Medizinische Universität Graz

Erstlinientherapie-Algorithmus: Was ist Standard für welche Patienten?

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Medizinische Universität Graz

13.10.2023, Hamburg

Offenlegung Interessenskonflikte

1. Anstellungsverhältnis oder Führungsposition

keine

2. Beratungs- bzw. Gutachtertätigkeit

Novartis, Abbvie, Celgene-BMS, Jazz

3. Besitz von Geschäftsanteilen, Aktien oder Fonds

keine

4. Patent, Urheberrecht, Verkaufslizenz

keine

5. Honorare

Novartis, Celgene-BMS

6. Finanzierung wissenschaftlicher Untersuchungen

Apollo Therapeutics, UK

7. Andere finanzielle Beziehungen

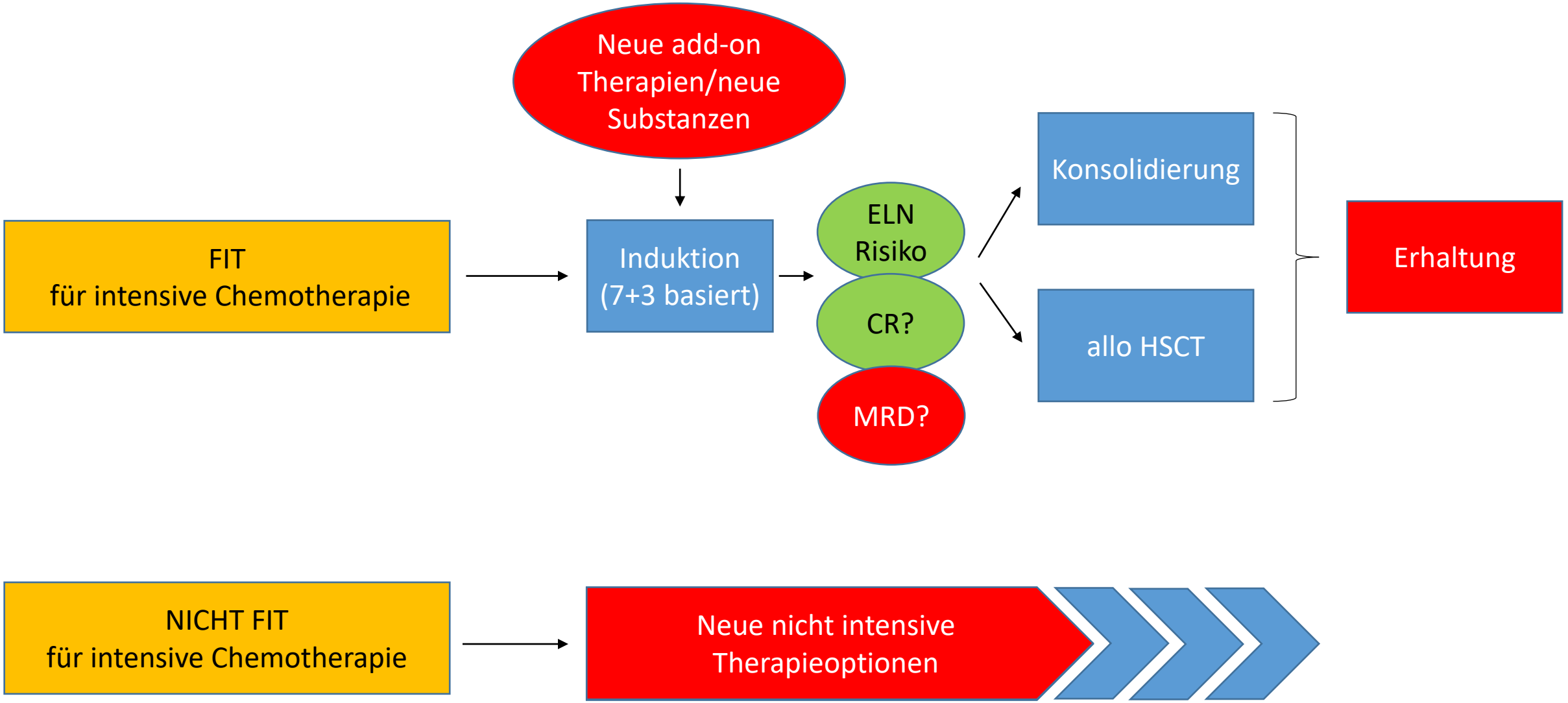
keine

8. Immaterielle Interessenkonflikte

Keine

Die Folien wurden tlw. mittels Biorender.com gestaltet.

AML Therapie - Grundprinzipien

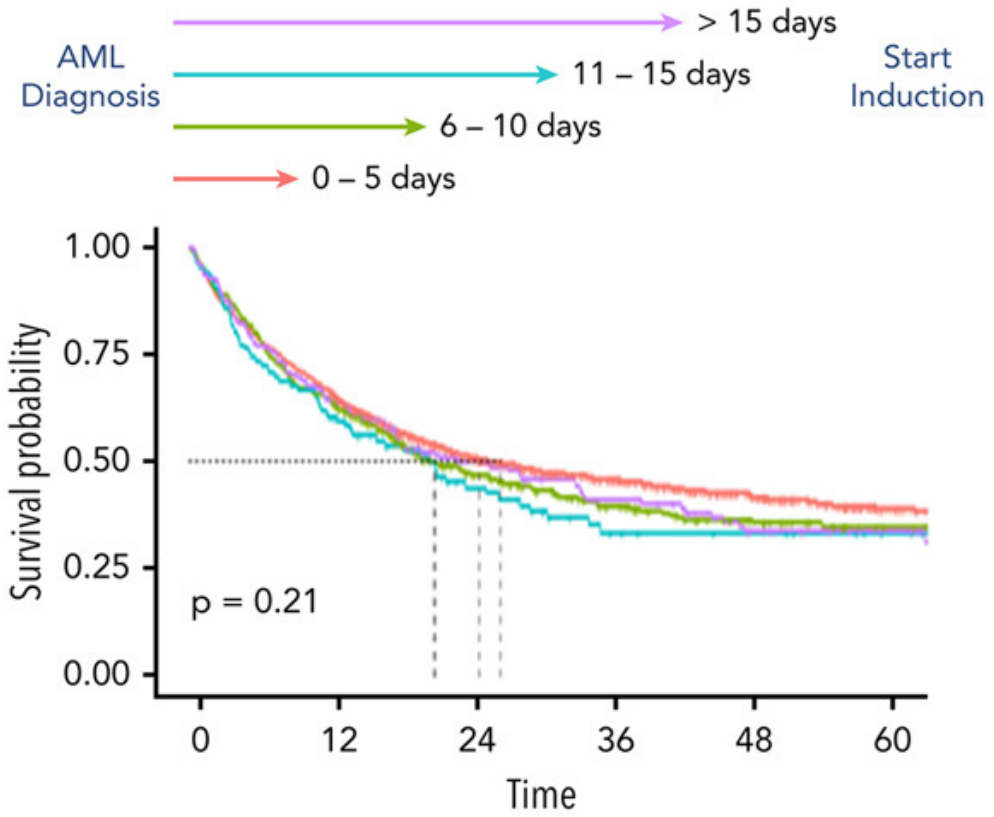


AML Therapie - Grundprinzipien

Sofortiger Therapiestart?

Prognostic Impact of Time from Diagnosis to Treatment in Intensively Treated AML Patients

Real-world data of 2263 patients treated in the AML registry of the SAL Cooperative Group Germany

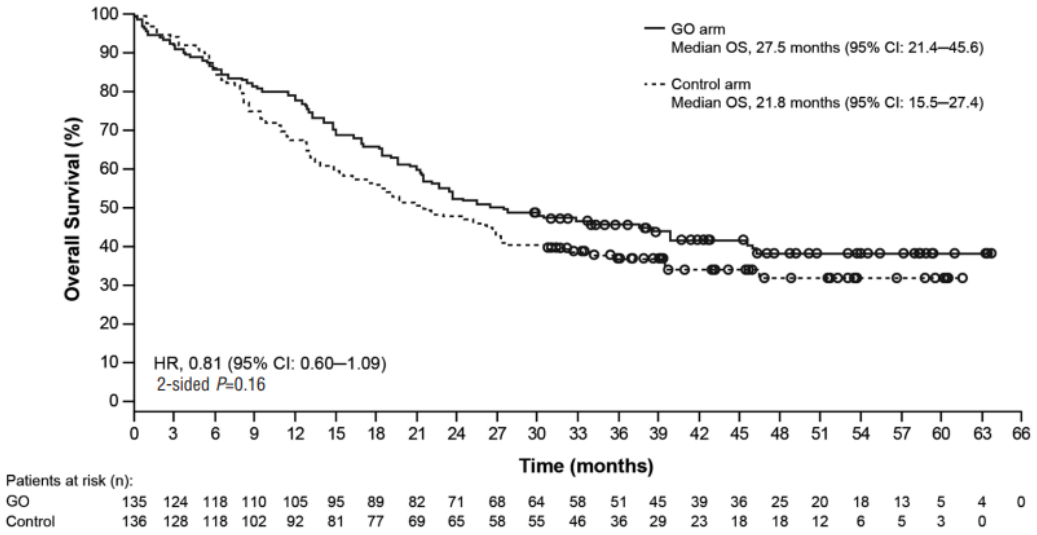


Röllig C et al., Blood 2020

Gemtuzumab Ozogamicin

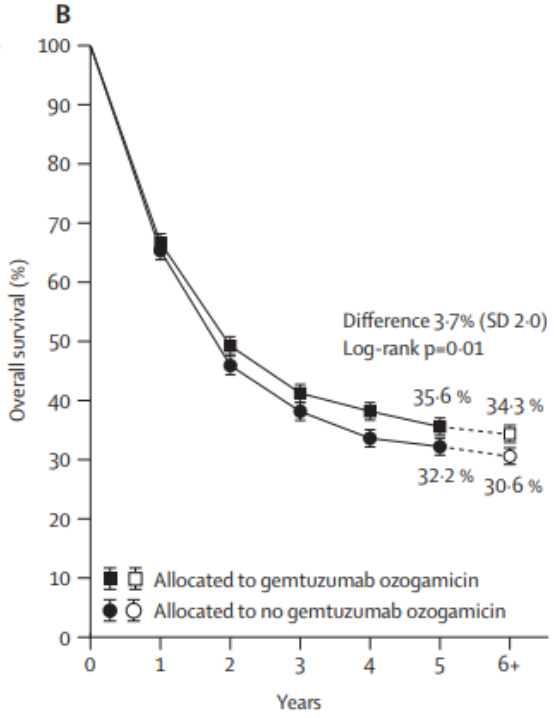
ALFA-0701 trial: 7+3 mit Kons. +/- Gemtuzumab Ozogamizin (CD33-Antikörper und Zytotoxin Calicheamicin)

n=139 (59 GO; 72 no GO)



Lambert J et al., Haematologica 2019

Meta-analysis from 5 randomized trials

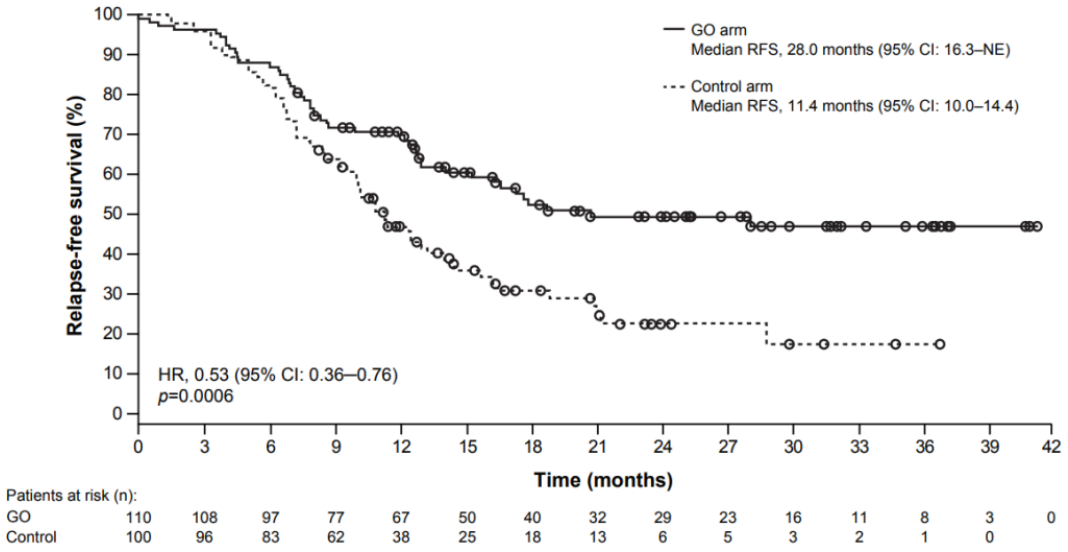


Hills RK et al., Lancet Oncol 2014

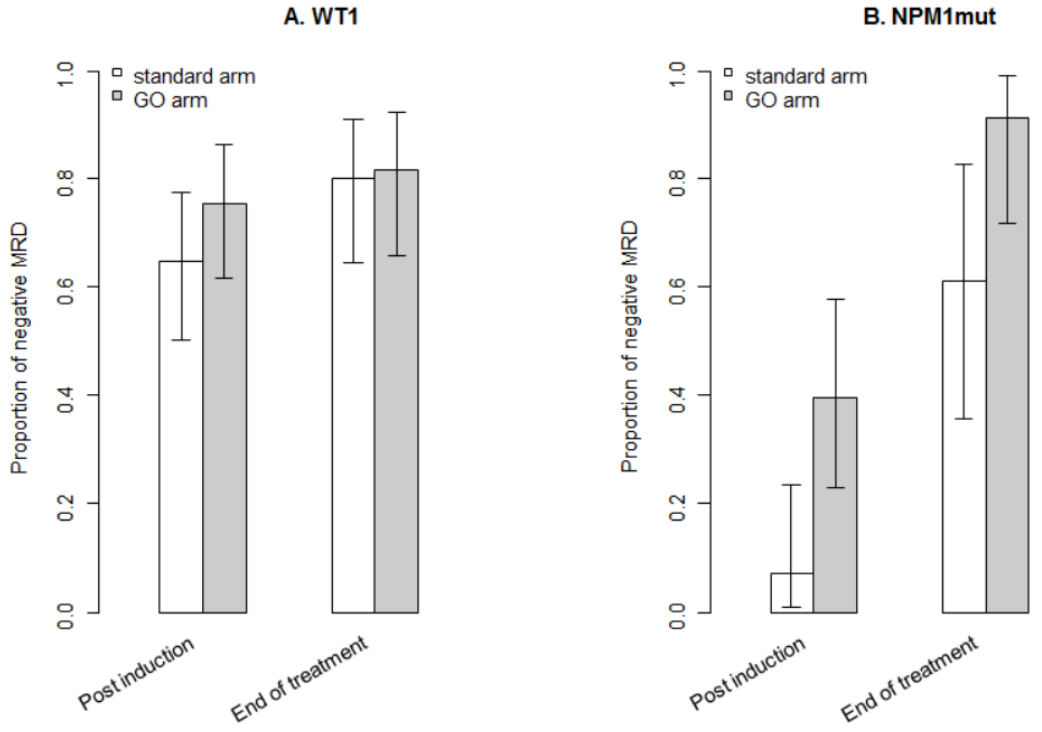
Gemtuzumab Ozogamicin

Table S2. Response Rate by Investigator Assessment (mITT Population)

	GO (n=135)	Control (n=136)	*P* Value*
Overall response, n (%)	110 (81.5)	100 (73.5)	
95% CI	73.9–87.6	65.3–80.7	0.15
CR, n (%)	95 (70.4)	95 (69.9)	
CRp, n (%)	15 (11.1)	5 (3.7)	

