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Septemebr 14 1992

James Orsini, M.D.
36 Newark Avenue
Belleville, New Jersey 07109 .

Re:

REDACTED

Dear Dr. Orsini,

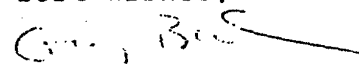
Thank you for referring _____ to our office, regarding further management of his refractory anemia. As you know, I first met Mr. _____ on 8/21/92, at which time he was requiring approximately 4 to 5 units of packed cells monthly to maintain his hemaglobin. Extensive hematologic evaluation by both you and Dr. Alice Cohen revealed the patient to have a severe refractory anemia with ring sideroblasts. At that time, there was no evidence of leukemic transformation, and cytogenic studies on his bone marrow were negative. Of note, was the patient's 40 year history of being employed by Sherwin-Williams, where he was exposed to high concentrations of both lead and benzene.

Despite relatively high doses of erythropoietin, _____ has remained severely transfusion-dependent. The patient returned to my office today, for repeat bone marrow evaluation. His bone marrow aspirate now reveals normal cellularity, with marked dyspoietic and megaloblastic features in his erythyroid maturation. The sideroblastic stain is strongly positive. Of note, there are no excess blasts. Cytogenic and marker studies have been sent on this repeat aspirate, and these reports will follow.

Your management of _____ to date has been entirely appropriate. I appreciate that this is a particularly frustrating situation to both patient and you as there is little to offer aside from transfusion support. _____ should also be considered for treatment with 5-Azacytatine. This experimental agent have been shown to have had activity in many of the myelodysplastic syndromes. I am not sure if it has any specific activity, however, in sideroblastic anemias. I have referred Mr. _____ to Dr. Lewis Silverman at Mount Sinai Hospital, who has access to this drug (through the NCI).

I thank you for the opportunity to see Mr. _____ I will follow up with you once I hear from Dr. Silverman.

With Best Wishes,


Gregory I. Berk, M.D.

GIB/pw

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