

Diese Meldung kann unter <http://www.presseportal.ch/de/pm/100016013/100521276/study-of-sprycel-tm-dasatinib-or-800-mg-of-imatinib-mesylate-shows-patients-treated-with-sprycel> abgerufen werden.



# Bristol-Myers Squibb

## Study of SPRYCEL(TM) (Dasatinib) or 800 MG of Imatinib-Mesylate Shows Patients Treated With SPRYCEL Achieved High Cytogenetic Responses and Prolonged Progression-Free Survival

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Paris (ots/PRNewswire) -

- New Data Presented at the 48th Annual Meeting and Exposition of the American Society of Hematology (ASH)

For Non-US Journalists Only

New data presented today showed that a substantial number of patients with chronic-phase chronic myelogenous leukaemia (CML) resistant to imatinib mesylate achieved cytogenetic and haematologic responses within three months and maintained these responses through one year when treated with SPRYCEL(TM) (dasatinib, formerly known as BMS-354825). The randomised Phase II open-label, multi-centre international trial was designed to examine the efficacy and safety of SPRYCEL at 70mg twice daily or an increased dose of imatinib mesylate to 800mg/day (patients enrolled in the trial had been previously treated with imatinib mesylate less than or equal to 600mg/day). (1)

"This study may help answer important questions about treating resistant chronic-phase CML patients and suggests that physicians should consider treatment with SPRYCEL in patients resistant to lower doses of imatinib mesylate," said Neil Shah, MD, PhD, Assistant Professor, Division of Hematology/Oncology, University of California, San Francisco.

Analysis of the data at three months and 15 months follow-up show that the number of patients who achieved and maintained a major cytogenetic response increased from 36 percent to 53 percent with SPRYCEL, and from 29 percent to 33 percent with escalated doses of imatinib mesylate.

While the study was not powered to compare SPRYCEL to high-dose imatinib mesylate, analysis of the data after a median follow-up of 15 months show a statistically significant difference between SPRYCEL and high-dose imatinib mesylate in major and complete cytogenetic responses ( $p=0.023$  and  $p=0.004$ , respectively), major molecular response ( $p=0.038$ ) and progression-free survival (length of time during which the leukaemia does not progress) ( $p$

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