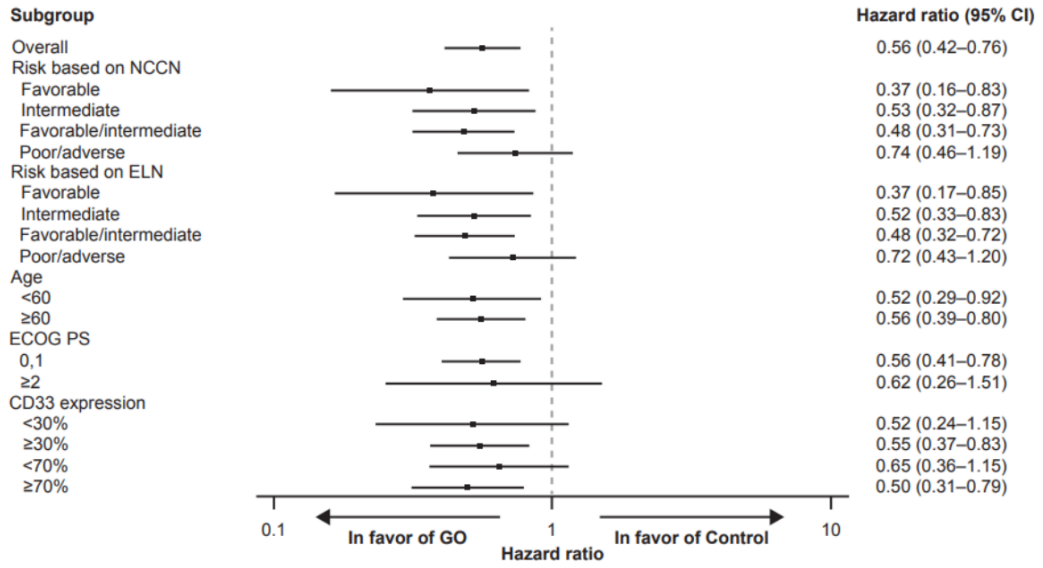


Lambert J et al., Haematologica 2019

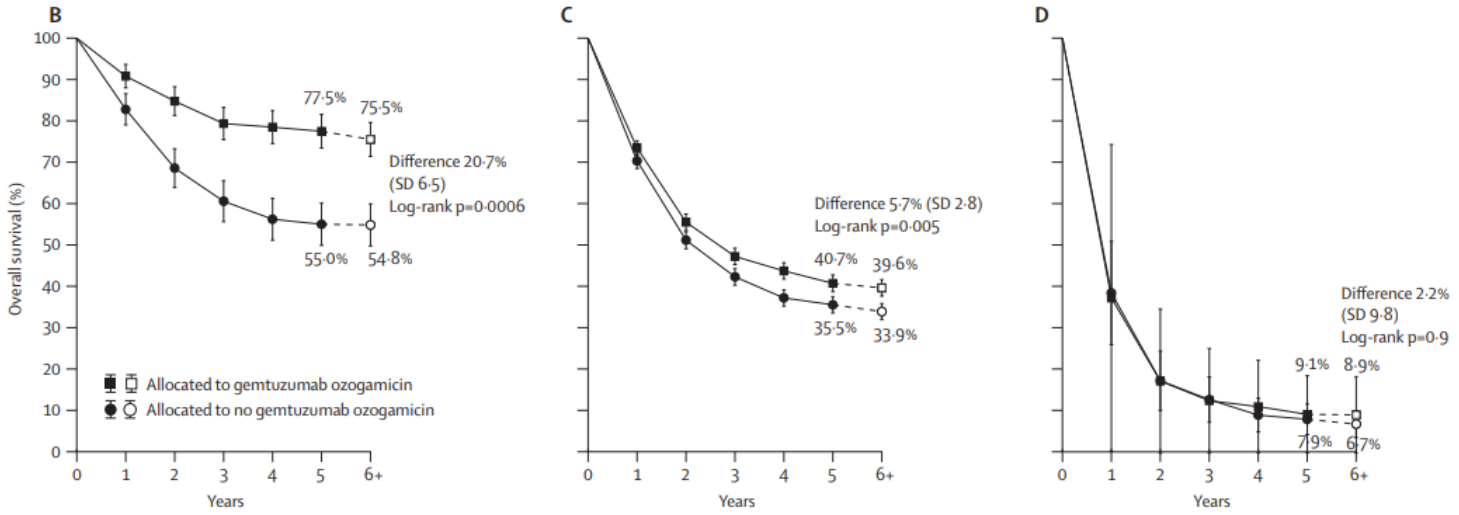


Lambert J et al., Oncotarget 2014

Gemtuzumab Ozogamicin



Lambert J et al., Haematologica 2019



Annual event rates	Years 1–5	Years 6+
Gemtuzumab ozogamicin	5·8% SD 1·1	2·3% SD 1·3
No gemtuzumab ozogamicin	14·1% SD 1·9	0·0% SD 0·0

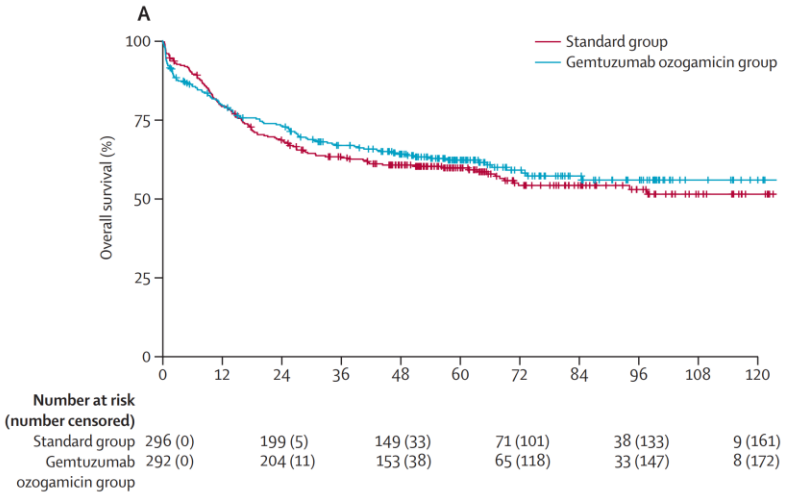
Annual event rates	Years 1–5	Years 6+
Gemtuzumab ozogamicin	22·4% SD 1·0	2·7% SD 0·9
No gemtuzumab ozogamicin	26·2% SD 1·1	4·9% SD 1·3

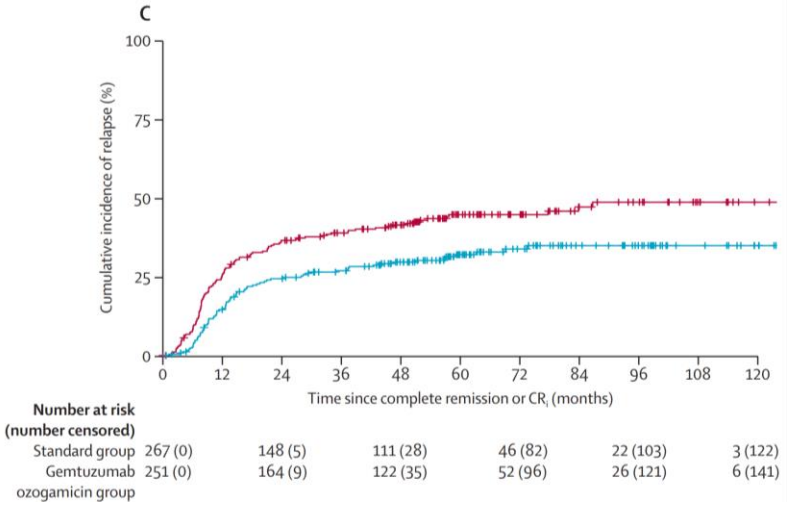
Annual event rates	Years 1–5	Years 6+
Gemtuzumab ozogamicin	73·8% SD 4·6	2·4% SD 2·4
No gemtuzumab ozogamicin	76·7% SD 4·8	21·1% SD 10·5

Hills RK et al., Lancet Oncol 2014

Gemtuzumab Ozogamicin

AMLSG-0909 trial: ICT +/- GO in NPM1^{mut} AML

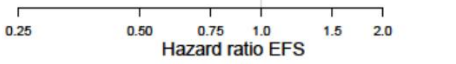




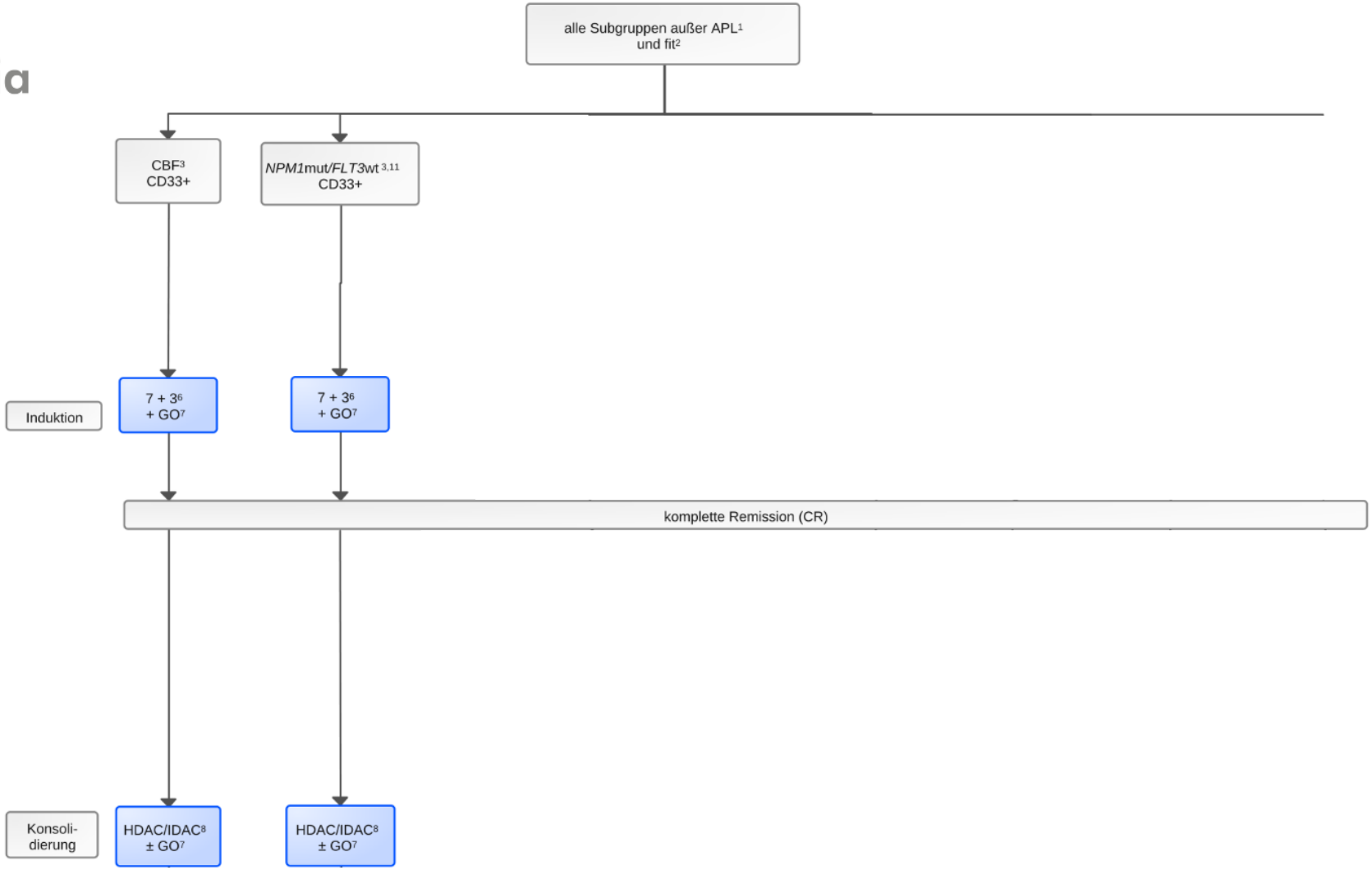
Event-free survival

Subgroup effects of GO vs. Standard for EFS

Variable	HR (95% CI)	Standard Arm	GO Arm
Female	0.67 (0.5 to 0.9)	99/152	81/163
Male	1.04 (0.76 to 1.43)	82/144	71/129
De novo	0.83 (0.66 to 1.04)	170/276	140/271
sAML/tAML	0.85 (0.38 to 1.94)	11/20	12/21
Normal karyotype	0.84 (0.66 to 1.07)	139/231	120/235
Abnormal karyotype	0.81 (0.42 to 1.54)	18/32	19/38
FLT3−ITD negative	0.72 (0.56 to 0.92)	148/247	113/242
FLT3−ITD positive	1.54 (0.97 to 2.45)	33/49	39/50
FLT3−TKD negative	0.81 (0.65 to 1.03)	159/262	127/250
FLT3−TKD positive	0.91 (0.51 to 1.62)	22/34	25/42
DNMT3A wildtype	1.06 (0.76 to 1.48)	74/153	65/131
DNMT3A mutated	0.64 (0.48 to 0.85)	106/141	86/158
Age <=60	0.71 (0.52 to 0.98)	92/165	67/160
Age 60−70	0.75 (0.51 to 1.12)	53/80	46/83
Age > 70	1.42 (0.9 to 2.24)	36/51	39/49
Wbc LQ	0.87 (0.69 to 1.09)	180/294	152/291
Wbc UQ	1.14 (0.45 to 2.91)		
Global	0.83 (0.67 to 1.03)	181/296	152/292



Döhner H et al., Lancet Haematol 2023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CBF[3] CD33+
*NPM1*mut/*FLT3*wt [3,11] CD33+
Induktion
7 + 3[6] + GO[7]
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komplette Remission (CR)
Konsoli-dierung
HDAC/IDAC[8] ± GO[7]
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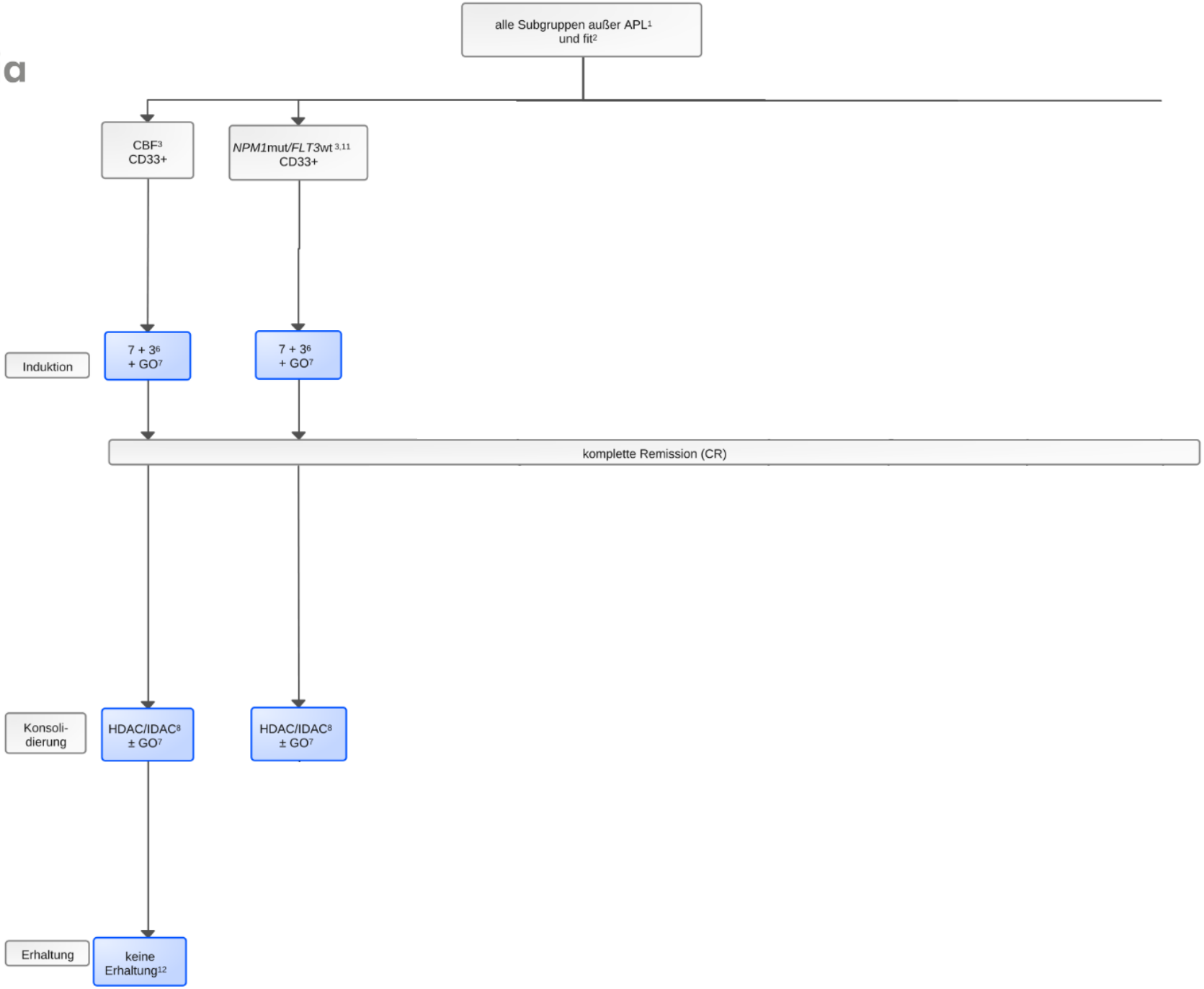
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Erhaltung
keine Erhaltung[12]

