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## Accreditation

## Update on chronic myeloid leukemia

## Atualização em leucemia mieloide crônica

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This section is composed by questions related to the section Guidelines in Focus, published in RAMB 59(3).

### Questions

Each of the questions or incomplete statements is followed by four suggested answers or completions. Select the one that is best in each case.

- What are the diagnostic criteria for chronic myeloid leukemia (CML)?
  - Presence of the Philadelphia chromosome and/or presence of the BCR-ABL rearrangement
  - Basophilic leukocytosis and plaquetocys
  - Leukocytosis and splenomegaly
  - Leukocytosis, thrombocytopenia, and < 10% blasts
- Do cytogenetic abnormalities, in addition to Philadelphia chromosome (Ph) at diagnosis, have prognostic significance?
  - Increases survival by 60%
  - Increases mortality by 36% to 40%
  - Reduces mortality due to disease progression by 28%
  - Grants higher overall survival in 5 years
- Is imatinib superior to second-generation tyrosine-kinase inhibitors for the treatment of primary chronic phase-CML?
  - Imatinib is more beneficial than dasatinib
  - Nilotinib brings is less beneficial than imatinib

- There is no difference in response to treatment
  - Dasatinib and nilotinib are more beneficial than imatinib
- Does the cytogenetic assessment have an impact on prognosis?
    - The presence of the cytogenetic response increases mortality
    - The loss of the cytogenetic response in the 1<sup>st</sup> year of treatment with imatinib is 77%
    - Patients that have a cytogenetic response to imatinib present increased survival
    - There is no difference in mortality in the cytogenetic response to dasatinib
  - What is the treatment of choice for patients with chronic-phase CML and resistance to imatinib 400 mg?
    - Imatinib (800 mg/day)
    - Dasatinib (100 mg/day) or nilotinib (400 mg every 12 hours) or progressive increase of the imatinib dose until 800 mg if the patient is not candidate to the others inhibitors
    - Dasatinib (140 mg/day)
    - Nilotinib (300 mg every 12 hours)

### REFERENCE

- Bernardo WM, Paranhos FR, Costa RA, Meirelles R, Simões R. Atualização em degeneração macular relacionada à idade (DMRI). Rev Assoc Med Bras. 2013;59(3).

### Answers

- A; 2. B; 3. D; 4. C; 5. B

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