

**Management of chronic myeloid leukemia (CML):
recommendations from the European LeukemiaNet (ELN)**

Definitions of failure, suboptimal response, warnings and optimal response

Table 1. Proposed criteria for failure, suboptimal response, and warnings for previously untreated patients with early chronic phase CML who are treated with imatinib 400 mg daily

Time	Failure	Suboptimal response	Warnings	Optimal response
Diagnosis	N/A	N/A	High risk, del19q+, ACAs in Ph+ cells	N/A
3 months after diagnosis	No HR (stable disease or disease progression)	Less than CHR	N/A	CHR
6 months after diagnosis	Less than CHR, no CgR (Ph+ > 95%)	Less than PCgR (Ph+ > 35%)	N/A	At least PCgR (Ph+ ≤ 35%)
12 months after diagnosis	Less than PCgR (Ph+ > 35%)	Less than CCgR	Less than MMolR	CCgR
18 months after diagnosis	Less than CCgR	Less than MMolR	N/A	MMolR
Any time	Loss of CHR* Loss of CCgR† Mutation‡	ACA in Ph+ cells§ Loss of MMolR§ Mutation#	Any rise in transcript level Other chromosomal abnormalities in Ph- cells	N/A

N/A, not applicable; ACA, additional chromosomal abnormalities; HR, hematologic response;

CCgR, complete cytogenetic response; PCgR, partial CgR;

* To be confirmed on two occasions unless associated with progression to accelerated phase/blast crisis;

† To be confirmed on two occasions unless associated with CHR loss or progression to accelerated phase/blast crisis;

‡ High level of insensitivity to imatinib;

§ To be confirmed on two occasions unless associated with CHR or CCgR loss;

Low level of insensitivity to imatinib

- 'Failure' indicates that continuing imatinib treatment at the current dose is no longer appropriate for the patient.
- 'Suboptimal response' indicates the patient may gain benefit from continuing imatinib therapy but long-term outcomes may not be favorable.
- 'Warnings' are indications that standard-dose imatinib treatment may not be the best option for a particular patient, and careful monitoring is required.