AML Erhaltung: HMAs

QUAZAR AML-001: orale Azacitidin Erhaltung bei AML

- Phase 3, randomisiert, doppelblind, Placebo-kontrollierte Studie
- Erhaltung mittels oralem Azacitidin (CC-486) vs Placebo
- n=472, ≥55 Jahre
- de-novo AML mit intermediate oder poor-risk Zytogenetik in CR1 (CR erreicht in 4 Monaten vor Randomisierung), die keine allo HSZT Kandidat*innen waren

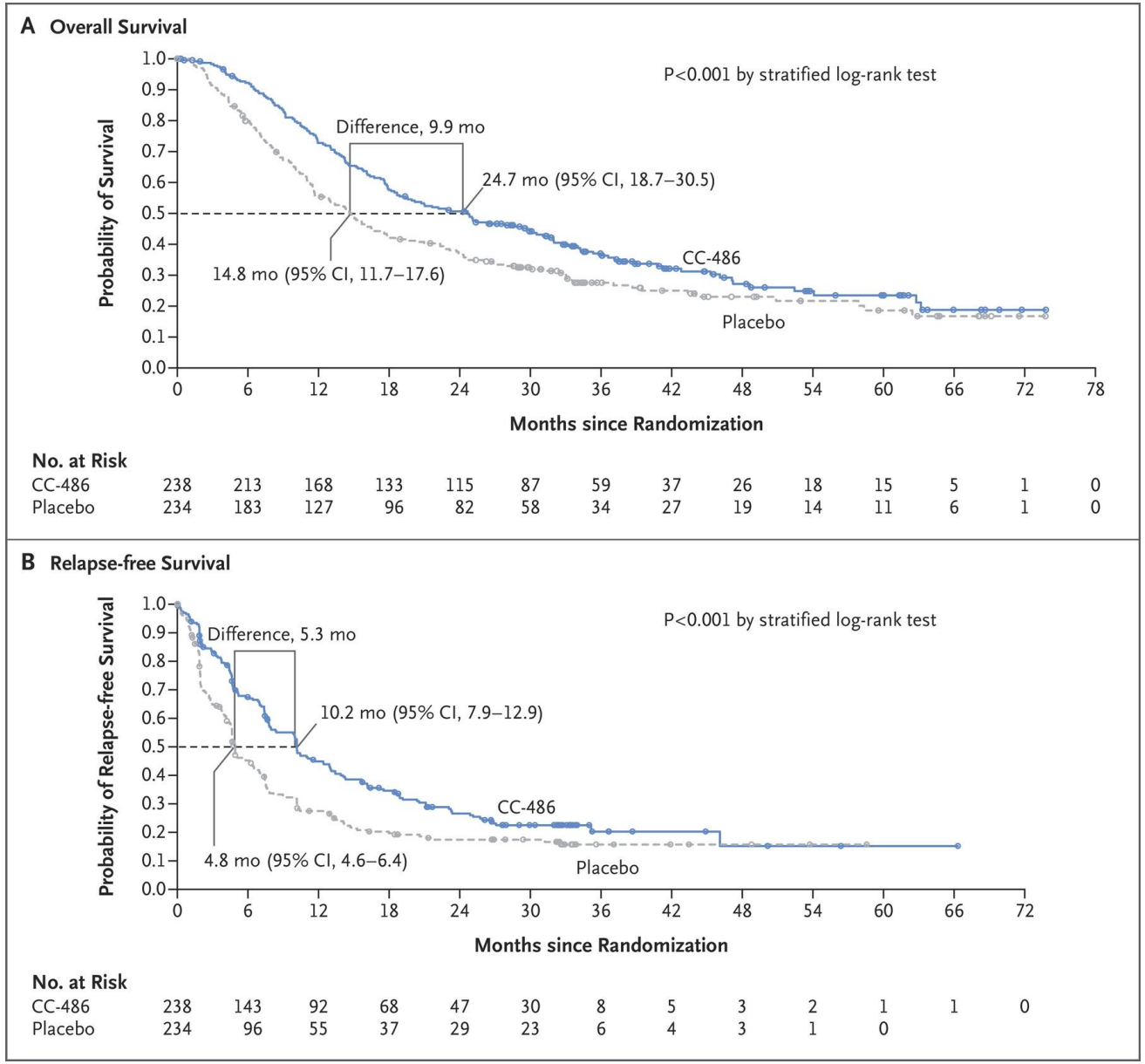
- CC-486 (300 mg OD) oder Placebo, Tag 1-14 von 28 Tage Zyklen.
- Bis zum Auftreten von >15% Blasten oder Unverträglichkeit

- Primary end point: OS
- Secondary end points: RFS, health-related quality of life.

Wei AH et al., N Engl J Med 2020

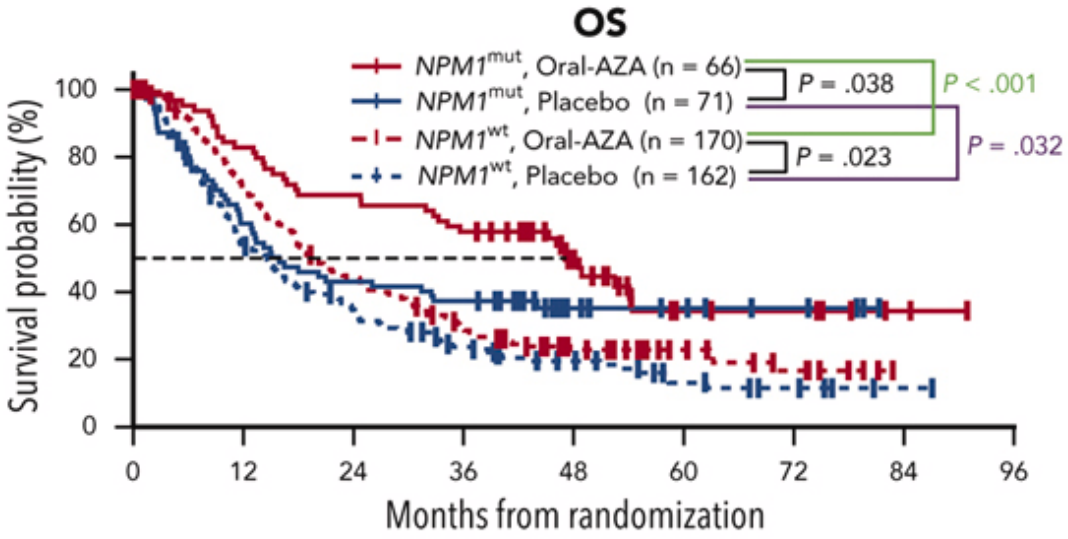
AML Erhaltung: HMAs

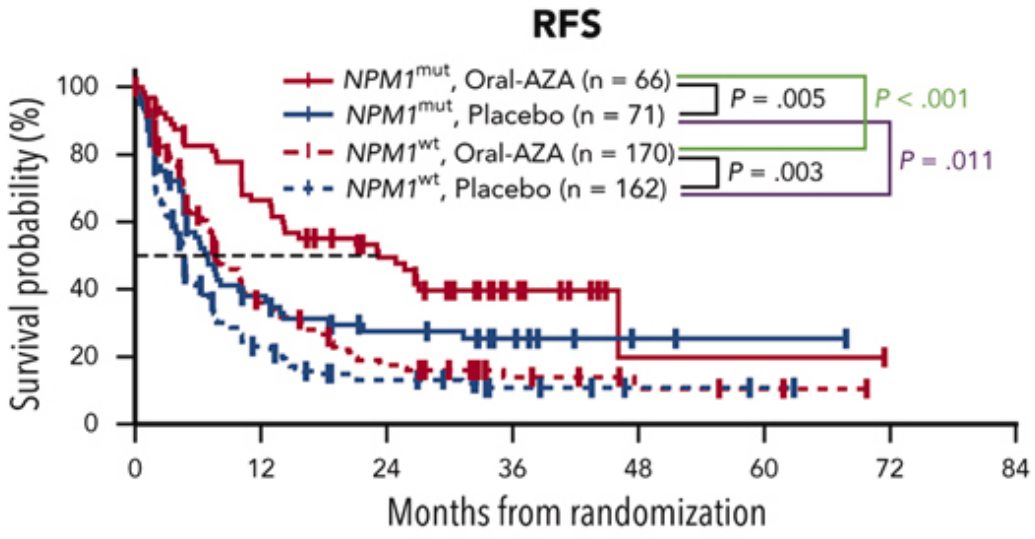
QUAZAR AML-001



Wei AH et al., N Engl J Med 2020

AML Erhaltung: HMAs bei NPM1^{mut}

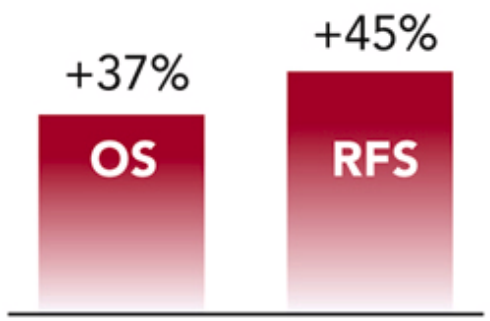




Median OS, months				
NPM1^{mut}, Oral-AZA	**47.2**	NPM1^{wt}, Oral-AZA	**19.6**
NPM1^{mut}, Placebo	**15.9**	NPM1^{wt}, Placebo	**14.6**

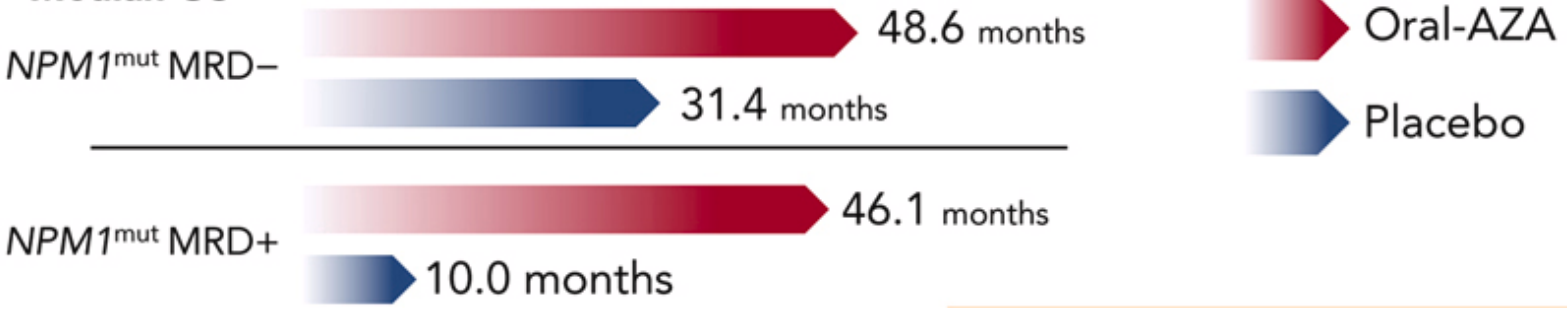
Median RFS, months			
NPM1^{mut}, Oral-AZA	**23.2**	NPM1^{wt}, Oral-AZA	**7.7**
NPM1^{mut}, Placebo	**6.9**	NPM1^{wt}, Placebo	**4.6**

NPM1^{mut}: Oral-AZA vs placebo[d]



