

PCR Responses and Side Effects after switching from original imatinib to generic imatinib in patients treated for CML in Thailand



INTRODUCTION & AIMS

Imatinib is standard therapy for patients with chronic myeloid leukemia (CML). In 2019, several generic imatinib drugs entered the Thai market. Doctors and patients are really concerned about whether switching from original to generic drugs may affect the efficacy and/or safety.

Original Imatinib:



Generic Imatinib



Generic Imatinib



Generic Imatinib



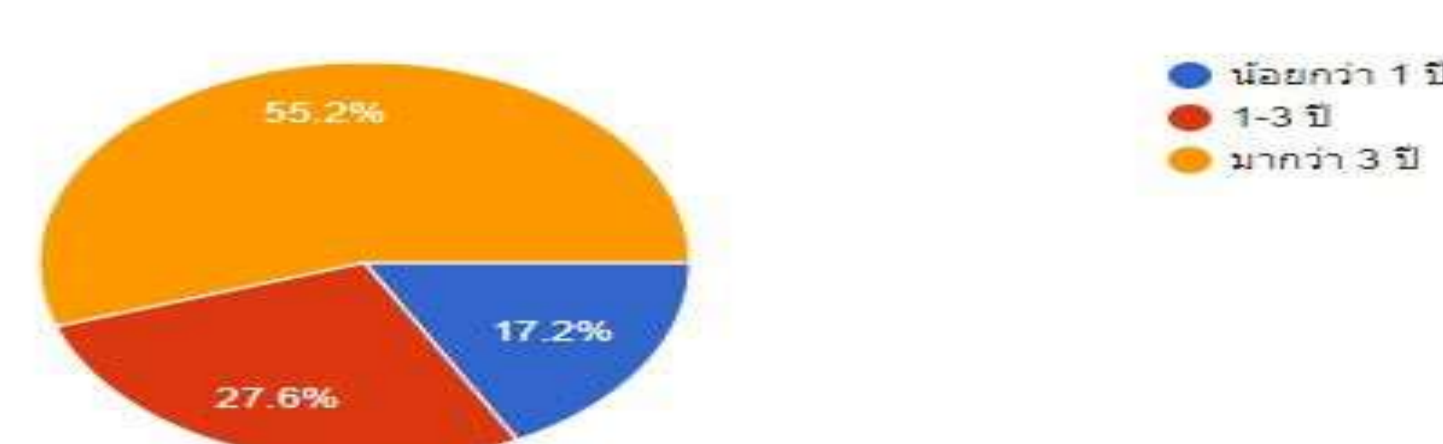
METHODOLOGY

This is an observational survey asking 30 patients diagnosed with CML in the chronic phase who were treated with original imatinib and who were subsequently switched to generic imatinib to answer the questions focusing on the molecular responses and side effects before and after switching from original to generic imatinib. The survey was conducted in March 2024 within Thai CML Patient Group.

