Background: Therapy with HMA is now the standard of care for pts with MDS and CMML. The long-term outcome of pts treated with HMA with respect to survival and relapse is largely unknown. The purpose of this study was to report on the long-term outcome of pts treated with HMA.

Methods: We reviewed the records of 511 pts with diagnosed MDS (n=409) and CMML (n=102) treated from 4/2000 to 4/2014 and who were treated with HMA. Pts who received ASCT (n=65) were excluded. Thus, a total of 446 pts were evaluable for analysis. The median follow-up of the entire cohort was 13.6 months. IPSS was determined at diagnosis. Best response to HMA was classified as CRp, CR, or PR. Median OS was 15 months overall (8 months, respectively (5 of 162) adverse factors had a significant impact on survival after multivariate analysis. The median LFS and OS were 13 and 16 months, respectively (Dotted line=optimal cutoff value of 33 months).

Results: Among the entire cohort, 446 pts were evaluable for analysis. The median follow-up of the entire cohort was 13.6 months. The median OS was 15 months overall (8 months, respectively (5 of 162) adverse factors had a significant impact on survival after multivariate analysis. The median LFS and OS were 13 and 16 months, respectively (Dotted line=optimal cutoff value of 33 months).

Conclusions: Our current analyses identified a small subset of pts with MDS in whom outcome of therapy with HMA is excellent and can be differently predicted. Patients with a score of 0/1 had a median survival of 38 months (24-54).