really specific questions and did not ask to see the website, but they did want to know what the website offered, what kind of courses were available: if they were addressed for clinicians or also for researchers, if they were related only with diagnosis or only prognosis of MDS patients, if there were tests that they could take on the website, etc. Two or three people wanted to know if the was a forum in the website where they could ask questions to the clinicians, and thought it would be a good idea to add this to the website.

Overall, we received good impressions from most of the people that approached to the booth and the feedback of the visitors was really positive.

reported by Laura Palomo

Meeting
MDS – DACH Gruppe

Wo? Düsseldorf
Wann? 23.09.2015

News in MDS

Validation of WHO classification-based Prognostic Scoring System (WPSS) for myelodysplastic syndromes and comparison with the revised International Prognostic Scoring System (IPSS-R). A study of the International Working Group for Prognosis in Myelodysplasia (IWG-PM)

M G Della Porta, H Tuechler, L Malcovati, J Schanz, G Sanz, G Garcia-Manero, F Solé, J M Bennett, D Bowen, P Fenaux, F Dreyfus, H Kantarjian, A Kuendgen, A Levis, J Cermak, C Fonatsch, M M Le Beau, M L Slovak, O Krieger, M Luebbert, J Maciejewski, S M M Magalhaes, Y Miyazaki, M Pfeilstöcker, M A Sekeres, W R Sperr, R Stauder, S Tauro, P Valent, T Vallespi, A A van de Loosdrecht, U Germing, D Haase, P L Greenberg and M Cazzola

Abstract

A risk-adapted treatment strategy is mandatory for myelodysplastic syndromes (MDS). We refined the World Health Organization (WHO)-classification-based Prognostic Scoring System (WPSS) by determining the impact of the newer clinical and cytogenetic features, and we compared its prognostic power to that of the revised International Prognostic Scoring System (IPSS-R). A population of 5326 untreated MDS was considered. We analyzed single WPSS parameters and confirmed that the WHO classification and severe anemia provide important prognostic information in MDS. A strong correlation was found between the WPSS including the new cytogenetic risk stratification and WPSS adopting original criteria. We then compared WPSS with the IPSS-R prognostic system. A highly significant correlation was found between the WPSS and IPSS-R risk classifications. Discrepancies did occur among lower-risk patients in whom the number of dysplastic hematopoietic lineages as assessed by morphology did not reflect the severity of peripheral blood cytopenias and/or increased marrow blast count. Moreover, severe anemia has higher prognostic weight in the WPSS versus IPSS-R model. Overall, both systems well represent the prognostic risk of MDS patients defined by WHO morphologic criteria. This study provides relevant in formation for the implementation of risk-adapted strategies in MDS.

News in MDS

Am J Clin Pathol. 2014 Dec;142(6):795-802. doi: 10.1309/AJCP71OPHKOTLSUG.

Mesenchymal stromal cell density is increased in higher grade myelodysplastic syndromes and independently predicts survival.

Johnson RC[1], Kurzer JH[1], Greenberg PL[2], Gratzinger D[3].

Abstract

OBJECTIVES:

We retrospectively tested the prognostic and diagnostic significance of CD271+ mesenchymal stromal cell (MSC) density in cytopenic patients who underwent bone marrow biopsy to evaluate for myelodysplastic syndromes (MDS).

METHODS:

CD271+ MSC density was quantitated by automated image analysis of tissue microarray cores in 125 cytopenic patients: 40 lower grade MDS (<5% marrow blasts), 24 higher grade MDS, and 61 benign.

RESULTS:

CD271+ MSC density was increased in higher grade MDS compared with benign (P = .006) and lower grade MDS (P = .02). CD271+ MSC density was predictive of survival among patients with MDS independent of Revised International Prognostic Scoring System (IPSS-R), history of transfusion, therapy-related MDS, and fibrosis (hazard ratio, 3.4; P < .001). Among low or intermediate IPSS-R patients, median survival was significantly shorter in the high CD271+ MSC density group (47 vs 18 months, P < .02).

