

## Anthracycline Dose Intensification in Acute Myeloid Leukemia

**TO THE EDITOR:** Fernandez et al. (Sept. 24 issue)<sup>1</sup> conclude that high-dose anthracycline may be given safely to patients with favorable-risk or intermediate-risk acute myeloid leukemia (AML). In clinical practice, there is a delay in obtaining cytogenetic information before initiating chemotherapy. In this situation, would it be permissible for physicians to start with the administration of cytarabine and then administer anthracycline on day 5 through day 7? This regimen would ensure sufficient time for cytogenetic tests, and patients could begin treatment.

Insurance denied coverage to 3.4% of the patients with AML who intended to undergo transplantation. How many patients were denied coverage for hematopoietic stem-cell transplantation after the initial request, and how many of these decisions were reversed? What was the reason for insurance denial?

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No potential conflict of interest relevant to this letter was reported.

1. Fernandez HF, Sun Z, Yao X, et al. Anthracycline dose intensification in acute myeloid leukemia. *N Engl J Med* 2009;361:1249-59.

**THE AUTHORS REPLY:** Our position is that one should not delay the initiation of induction therapy

until the results of cytogenetic or molecular studies are returned. In our study, the complete remission rates were excellent among patients in the favorable-risk cytogenetic group; in the intermediate-risk group, there was also a good complete remission rate among patients in the group that received daunorubicin at a dose of 90 mg per square meter of body-surface area. In the unfavorable-risk group, there was a trend toward a better rate among patients who received daunorubicin at a dose of 90 mg per square meter ( $P=0.12$ ). Similar outcomes were noted in the patients with the FMS-like tyrosine kinase 3 (*FLT3*) mutation. Therefore, it is reasonable to begin induction treatment with high-dose daunorubicin in all patients with AML who are younger than 60 years of age.

As to the insurance issues, we have limited information, but most denials were due to a requirement that patients undergo transplantation in certain centers, yet they were unable to travel. Other patients had lost their insurance or were noncompliant. Outright denial of the transplantations did not occur.

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Since publication of their article, the authors report no further potential conflict of interest.

## Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture

**TO THE EDITOR:** Hurst et al. (Sept. 3 issue)<sup>1</sup> report on the significant therapeutic effect of injectable collagenase clostridium histolyticum in patients with Dupuytren's contracture. They also report two cases of tendon rupture. We are concerned about the injection depth. In this study, the collagenase clostridium histolyticum was injected directly into the fibrotic cord. It is very difficult to control the depth of injection to protect the normal tendon.

Once the drug is injected into the tendon lying beneath the cord, decomposition of collagen in the tendon may occur and the tendon could rupture when the joint is manipulated.

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