

FAQS from Dr. Shammo's webinar

1. What's your thought regarding the chemo pill Idhifa?
It is a good option for those with a particular mutation.
2. I was diagnosed with Low-Risk MDS 2 years ago. I have been on Aranesp for 6 months. It is keeping my Hgb in the 12 range for 3 months after being as low as 8. My oncologist is not an MDS specialist and cannot give me detailed information about my MDS... Does it make a big difference knowing the actual particulars of my case?
It would be helpful to know from a prognostic perspective, but you are responding beautifully, so he is doing a good job!
3. How often do you see myelofibrosis in MDS patients? My dad was diagnosed in 2017 (RARS), is transfusion dependent, avg HGB 7.0-7.5 and recently started Luspatercept and been through 3 cycles.
I have seen several cases of MDS with fibrosis. Luspatercept is good choice.
4. Recent bone marrow biopsy indicated some myelofibrosis and slight increase in blasts (5%). **Would monitor the blast percentage as would be the case with MDS.**
5. Does Decitabine chemo treatments eradicate blasts?
It can, albeit for some time. It is not considered curative.
6. If AML does occur, what is the ultimate prognosis?
The prognosis is governed by the initial IPSS-R score . AML originating from MDS is generally harder to treat.
7. If clonal neoplasms are not always detected in repeated bone marrows, does this mean that neoplasms are actually being reduced?
Possibly.
8. I am currently being treated for PNH with ultimoris. I have trisomy 8 & setbp1. suspected I have MDS too. Is a bone marrow biopsy the only way to tell MDS progression?
Yes.
9. My hemoglobin is greater than 12, other counts are fine; will luspatercept benefit me?
It is intended to reduce need for transfusions, so I would not be starting this drug with your level of hemoglobin.