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cytogenetic failures to IFN and 72% (62%) in IFN intolerant pts. A CCyR was achieved after more than 36 mos of treatment in 28 pts; 22 (79%) of these pts had achieved CCyR after dose increase to 600 or 800 mg.

Landmark analyses confirmed the effect of cytogenetic responses on long-term outcomes. The estimated survival rates free of AP/BC at 60 mos were 91%, 82%, 77%, 62% and 42% for pts who by 12 months achieved CCyR, PCyR, Minor CyR, Minimal CyR and no CyR, respectively ($p < 0.001$). This corresponds to a rate of 88% in pts with MCyR at 12 mos. The estimated overall survival rates at 60 mos were 93%, 92%, 88%, 71% and 64% for pts

who achieved CCyR, PCyR, Minor CyR, Minimal CyR and no CyR at this landmark, respectively ($p < 0.001$). This corresponds to an overall survival rate of 93% in patients who had achieved MCyR at 12 mos.

CONCLUSION: Imatinib substantially improves the duration of CP-CML in pts who previously failed IFN. The follow-up confirms the beneficial effect of cytogenetic responses on long-term outcomes with imatinib. These results will be updated for the meeting to include 72 mos data up to July 31, 2006.

Abstract #428 appears in Blood, Volume 108, issue 11, November 16, 2006

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April 24-27, 2007

Mandalay Bay Convention Center
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June 1-5, 2007
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