

CML in Phillipines

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Leukemia is the 8th most common cancer in the Philippines (Globocan 2017). These data encompasses all leukemias including chronic Myelogenous leukemia. Imatinib is the first line tyrosine kinase inhibitor still widely used in the Philippines. Imatinib and Nilotinib availability to patients are made possible by the support of Novartis Pharmaceutical and it's Foundation. Most CML patients are seen in the tertiary Hospitals in the cities, mostly in the National Capital Region. Most patients present without symptoms but with elevated white blood cell count and splenomegaly, anemia is mild to moderate, platelet count is normal or increased. Bone marrow aspiration and biopsy is routinely done and sent for cytogenetics, flow cytometry, fluorescent-in-situ hybridization (FISH) for BCR-ABL. Peripheral blood is also sent for FISH. Cytogenetic studies are done only in one Center while FISH is done in a few Tertiary Hospitals in Metropolitan Manila. Molecular monitoring using the NCCN guidelines and Leukemia Net is usually followed, the method is the real time quantitative reverse transcription polymerase chain reaction. This is ideally done every 3 months but because of the prohibitive amount, patients are able to do it every 6 months or once a year. In cases of resistance to the first line treatment, mutation analysis is unavailable in the Philippines. For the occasional patient who can afford to send specimens to other countries like Singapore, Hongkong or the United States for testing before shifting to a new regimen. For most patients with unknown mutation analysis the dose of Imatinib is just escalated or switched to Nilotinib. Dasatinib, Bosutinib, Ponatinib, Radotinib, Homoharringtonine are not approved by the Philippine FDA and not available. There some patients who take these new drugs procured from abroad. For those who have sustained molecular remission, there are a few who have stopped TKI's and remained in CR.