Treated with original imatinib: 65.5% less than 5 years



Received generic imatinib: 55.2% over 3 years

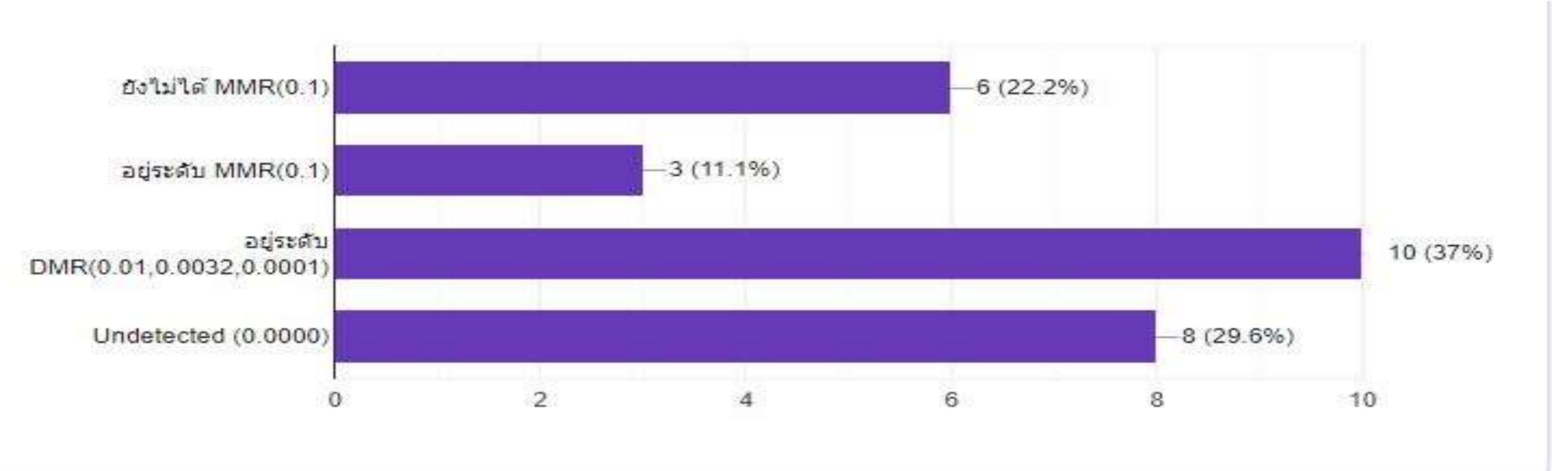


RESULTS

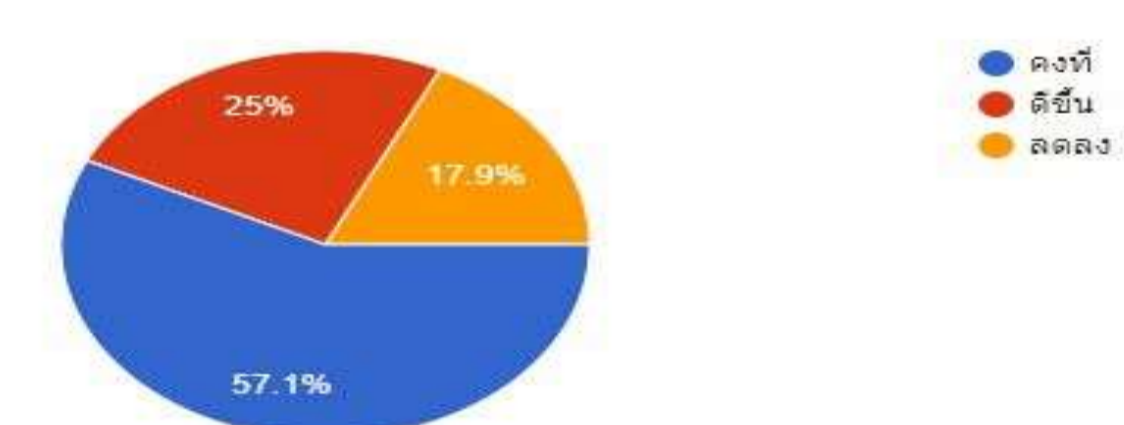
In this study, 30 patients (52% male and 57% between 43-55 years old) have switched to generic imatinib.

- 1) Before the switch, The latest PCR responses were reported by 27 patients, 3 (11%) were in MMR, 10 (37%) in DMR, 8 (30%) undetected and 6 (22%) not MMR yet.
- 2) 55% of patients have received generic imatinib over 3 years, 28% during 1-3 years and 17% less than 1 year .
- 3) Molecular responses after switching were stable in 57%, improved in 25%, and worsened in 18% of patients.
- 4) Side effects after switching were stable in 66%, 24% improved and worsened in 10% of patients
- 5) After switching, 30 patients explained their side effects, mostly including fatigue, nausea, diarrhea, muscle cramps and edema.

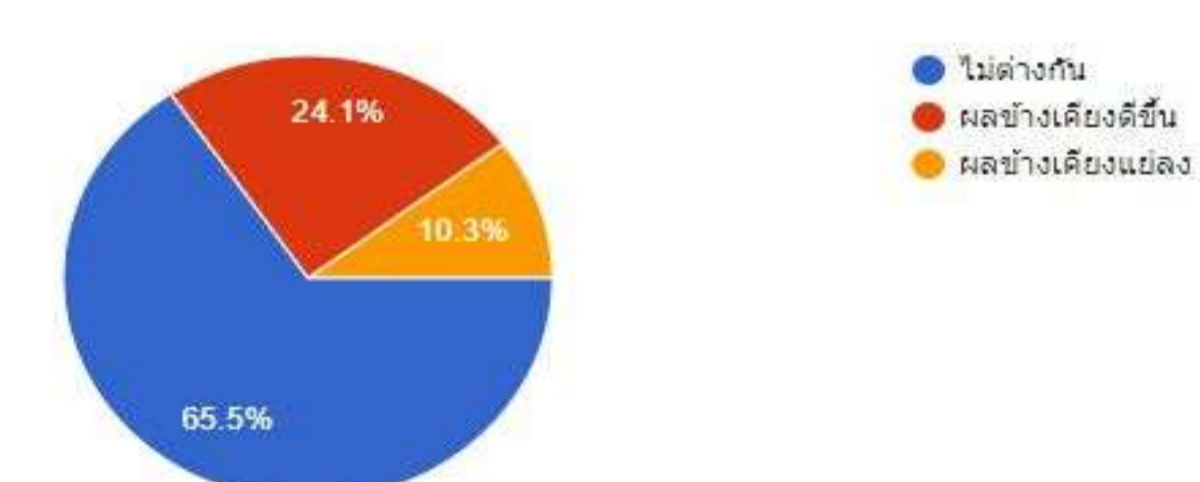
PCR Responses - before the switch: 78% in MMR,DMR



PCR Responses - after the switch: 57% stable



Side effects - after switching: 65% stable



CONCLUSIONS

A change from original to generic imatinib appears to maintain efficacy and be generally safe. More patients and longer follow-up are required to confirm these observations.