

Key Concepts in the Treatment of MDS

- Myelodysplastic syndromes (MDS) represent a myeloid stem cell *malignancy*
- Clinical trials end points have shifted from efficacy and safety alone to include improved overall survival
- Complete eradication of the malignant clone is not necessary to prolong survival, but suppression is associated with transfusion independence, cytogenetic response, improved survival, and a reduced risk of leukemic transformation
- Clinical responses often require a minimum of 4 to 6 months of therapy, and prolonged therapy (treating until disease progression or unacceptable toxicity) is likely to become the standard approach
- Concurrent supportive care is essential to optimal therapeutic outcomes, including iron chelation, transfusion management, cytokine support, and aggressive management of comorbidities. However, supportive care does not affect the underlying disease
- Treatment-related MDS is associated with a poor prognosis and will require specific approaches to treatment similar to those used for acute myeloid leukemia

Kurtin 2009.