NPM1^{mut}

Median OS

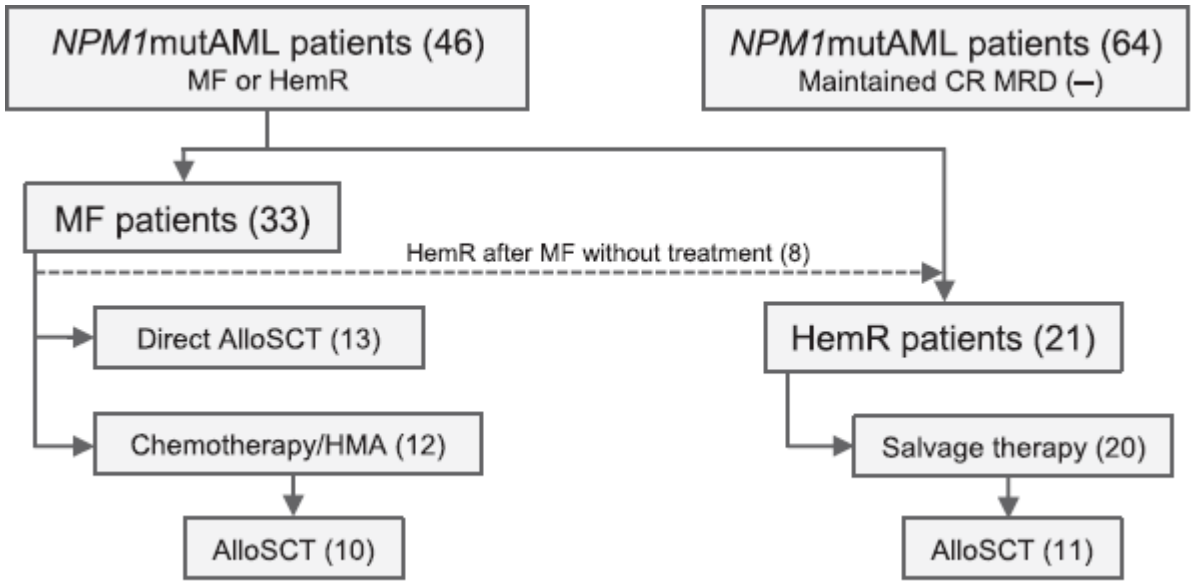


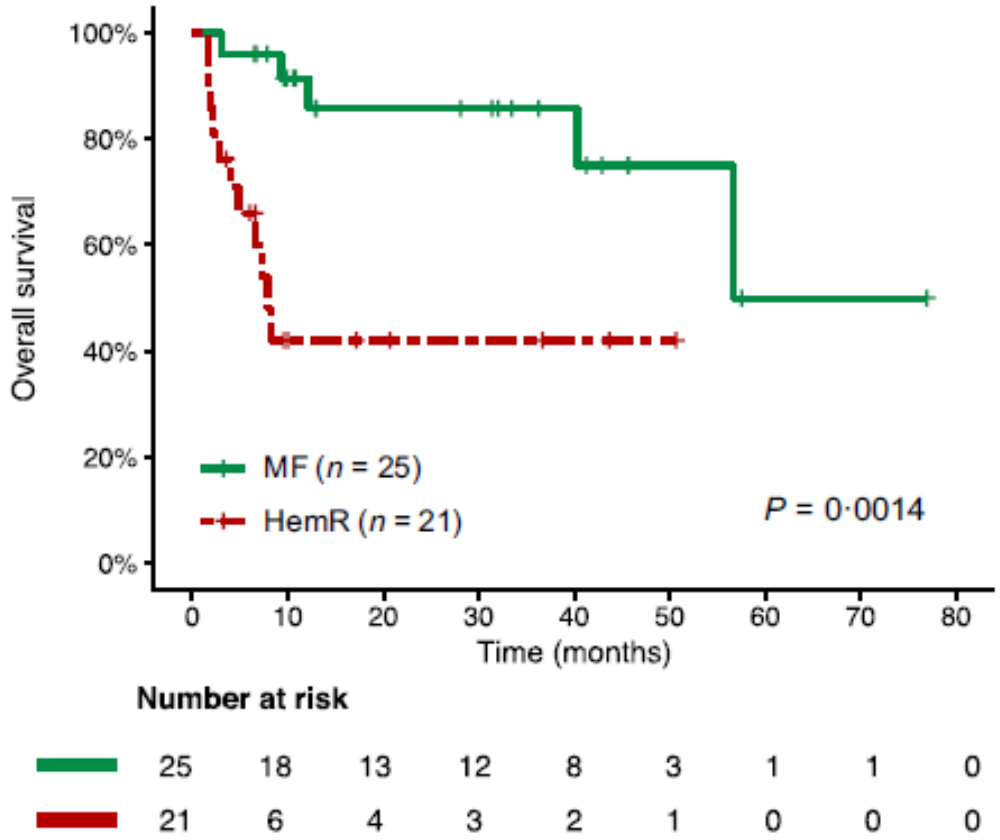
Döhner H et al., Blood 2022

MRD-getriggerte prä-emptive Therapie

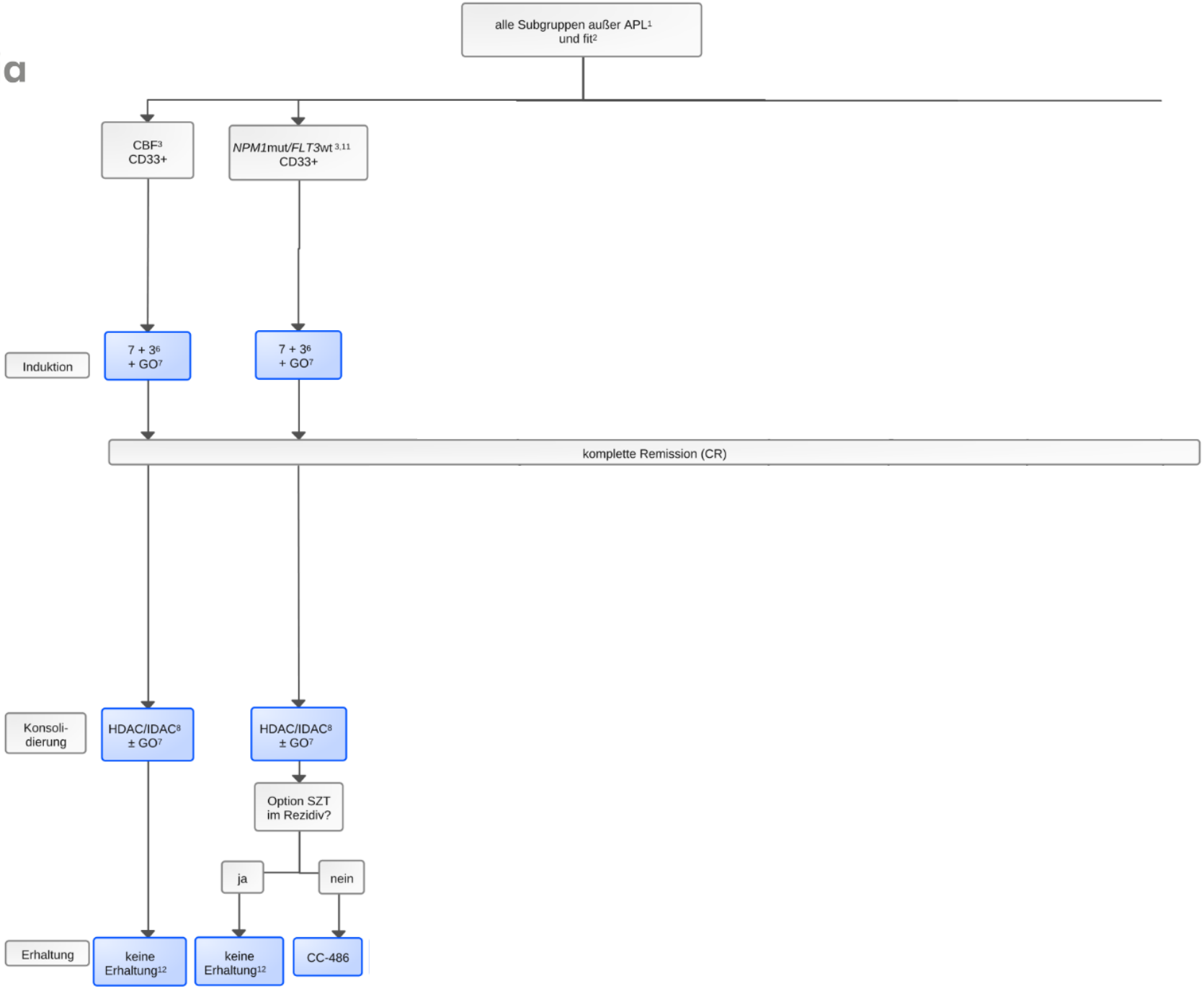
CETLAM-12 Subanalyse

- CETLAM-12 inkludierte eine prä-emptive Intervention in Patient*innen mit molecular failure (MF)
- 110 ELNfav NPM1 AML Patient*innen in CR nach Induktionschemotherapie





Bataller A et al., Br J Haematol 2020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komplette Remission (CR)
Konsoli-dierung
HDAC/IDAC[8] ± GO[7]
HDAC/IDAC[8] ± GO[7]
Option SZT im Rezidiv?
ja
nein
Erhaltung
keine Erhaltung[12]
keine Erhaltung[12]
CC-486

Midostaurin

RATIFY trial: 7+3 mit Kons. +/- Midostaurin inkl. Erhaltung

- Phase 3, randomisiert, Placebo-kontrolliert, doppelblind
- CAVE: allo HSZT erlaubt, danach kein weiteres Midostaurin

Patients with newly diagnosed AML aged ≥ 18 to < 60 years with activating *FLT3* mutations[a,b]

Stratification by TKD and ITD[c] (ratio < 0.7 vs ≥ 0.7)

(N = 717)

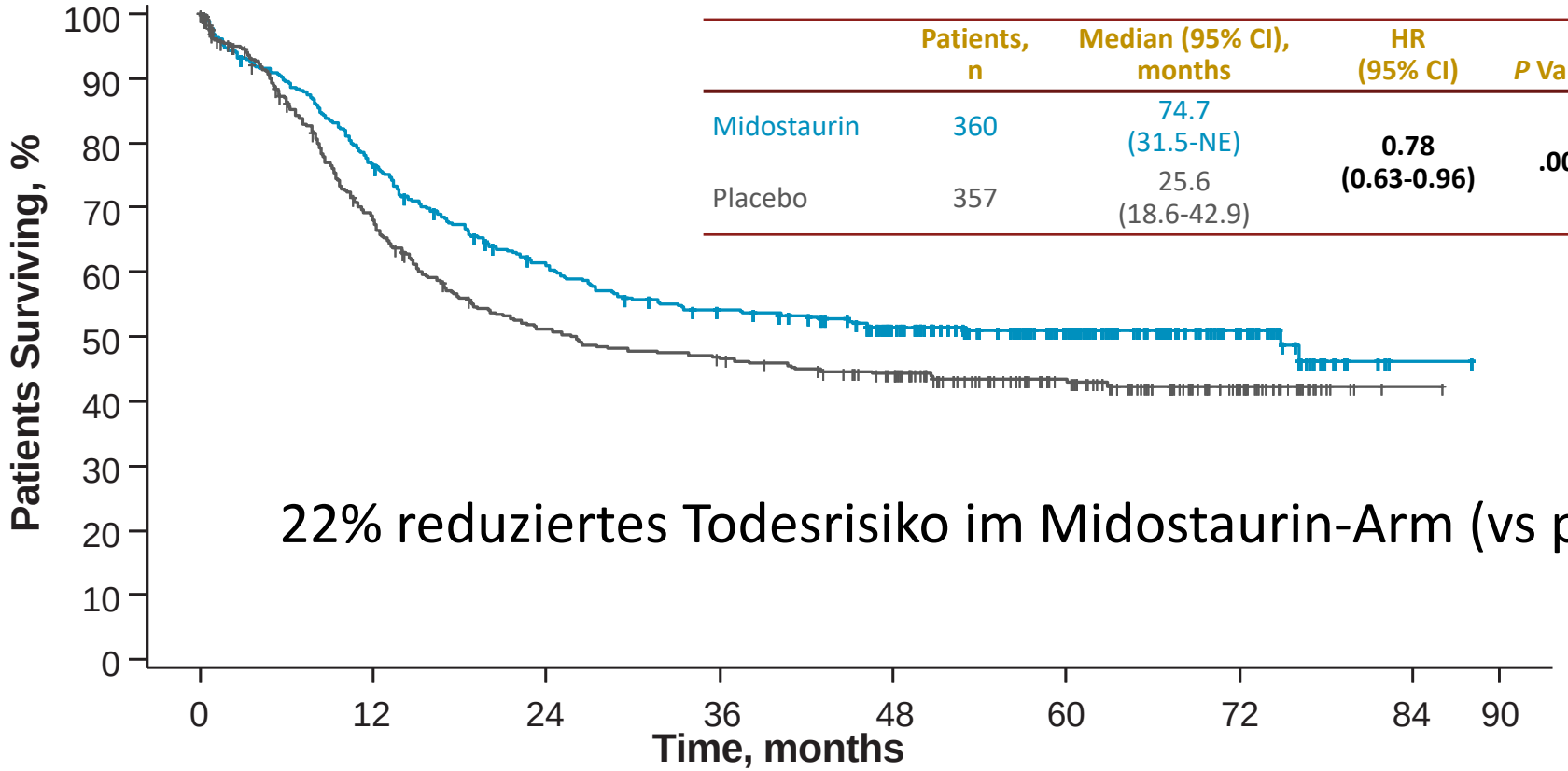
R

	Induction (1-2 cycles)	CR	Consolidation (up to 4 cycles)	CR	Postconsolidation (up to 12 cycles)
Midostaurin arm	**Midostaurin** (50 mg bid, days 8-21) **Daunorubicin** (60 mg//m²/day, days 1-3) **Cytarabine** (200 mg/m²/day, days 1-7)		**Midostaurin** (50 mg bid, days 8-21) **High-dose cytarabine** (3 g/m²/day q12h, days 1, 3, and 5)		**Midostaurin** (50 mg bid, days 1-28)
Placebo arm	**Placebo** (bid, days 8-21) **Daunorubicin** (60 mg/m²/day, days 1-3) **Cytarabine** (200 mg/m²/day, days 1-7)		**Placebo** (bid, days 8-21) **High-dose cytarabine** (3 g/m²/day q12h, days 1, 3, and 5)		**Placebo** (bid, days 1-28)

Primary endpoint: OS
Key secondary endpoint: EFS

Stone RM et al., N Engl J Med 2021

RATIFY trial: OS noncensored für allo HSZT



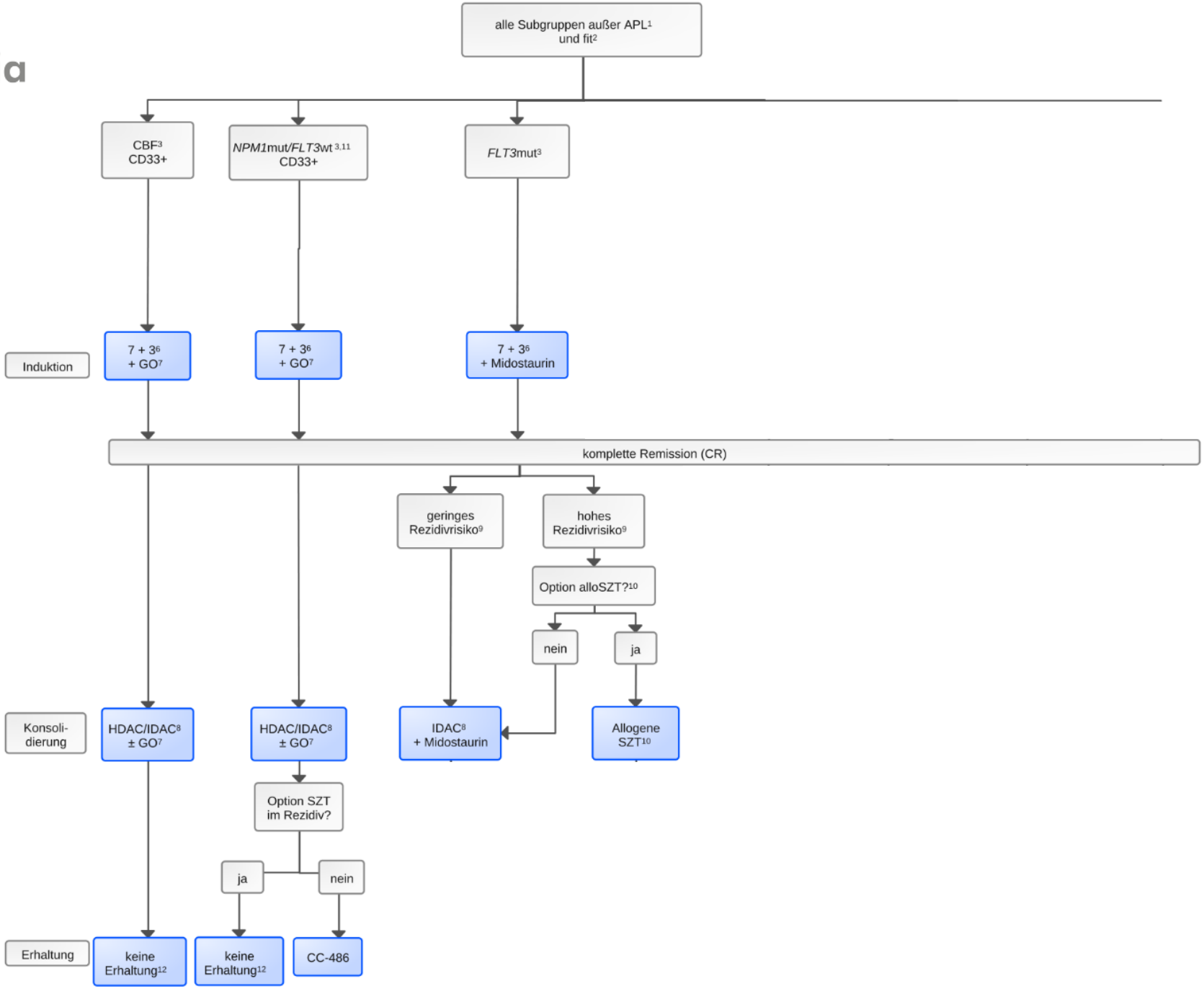
	Patients, n	Median (95% CI), months	HR (95% CI)	*P* Value[b]
Midostaurin	360	74.7 (31.5-NE)	**0.78 (0.63-0.96)**	**.009**
Placebo	357	25.6 (18.6-42.9)		

