Methods

A retrospective analysis was conducted on all patients who received ATRA for newly diagnosed APL between 1/1/2000 and 12/31/2012 at Albany Medical Center (AMC). All patients with APL were treated with ATRA. Of these, patients were divided into the APL (APL) and ATRA-treated non-APL (A-nAPL) groups after confirmation of APL. Time from date of diagnosis to ATRA administration (days) was determined for APL and ATRA-treated non-APL patients. Student’s t-test was used to compare covariates between group of patients with and without ATRA administration. A P-value < 0.05 was considered statistically significant.

Results

A total of 39 patients with newly diagnosed APL were administered ATRA (50% male) (median age 67 (IQR 51-77)). APL was confirmed by cytopathic in 39/39 (99%) patients, while the remaining 3/39 (8%) patients were diagnosed by peripheral blood smear and bone marrow biopsy. The median time to ATRA administration (days) was 1.62 (IQR 0.98-2.61) and 2.61 (IQR 1.87-3.84). The median time to ATRA administration was not significantly different between APL and ATRA treated non-APL patients (1.62 days vs. 2.61 days, p=0.24).

Conclusions

Consistent with reports from specialized cancer centers, our data indicate that APL patients survived earlier compared to the ED group (mean 2.62 vs. 4.05), albeit not statistically significant. ED patients at our non-cancer institution was higher than that compared to reported from specialized cancer centers (75.0%) and is comparable to that reported from the SEER database (71.0%).


References

