

**11<sup>th</sup> July 2007**  
**(By Email)**

**Dear Colleague**

**Re: AML15: Closure of randomisation for APL patients**

Professor Burnett has issued the following statement:

**'APL: MRC v Spanish Treatment**

The total recruitment has now been reached. In the APL comparison between MRC and Spanish arms, the Trial Steering Committee has recommended – on the basis of information from the Data Monitoring Committee – that the randomisation could close, and that investigators should advise patients to be treated on the Spanish Arm.'

This change to the APL part of AML15 will take immediate effect. It will shortly be possible to register APL patients at diagnosis so that they can subsequently enter the Mylotarg consolidation randomisation, which remains open. Until this change is made, it will not be possible to enter APL patients into AML15.

**Further to the email above Dr David Grimwade (david.grimwade@kcl.ac.uk) has asked me to relay the following message:**

'I would be grateful if clinicians could continue contact me if they have a patient with newly diagnosed APL & send diagnostic samples to UCH. This ensures that we know PML breakpoint pattern, because it is not infrequent for clinicians to request MRD status once the patient is in remission & we cannot do this reliably when we have no material from diagnosis with which to establish PML-RARA isoform. We also do not want clinicians to get out of the habit of sending trial samples, since this will be critical for the APL aspect of AML17.'