22% reduziertes Todesrisiko im Midostaurin-Arm (vs placebo)

Patients at risk

Midostaurin	360	269	209	181	151	97	37	1
Placebo	357	221	163	147	129	80	30	1

Stone RM et al., N Engl J Med 2021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hohes Rezidivrisiko[9]
Option alloSZT?[10]
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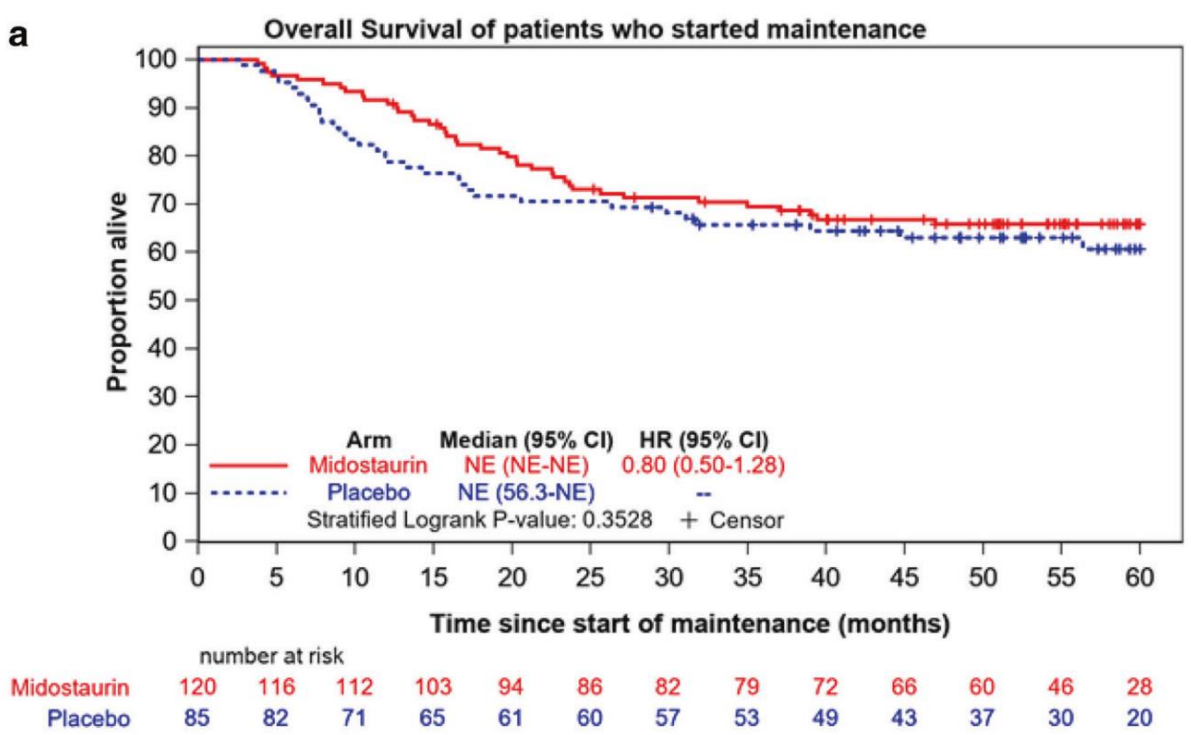
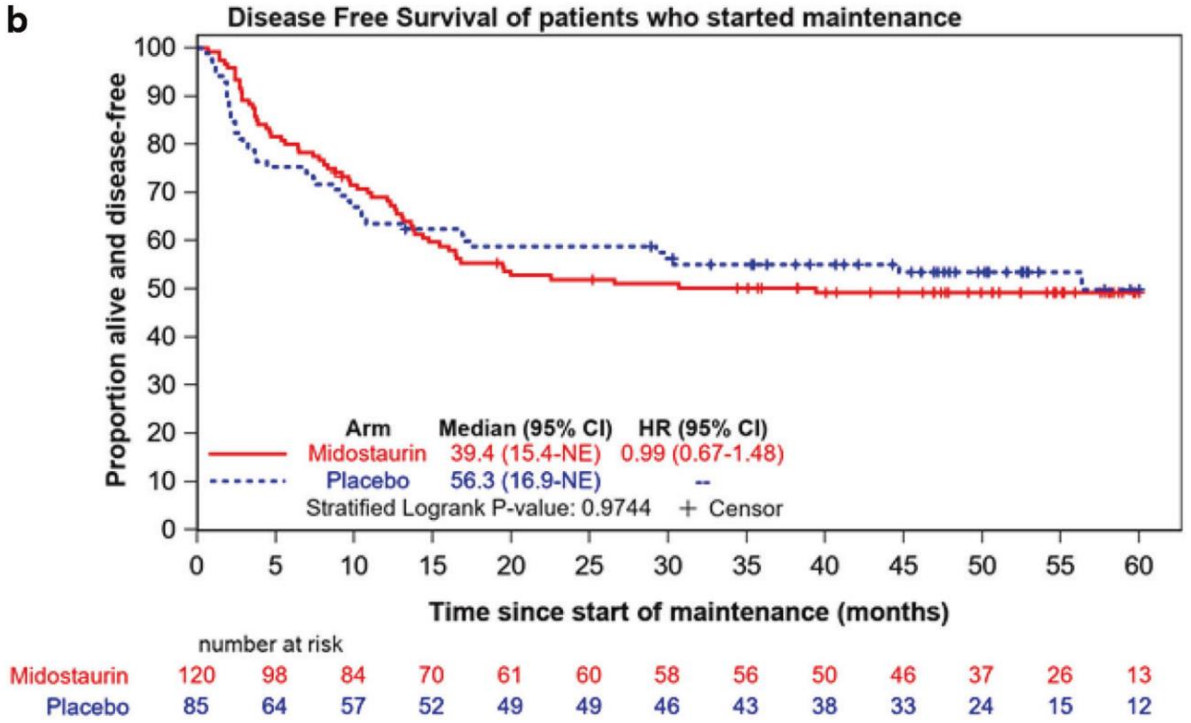
CC-486

AML Erhaltung: Midostaurin bei FLT3^{mut}

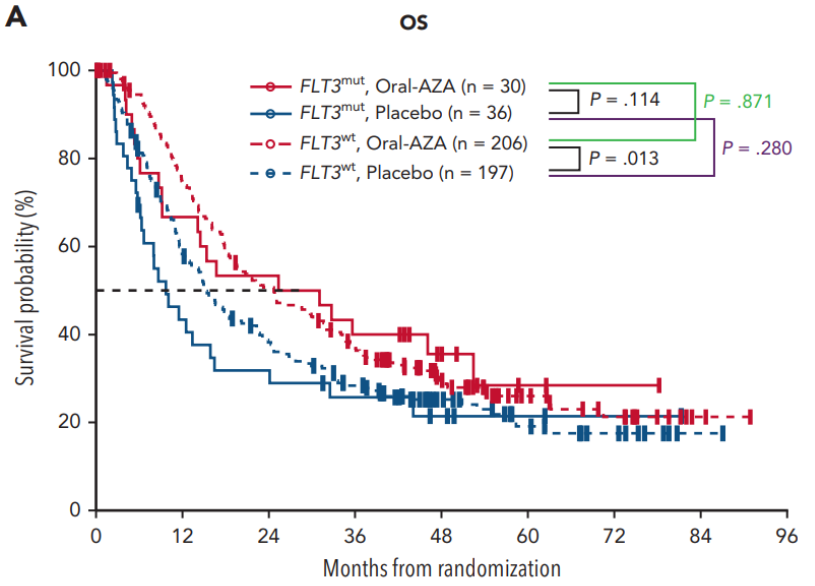




CAVE: no extra randomization before maintenance
Only patients <60 years

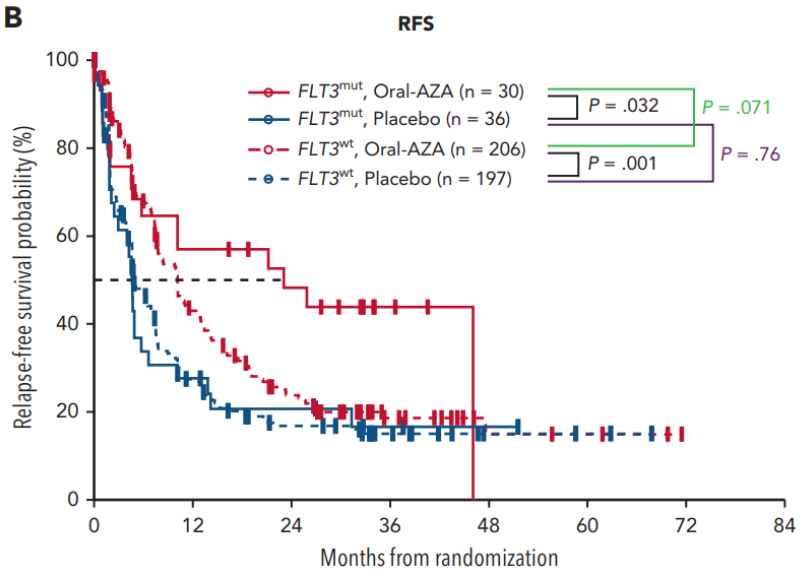
Larson RA et al., Leukemia 2021

AML Erhaltung: HMAs bei FLT3^{mut}



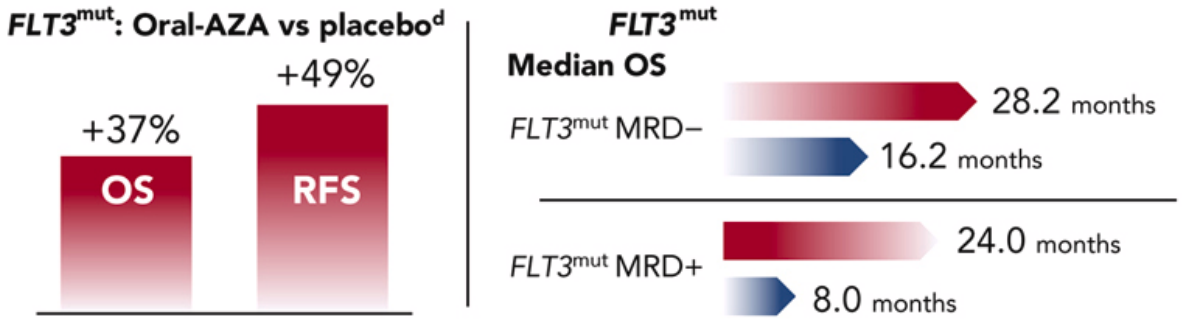
Median OS, months

FLT3^{mut}, Oral-AZA	**28.2**	*FLT3*^{wt}, Oral-AZA	**24.7**
FLT3^{mut}, Placebo	**9.7**	*FLT3*^{wt}, Placebo	**15.2**



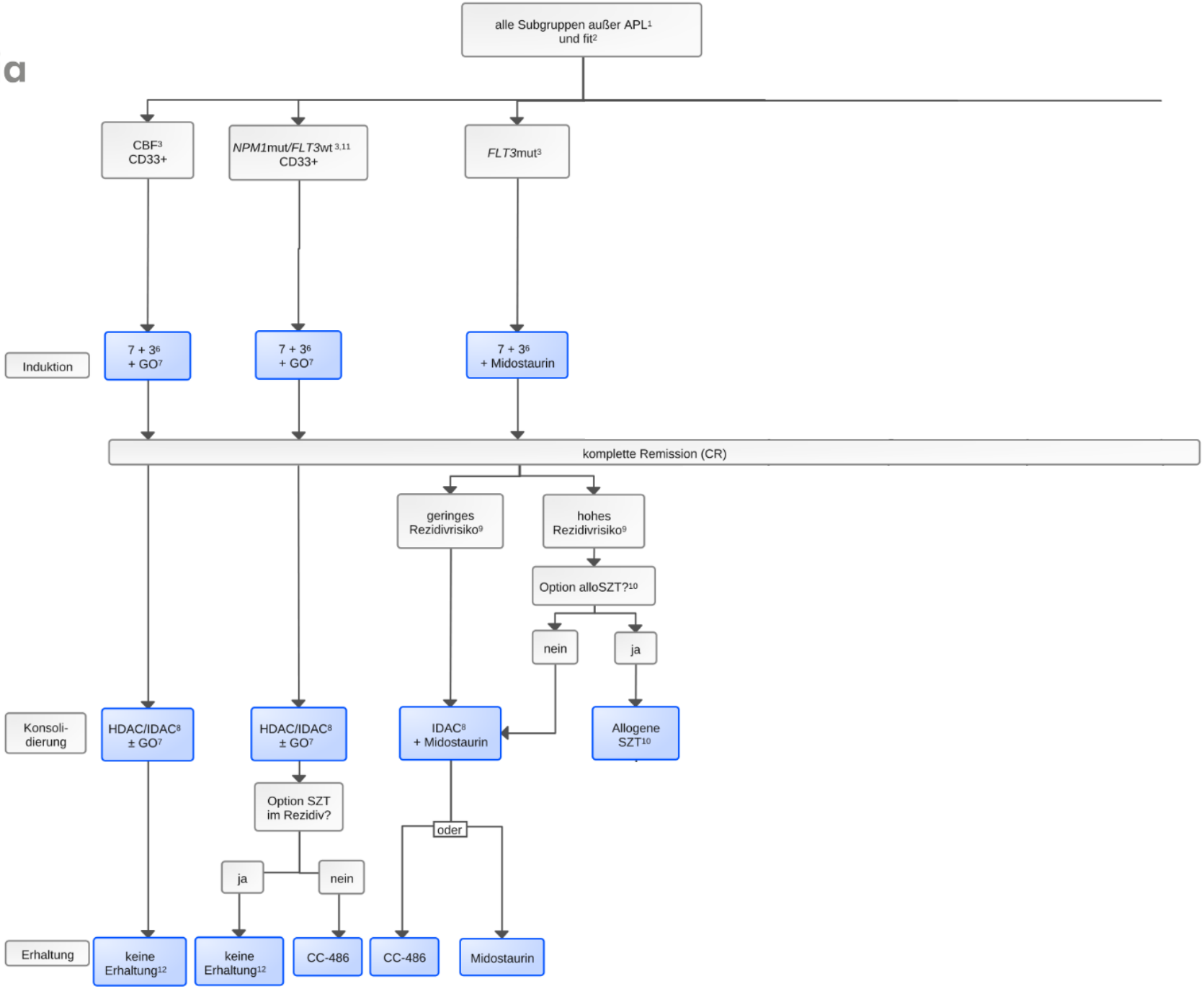
Median RFS, months

FLT3^{mut}, Oral-AZA	**23.1**	*FLT3*^{wt}, Oral-AZA	**10.2**
FLT3^{mut}, Placebo	**4.6**	*FLT3*^{wt}, Placebo	**4.9**



CAVE: Alter ≥55 Jahr
FLT3mut nur 66 Patienten

Döhner H et al., Blood 2022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Allogene SZT[10]
Option SZT im Rezidiv?
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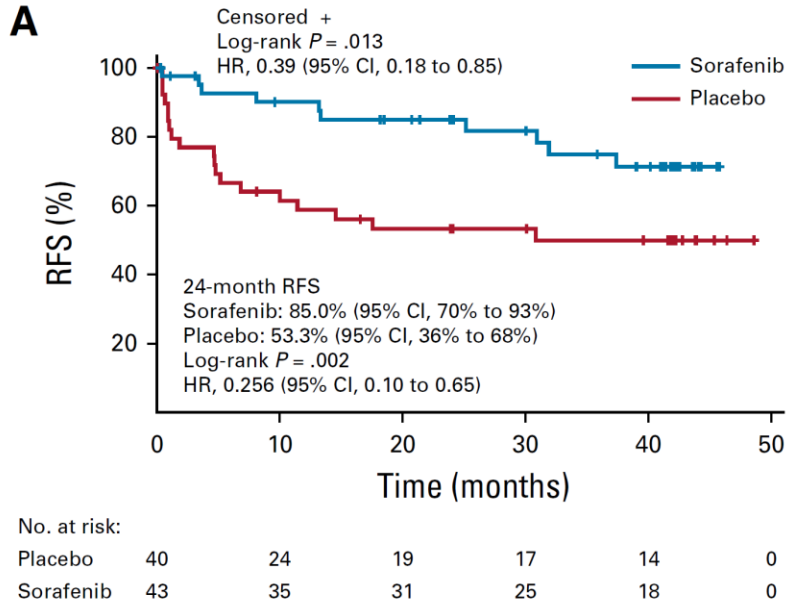
keine Erhaltung[12]
CC-486
CC-486
Midostaurin

