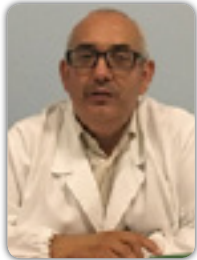


JOINT EVENT

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The impact of anaemia, transfusion dependency, comorbidities and polypharmacy in elderly patients with low-risk myelodysplastic syndromes

Introduction: Myelodysplastic syndromes (MDS) are heterogeneous clonal disorders ranging from indolent conditions with a near-normal life expectancy to forms approaching acute myeloid leukaemia. Comorbid conditions have rarely been systematically studied among patients with MDS. Older age per se has a negative impact on survival of MDS patients, in particular of those with lower risk. However, age indirectly affects also the survival of higher-risk patients by limiting their eligibility to intensive treatments. In addition, ageing is associated with an increasingly high risk of developing comorbidity, and a high prevalence of comorbid diseases has indeed been reported in MDS patients. The impact of multi-morbidities/comorbidities and polypharmacy in patients with low-risk MDS patients is a poorly explored topic. We focused on medications, multi-morbidities and comorbidities of 155 low-risk MDS patients followed in the hematological outpatient's clinics or in medical/oncology wards of our University Hospital. One or more comorbidities were present at diagnosis in 24 younger patients with MDS syndromes (31%), whereas 56 older patients with MDS (75%) presented one or more comorbidities ($P < 0.001$). The most frequent comorbidity was cardiac comorbidity 18% in younger patients and 25% in older patients. With no statistical significance between older and younger patients, congestive heart failure was the most frequent observed disease. Our study has shown a statistical correlation between transfusion dependency and polypharmacy ($P = 0.0014$). These data were also confirmed in a sub analysis of the younger group of patients. Our study has shown that comorbidity is very common among patients with MDS, potentially affecting the clinical course and outcome of MDS patients.

Biography

Roberto Castelli has obtained his degree in Medicine at University of Milan, and then specialization in Internal Medicine and Hematology at University of Milan. In addition, he obtained his PhD in Clinical Methodology at University of Milan. He worked as Haematologist at Ospedale Maggiore di Milano University of Milan until 2015 at University Hospital Ospedale Luigi Sacco. He is involved in malignant and non-malignant hematological disease focusing on myelodysplastic syndromes, acute and chronic leukemia's and myeloproliferative neoplasms. He is responsible of leukemia section at Ospedale Luigi Sacco University of Milan.

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