

Rijeka, March 20, 2019.

Dear Madam / Sir,

Upon parental request, please find enclosed a medical summary of my patient RONCEVIC MILA.

Mila was diagnosed with acute myeloid leukemia (M7; CD41+ CD42b+ CD61+ CD117+ CD56+ CD19+ CD34+ CD59+ cytCD3+; 46,XX,der/del(19)(q13-qter),+21/46,XX; FISH trisomy 21 23%; CNS negative) in March 2018. She has been treated according to AML-BFM 2012 protocol for IR group (Induction I ADxE – Induction 2 HAM – Consolidation 1 AI/2 CDA – Consolidation 2 hAM – Intensification HAE).

The girl has no HLA-identical family donor, and the National BMT Team found SCT from a matched unrelated donor not primarily acceptable.

The response to the treatment was regularly monitored, and was as follows: bone marrow d8 cytomorphological aplasia; MRD FC d15 1.5%, d28 1%, d42 0.03%, d49 and repeated MRD FC 0.

Maintenance therapy was started in September 2018 (TG, ARA-C). She received six ARA-C blocks. On February 27<sup>th</sup> an early isolated medullar relapse was diagnosed. The treatment was started on February 28<sup>th</sup> according to International Registry Relapsed AML 2009. She received Course 1 (Reinduction FLAG – IDA, G-CSF). BM d15 cytomorphological aplasia, MRD FC 88%.

At the moment her general condition is good. Due to febrile neutropenia (no documented infection) empiric broad-spectrum antibiotics and antifungal therapy have been administered. She is also receiving multiple irradiated filtered blood products.

Please feel free to contact me if you require any further information.

Sincerely,

*Jelena Roganovic*  
Jelena Roganovic

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