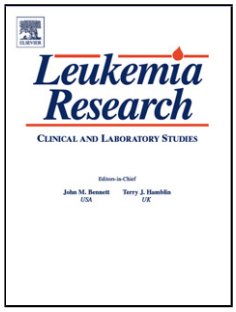

Title: Iron Overload in Lower International Prognostic Scoring System Risk Patients with Myelodysplastic Syndrome Receiving Red Blood Cell Transfusions: Relation to Infections and Possible Benefit of Iron Chelation Therapy

Authors: Colleen A.C. Wong, Shannon A.Y. Wong, Heather A. Leitch

PII: S0145-2126(18)30033-X
DOI: https://doi.org/10.1016/j.leukres.2018.02.005
Reference: LR 5913

To appear in: *Leukemia Research*

Received date: 26-12-2017
Revised date: 3-2-2018
Accepted date: 6-2-2018

Please cite this article as: Wong Colleen AC, Wong Shannon AY, Leitch Heather A.Iron Overload in Lower International Prognostic Scoring System Risk Patients with Myelodysplastic Syndrome Receiving Red Blood Cell Transfusions: Relation to Infections and Possible Benefit of Iron Chelation Therapy.*Leukemia Research* https://doi.org/10.1016/j.leukres.2018.02.005

Iron Overload in Lower International Prognostic Scoring System Risk Patients with Myelodysplastic Syndrome Receiving Red Blood Cell Transfusions: Relation to Infections and Possible Benefit of Iron Chelation Therapy

Colleen A. C. Wong[1], Shannon A. Y. Wong[1], Heather A. Leitch[2]

[1]Faculty of Medicine, Royal College of Surgeons, Dublin, Ireland

[2]Division of Hematology, St. Paul's Hospital, University of British Columbia, Vancouver, Canada

Short title: Iron Overload and Infections in MDS

Key words: MDS; iron chelation therapy; iron overload; infection

Abstract word count: 249

Word count: 3274

Corresponding author: Heather A. Leitch, MD, PhD, St. Paul's Hospital, 440 – 1144 Burrard Street, Vancouver, British Columbia, Canada V6Z 2A5, fax: 604-684-5794 email: hleitch@providencehematology.com

Highlights

- Increased infection incidence occurs in transfused congenital anemias patients.
- We reviewed infections in transfused low risk MDS +/- iron chelation therapy (ICT).
- Number and type of infections and neutrophil counts were similar between groups.
- Median time to 1st infection (TTI) was 27 & 7.8 months in ICT & non-ICT, $p<0.0001$.
- ICT was significant for TTI in a multivariate analysis, $p=0.02$, hazard ratio 0.3.
- These results should be confirmed in larger, prospective analyses.