Arsenic Trioxide Consolidation Therapy Improves Survival in Newly Diagnosed APL

July 01, 2007

Arsenic trioxide (As2O3) should become a standard addition to front-line consolidation therapy in patients with acute promyelocytic leukemia (APL)

ASCOCoronary artery bypass grafting (CABG) in the setting of acute myocardial infarction (AMI) improves survival in high-risk patients, Roya D. Anderson, MD, PhD, said at the plenary session of the American Society of Clinical Oncology Annual Meeting (abstract 2). CABG in the setting of AMI improved survival compared with medical therapy alone. Therefore, CABG in the setting of AMI should be considered in high-risk patients, he added.

The multicenter, prospective registry included 2520 patients with AMI who underwent CABG or medical therapy. Patients were stratified into low-risk (≤1% risk of death at 28 days), intermediate-risk (2% to 7% risk), and high-risk (≥8% risk) groups. Patients in the high-risk group had a significantly increased risk of death compared with those in the other groups. The primary outcome was death at 28 days. The secondary outcome was death at 1 year. The study was powered for the comparison of death at 28 days.

Study Results

Compared with medical therapy alone, CABG improved survival at 28 days and 1 year in high-risk patients. High-risk patients who underwent CABG had a significantly lower risk of death than those who received medical therapy alone (P < .001). The benefit of CABG was greatest in the high-risk group, with a relative risk reduction of 37% at 28 days and 24% at 1 year. The benefit of CABG was also observed in the intermediate-risk group, with a relative risk reduction of 16% at 28 days and 12% at 1 year. The benefit of CABG was not observed in the low-risk group, with a relative risk reduction of 4% at 28 days and 3% at 1 year.

The study was limited by the use of registry data, which may not have captured all relevant clinical information. The study was also limited by the low number of events, which may have limited the statistical power of the study. However, the study provides important insights into the potential benefits of CABG in the setting of AMI, and it highlights the importance of considering CABG in high-risk patients. Dr. Anderson is a professor of medicine at Stanford University School of Medicine, Stanford, California.