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Peto J, Eden OB, Lilleyman J, Richards S (1986). Improvement in treatments for children with acute lymphoblastic leukaemia: The Medical Research Council UKALL Trials, 1972-84. *Lancet* 1:408-411.

Key passages

IMPROVEMENT IN TREATMENT FOR CHILDREN WITH ACUTE LYMPHOBLASTIC LEUKAEMIA

The Medical Research Council UKALL Trials,
1972 – 84

*Report to the Council by the Working Party on Leukaemia in
Childhood**

Summary Analysis of the results of United Kingdom Acute Lymphoblastic Leukaemia (UKALL) trials since 1972 showed that no improvement in remission or survival had been achieved over the 7 years up to 1979 for 1470 patients in trials UKALL II to VI. UKALL VII (1979–80) gave somewhat better results for a small group of good-prognosis patients. However, UKALL VIII, introduced in 1980, produced a 15–20% increase in 4-year disease-free survival compared with the best results of previous studies, despite a higher frequency of treatment-induced morbidity and mortality. Factors possibly contributing to this highly significant difference include the policy of continuing therapy without interruption during induction, a long course of intramuscular asparaginase over 3 weeks, full-dose mercaptopurine and co-trimoxazole during central-nervous-system prophylaxis, and the use of sustained maximum tolerated oral doses of mercaptopurine and methotrexate maintenance. An intensive sustained approach to chemotherapy in childhood ALL is needed, especially in the early stages of treatment.

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[Home](#)

[Contents](#)