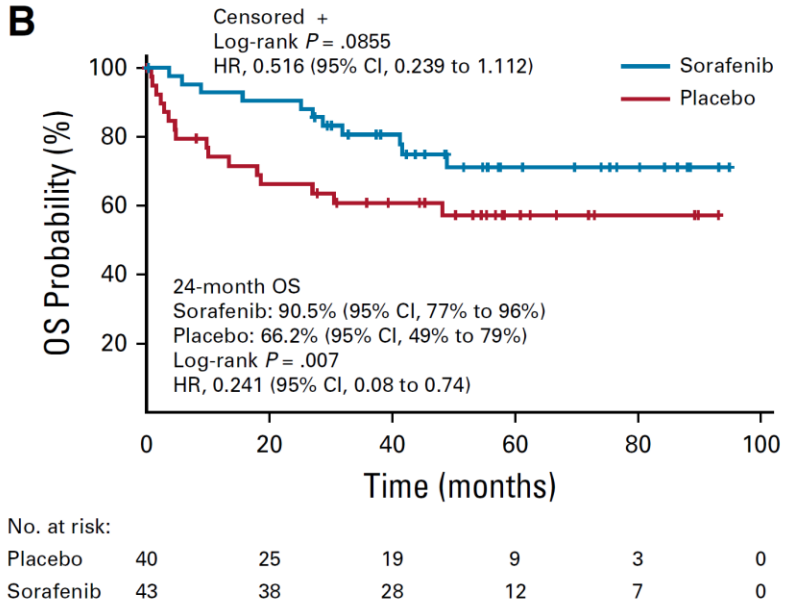
AML Erhaltung: FLT3 Inhibition nach allo HSZT

SORMAIN: Sorafenib Erhaltung nach allo HSZT

- Phase 2, randomisiert, Placebo-kontrolliert, doppelblinde Studie double-blind study, n=83
- FLT3-ITD AML in CHR nach allo HSZT (9/10 oder 10/10 MUD oder Geschwisterspender
- HSZT als Konsolidierung oder upfront bei r/r AML
- Start Tag +60 bis +100; 800mg/d
- Sorafenib vs Placebo für 24 Monate
- Primary Endpoint: RFS
- Benefit v.a. in MRD- vor Transplant bzw. MRD+ nach Transplant

Burchert A et al., JCO 2020

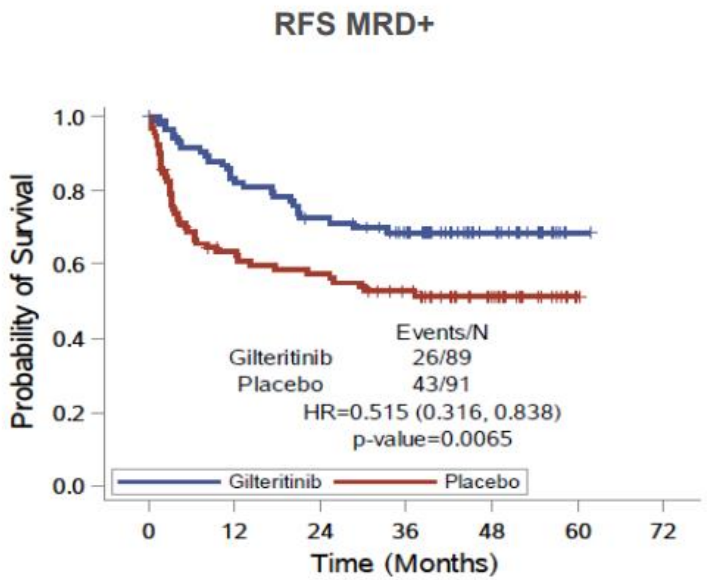


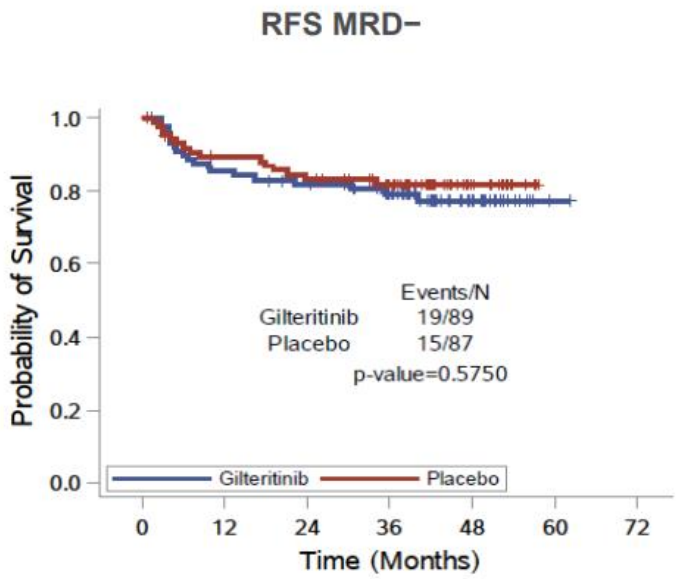


AML Erhaltung: FLT3 Inhibition nach allo HSZT

MORPHO: Gilteritinb Erhaltung nach allo HSZT

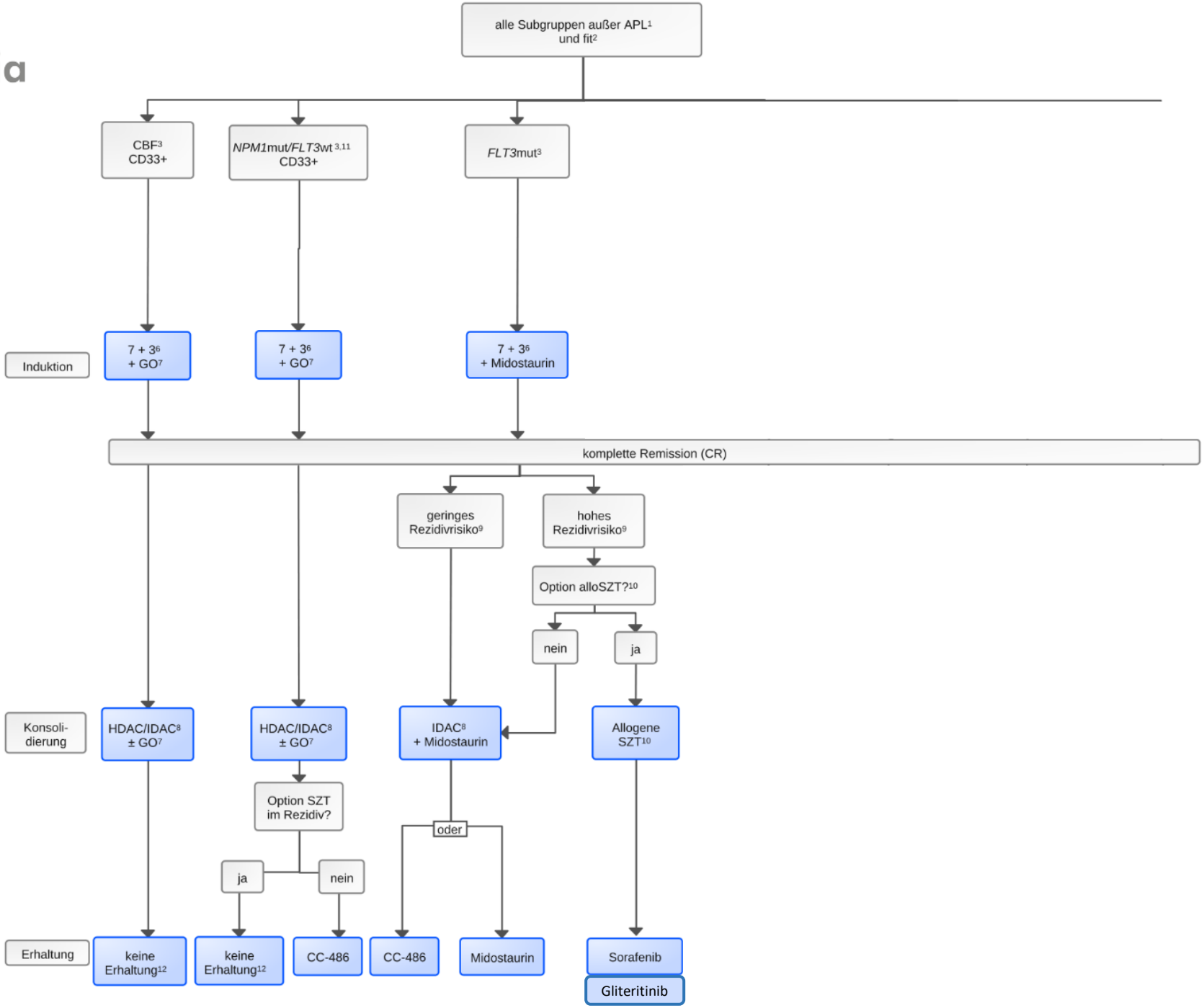
- Randomisiert, Placebo-kontrolliert, n=356
- FLT3-ITD+ AML nach allo HSZT in CR1
- Start Tag +30 bis +90, 120mg/d, 2 Jahre
- Primary endpoint: RFS HSZT





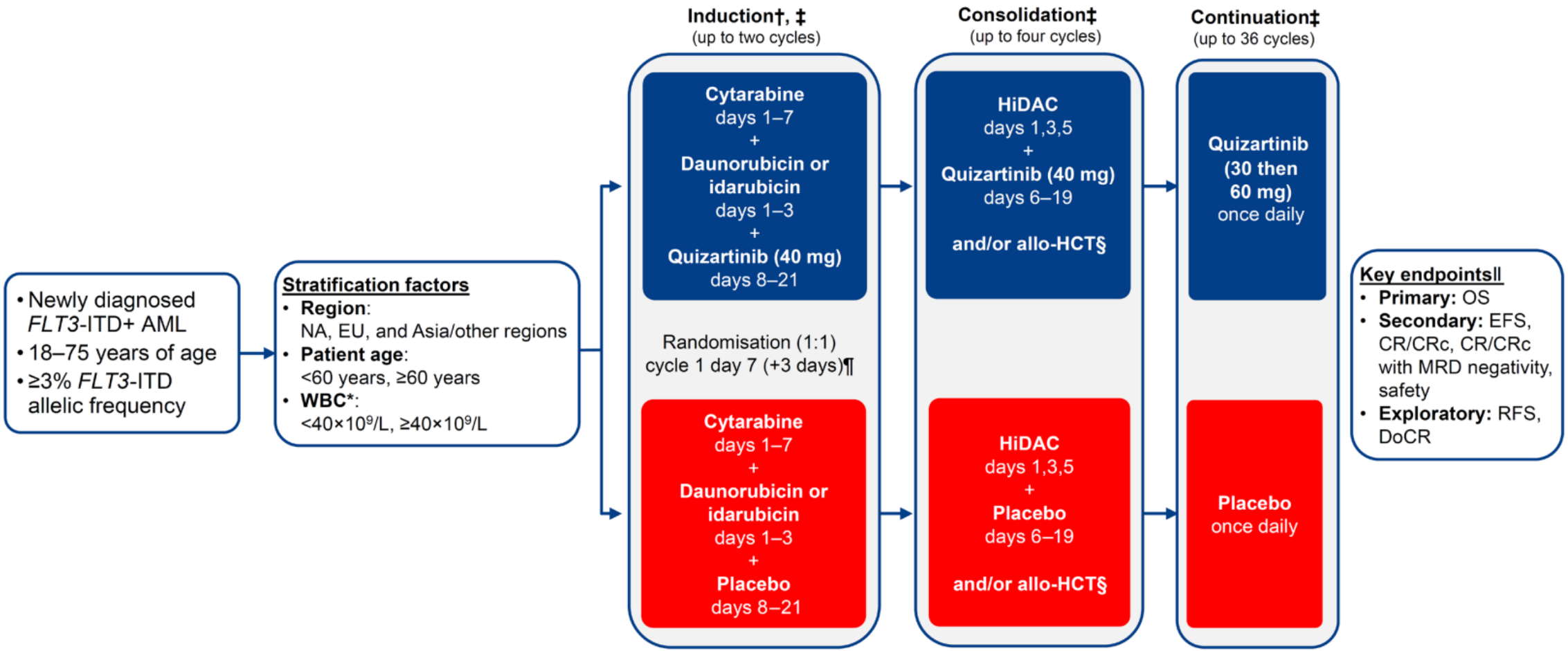
Levis M et al., EHA 2023; #LB2711

onkopedia


alle Subgruppen außer APL[1] und fit[2]
CBF[3] CD33+
*NPM1*mut/*FLT3*wt [3,11] CD33+
*FLT3*mut[3]
Induktion
7 + 3[6] + GO[7]
7 + 3[6] + GO[7]
7 + 3[6] + Midostaurin
komplette Remission (CR)
geringes Rezidivrisiko[9]
hohes Rezidivrisiko[9]
Option alloSZT?[10]
nein
ja
Konsoli-dierung
HDAC/IDAC[8] ± GO[7]
HDAC/IDAC[8] ± GO[7]
IDAC[8] + Midostaurin
Allogene SZT[10]
Option SZT im Rezidiv?
oder
ja
nein
Erhaltung
keine Erhaltung[12]
keine Erhaltung[12]
CC-486
CC-486
Midostaurin
Sorafenib
Gliteritinib

