ManagingMDS
Myelodysplastic Syndrome Educational Resource

What is the current treatment approach for secondary MDS?

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Welcome to *Managing MDS*. I am Dr. Richard Larson. I am frequently asked, “What is the current treatment approach for secondary MDS?” Now, for secondary MDS, we are typically referring to therapy-related MDS. There are a number of reasons why treatment is not well developed for this group of patients. First, because of their prior exposure to cytotoxic chemotherapy and a primary malignancy, in many cases, they are often excluded from front-line clinical trials. This means we have relatively little information from prospective clinical trials to know how best to manage these patients. Many patients with therapy related MDS present with pancytopenia as well as complex cytogenetic abnormalities. In our own experience at the University of Chicago, about 80% of patients with therapy-related MDS have an abnormality in chromosome 5 or 7, and these predict for poor response to conventional chemotherapy agents. The best results in treating therapy-related MDS appear, so far, to come with the use of hypomethylating agents such as azathioprine or decitabine. There is recent information from a series of patients with p53 mutations that the use of decitabine given over a 10-day course and repeated every 4 weeks was highly effective at inducing remissions in these patients who otherwise have quite chemotherapy-resistant disease. Because the remissions obtained with hypomethylating agents have not proven to be durable in patients with therapy-related MDS, the current consensus is that these patients should be considered early in the course of their disease for an allogeneic hematopoietic cell transplant. Our routine approach is to begin searching for a donor early in the course of the disease when patients are first seen. However, the transplants are more successful for patients who are in remission at the time that the transplant is performed. In terms of what the current treatment approach for our therapy-related MDS is, I would say that the patient should be considered for treatment with a hypomethylating agent followed by an allogeneic hematopoietic cell transplant. Thank you for viewing this activity.