CONCLUSIONS:

High CD271+ MSC density is characteristic of higher grade MDS and is associated with poor risk independent of known prognostic factors.

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News in MDS

Eur J Haematol. 2015 Jan 20. doi: 10.1111/ejh.12512.
Cellularity, characteristics of hematopoietic parameters and prognosis in myelodysplastic syndromes.
Schemenau J[1], Baldus S[2], Anlauf M[2], Reinecke P[2], Braunstein S[2], Blum S[3], Nachtkamp K[1], Neukirchen J[1], Strup C[1], Aul C[4], Haas R[1], Gattermann N[1], Germing U[1].

Abstract
BACKGROUND:
Myelodysplastic syndromes (MDS) present with a normo- or hyperplastic bone marrow in most cases. We aimed at a characterization of patients with different types of cellularity.
METHODS:
We assessed marrow cellularity both by histology and cytology in 1270 patients and analyzed hematologic, cytogenetic, and prognostic parameters accordingly.
RESULTS:
The concordance of the assessment of cellularity differed dramatically between histology and cytology as only 36.5% were described as hypocellular by both methods (P < 0.0005) (hypocellular 16.4%, normocellular 23.3%, hypercellular 60.3%). There were no major differences with regard to hematopoietic insufficiency. The presence of fibrosis was associated to hypercellular bone marrow. Median survival differed from 38 months in hypocellular, 42 months in normocellular, and 25 months in hypercellular MDS (P < 0.0005). AML progression rates were 33% for hypercellular MDS after 2 yr, whereas hypo- and normocellular had a progression rate of 19% after 2 yr (P = 0.018). IPSS and IPSS-R were able to identify different risk groups within all three cellularity groups.
CONCLUSION:
Based on our data, hypocellular patients obviously do not present as a separate entity, as there were no striking differences with regard to cytogenetics and WHO types. Assessment of cellularity should be performed by histopatholo

News in MDS

Am J Hematol. 2015 Mar 19. doi: 10.1002/ajh.24014.
WT1 vaccination in AML and MDS: A pilot trial with synthetic analog peptides.
Brayer J[1], Lancet JE, Powers J, List A, Balducci L, Komrokji R, Pinilla-Ibarz J.

Abstract
Peptide vaccines are capable of eliciting immune responses targeting tumor-associated antigens such as the Wilms' Tumor 1 (WT1) antigen, often overexpressed in myeloid malignancies. Here, we assessed the safety, tolerability, and immunogenicity of a polyvalent WT1 peptide vaccine. Individuals with WT1-positive acute myeloid leukemia (AML) in first (CR1) or second (CR2) remission or with higher-risk myelodysplastic syndrome (MDS) following at least 1 prior line of therapy were vaccinated with a mixture of peptides derived from the WT1 protein, with sargramostim injections before vaccination to amplify immunogenicity. Six vaccinations were delivered biweekly, continuing then monthly until patients received 12 vaccinations or showed disease relapse or progression. Therapeutic efficacy was evaluated by progression-free and overall survival. Immune responses were evaluated by delayed-type hypersensitivity testing and T-cell IFNγ ELISPOT at specified intervals. In 16 patients who received at least one vaccination, 10 completed the planned course of six vaccinations and six continued for up to six additional monthly vaccinations. Vaccinations were well tolerated, with no patients discontinuing due to toxicity. One of two patients with high-risk MDS experienced a prolonged decrease in transfusion dependence. Two of 14 AML patients demonstrated relapse-free survival >1 year. Both patients were in CR2 at time of vaccination, with duration of their remission exceeding duration of their first remission, suggesting a potential benefit. Our WT1 vaccine was well-tolerated. The clinical benefit that we observed in several patients suggests engagement of a protective immune response, indicating a need for further trials.

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