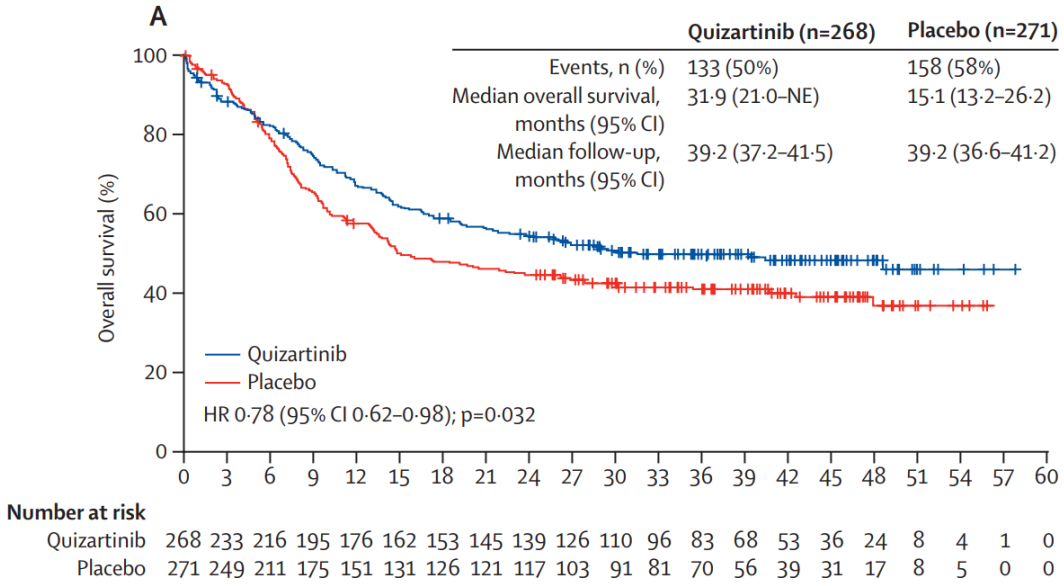
Quizartinib

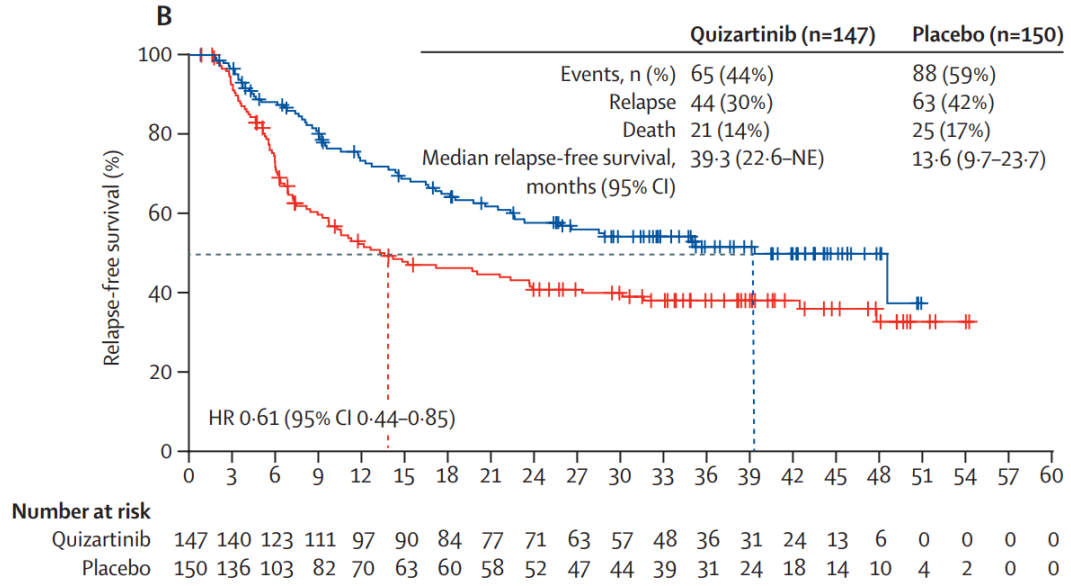
QuANTUM-First trial: 7+3 mit Kons./alloSCT +/- Quizartinib inkl. Erhaltung

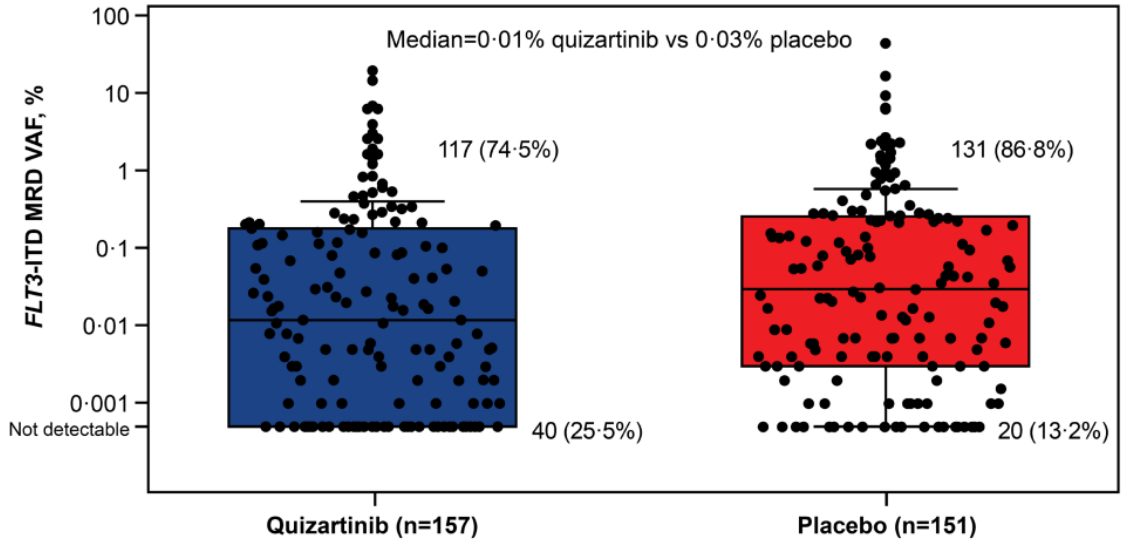


Erba HP et al., Lancet 2023

Quizartinib







Erba HP et al., Lancet 2023

CPX-351: Kombinationspräparat aus liposomalem Daunorubicin und Cytarabin (1:5)

- Phase 3, randomisiert, open-label
- allo HSZT erlaubt
- HMA Vortherapie erlaubt

- ≥ 60 to <75 years
- t-AML
- De novo AML with MDS-related CG
- sAML from MDS/CMML

(N = 309)

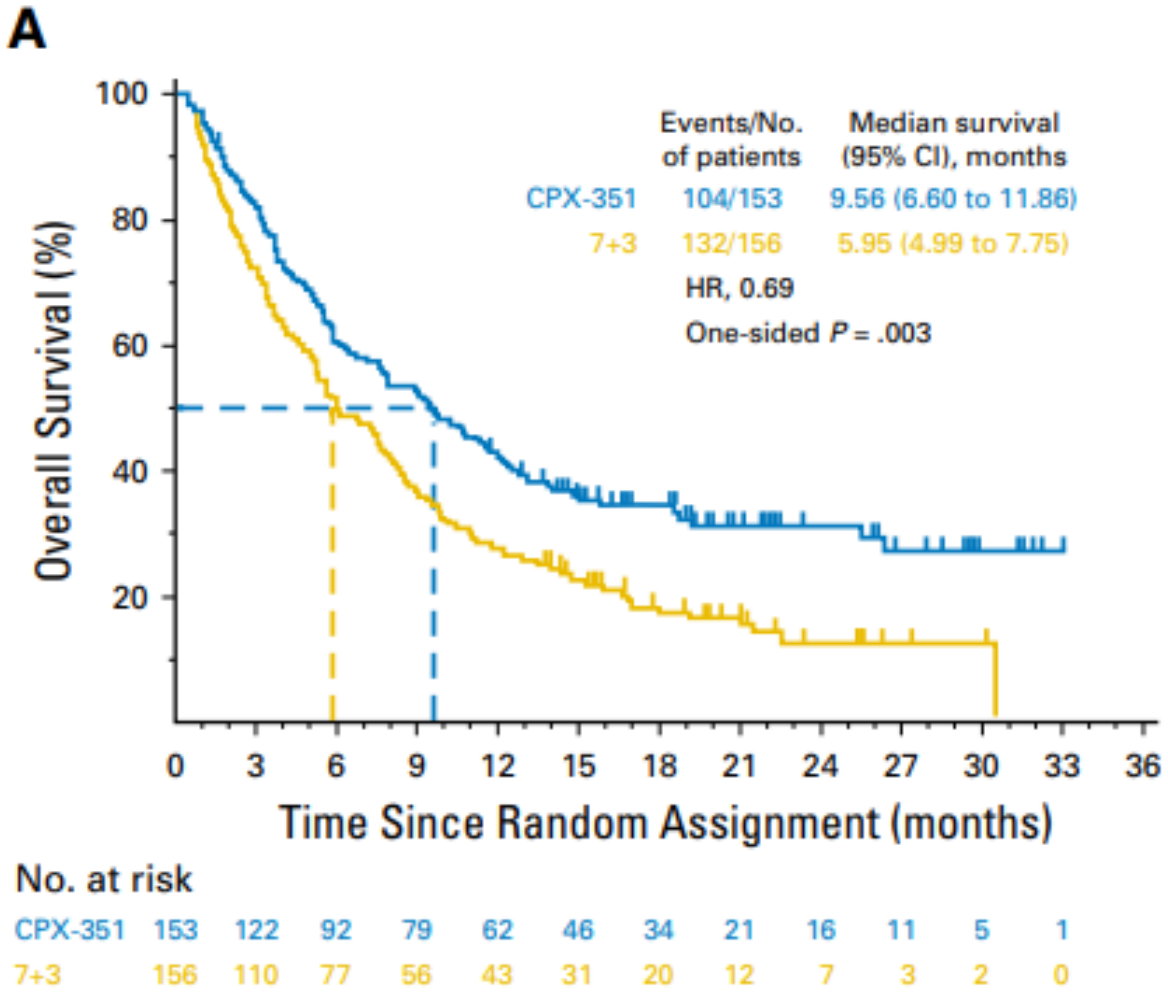
R

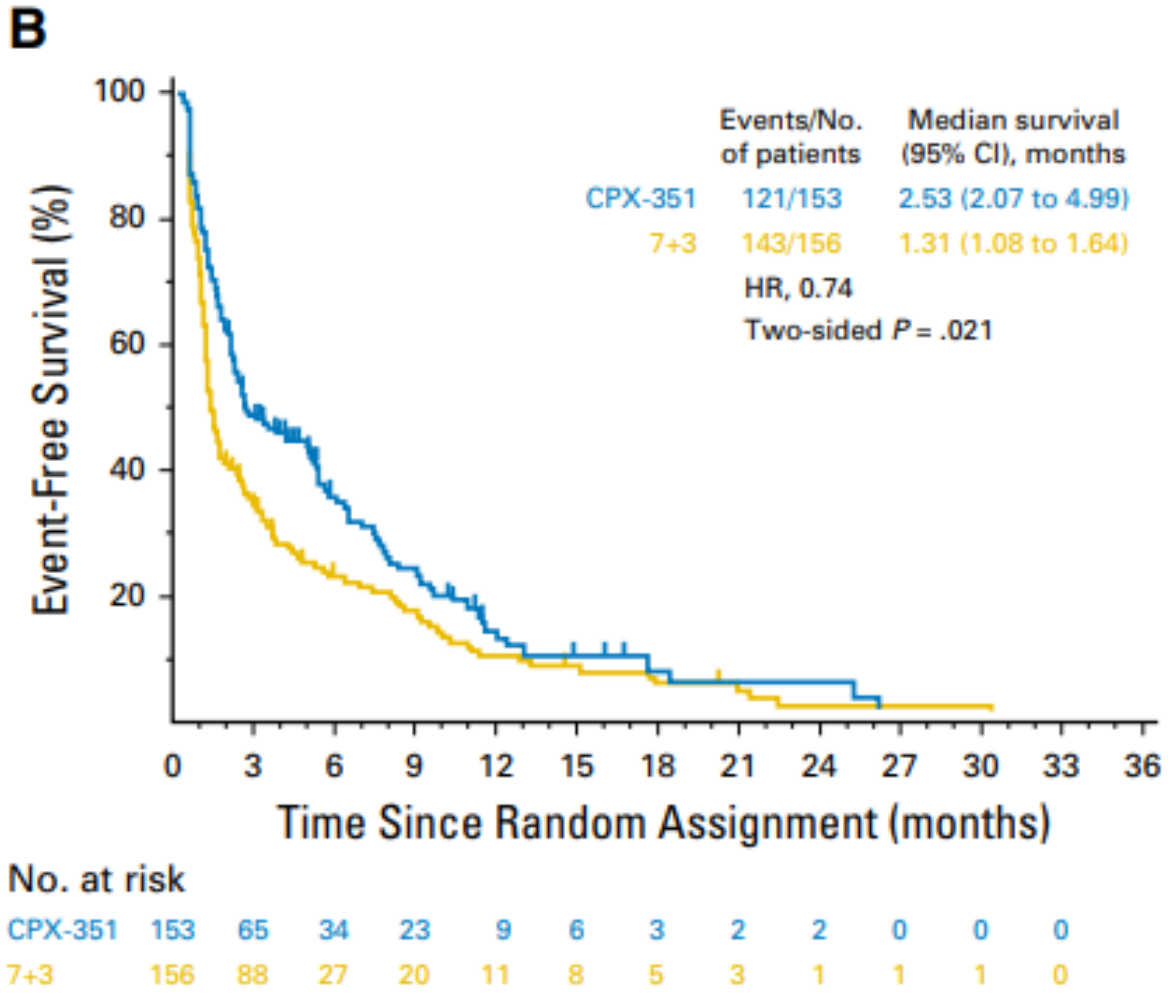
	Induction	ev. Induction II	CR / CRi ▼ Consolidation (up to 2 cycles)
	CPX-351 (100U/m2/day, days 1,3,5) (100mg/m2 cytarabine and 44mg/m2 daunorubicin)	**CPX-351** (100U/m2/day, days 1,3) (100mg/m2 cytarabine and 44mg/m2 daunorubicin)	**CPX-351** (65U/m2/day, days 1,3) (65mg/m2 cytarabine and 29mg/m2 daunorubicin)
	Daunorubicin (60 mg/m^2/day, days 1-3)	**Daunorubicin** (60 mg/m^2/day, days 1-2)	**Daunorubicin** (60 mg/m^2/day, days 1-2)
	Cytarabine (100 mg/m^2/day, days 1-7)	**Cytarabine** (100 mg/m^2/day, days 1-5)	**Cytarabine** (100 mg/m^2/day, days 1-5)

Primary endpoint: OS

Lancet JE et al., J Clin Oncol 2018

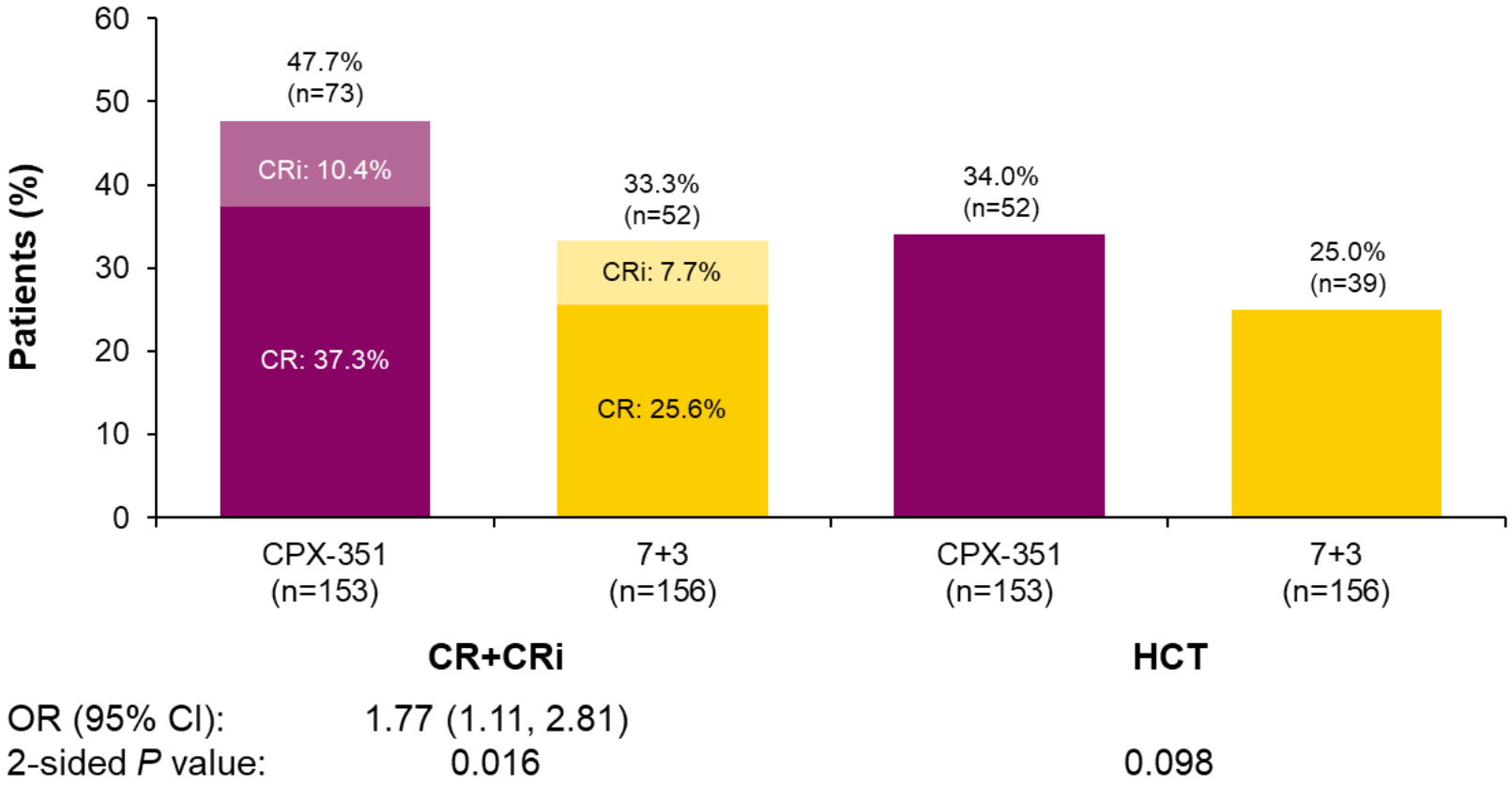
CPX-351





Lancet JE et al., J Clin Oncol 2018
Cortes JE et al., J Hematol Oncol 2022

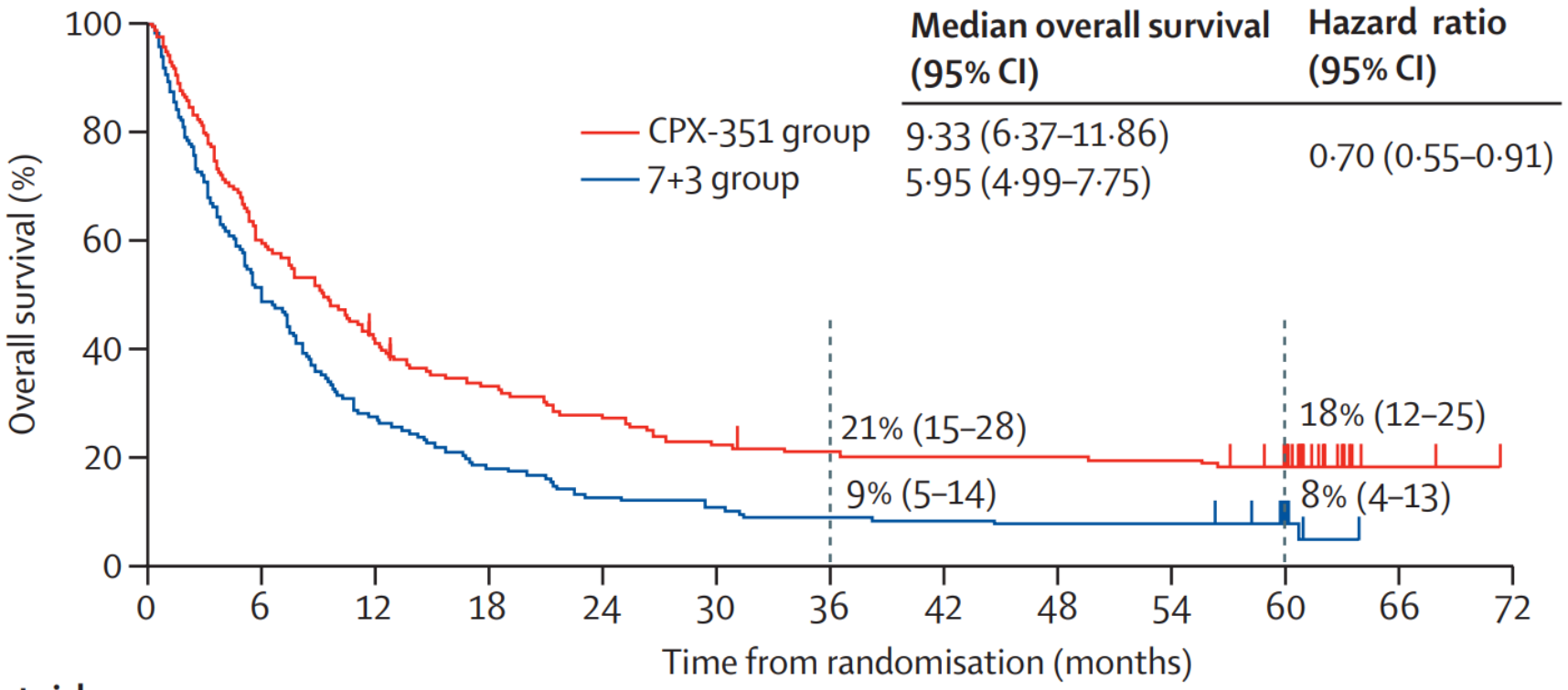
CPX-351



- CPX-351 was associated with a significantly higher overall remission rate (CR+CRi)

Lancet JE, et al. J Clin Oncol 2018;36(26):2684–2692.

CPX-351

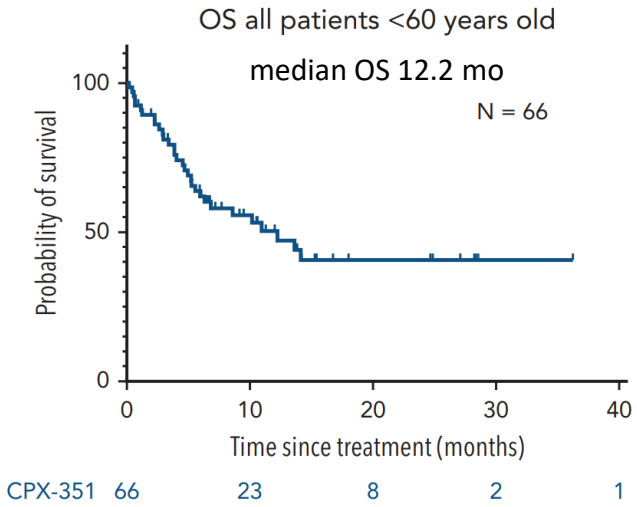


Number at risk (number censored)

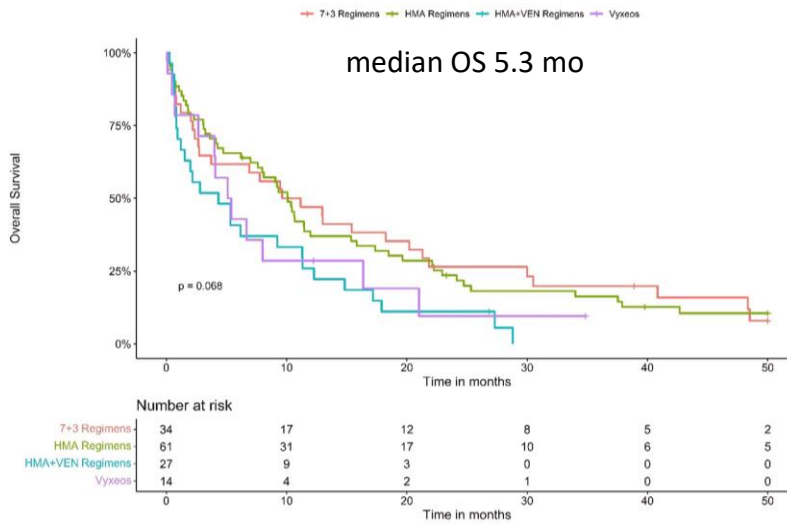
CPX-351 group	153	92	62	49	40	33	30	29	29	28	22	2	0
	(0)	(0)	(1)	(2)	(2)	(2)	(3)	(3)	(3)	(3)	(7)	(27)	(29)
7+3 group	156	77	43	28	20	17	14	13	12	12	5	0	0
	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(7)	(11)	(11)

Lancet JE, et al. Lancet Haematol 2021

CPX-351

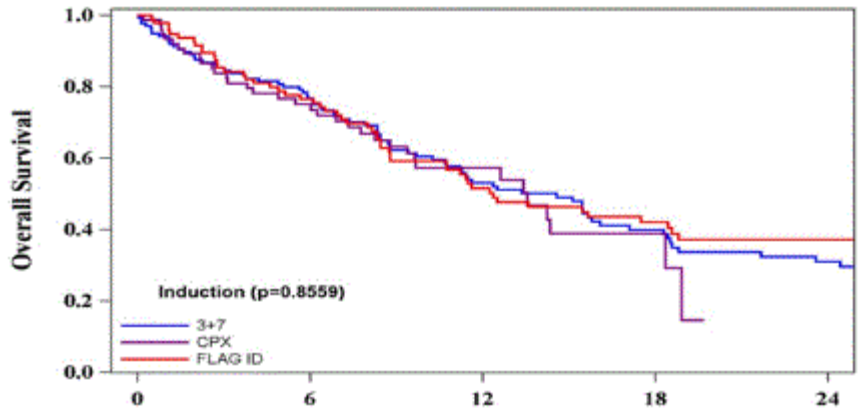


Przespolewski A et al., Blood 2023



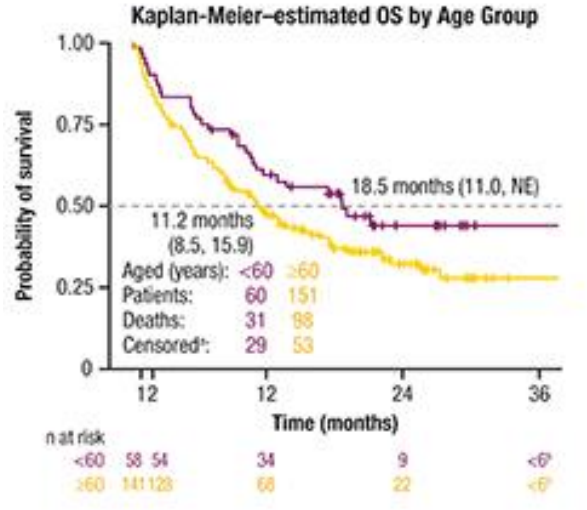
Alhartv H et al.. ASH 2022

median OS Zulassungsstudie: 9.56 mo

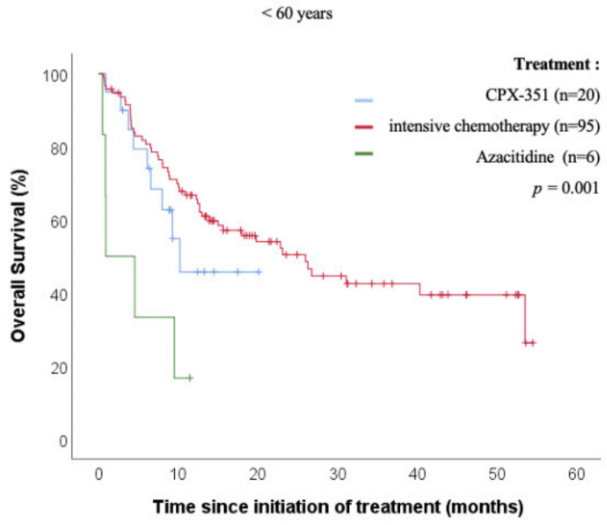


Andrews C et al., EHA 2022

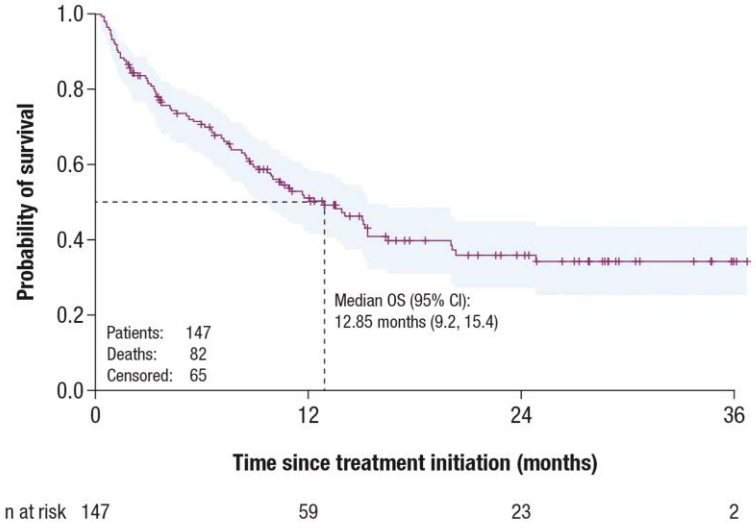
Figure 1. OS



Legg A et al., EHA 2022



Chiche E et al., Blood Adv 2021



Mehta P et al., ASH 2022

CPX-351

Zulassungsstudie
- Pat. >60a
- t-AML
- AML mit MDS-related ZG
- sAML aus MDS/CMML

→

Zulassung:
- Erwachsene Patient*innen
- t-AML
- AML-MRC

→

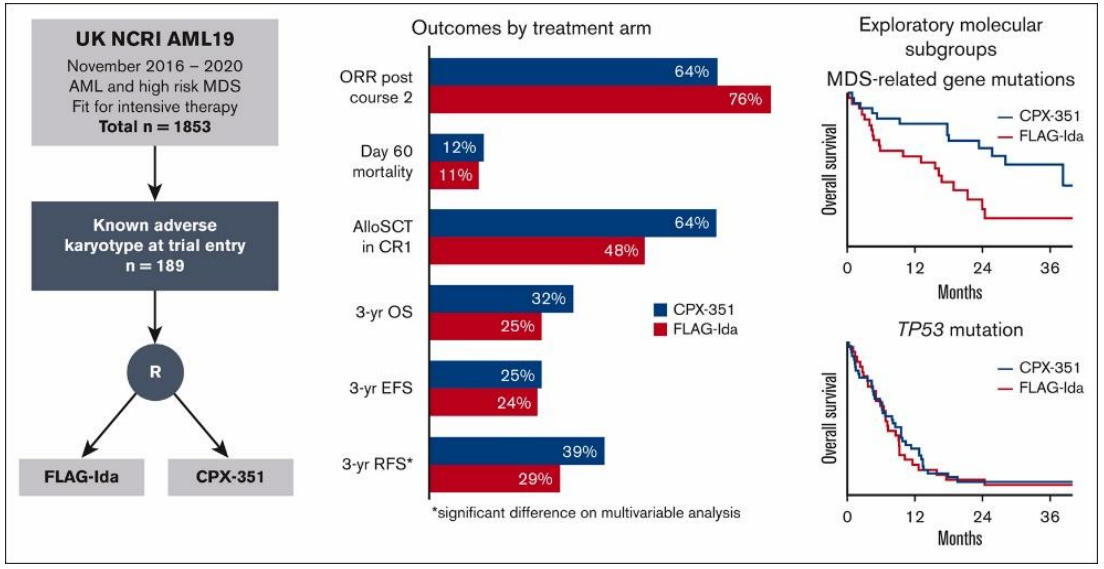
2022:
WHO und ICC Klassifikation inkludieren Mutations für die Diagnose der Myelodysplasie-assoziierten subgruppen

Molecular analysis of licensing study

	ASXL1		*DNMT3A*		*RUNX1*		*TET2*		*TP53*	
Outcome	**CPX-351 (n = 30)**	**7+3 (n = 20)**	**CPX-351 (n = 20)**	**7+3 (n = 21)**	**CPX-351 (n = 21)**	**7+3 (n = 22)**	**CPX-351 (n = 26)**	**7+3 (n = 17)**	**CPX-351 (n = 24)**	**7+3 (n = 35)**
CR, n (%)	5 (17)	4 (20)	7 (35)	11 (52)	5 (24)	6 (27)	5 (19)	7 (41)	7 (29)	12 (34)
OR (95% CI)	0.80 (0.19-3.43)		0.49 (0.14-1.72)		0.83 (0.21-3.29)		0.34 (0.09-1.34)		0.79 (0.26-2.43)	
CR+CRi, n (%)	11 (37)	7 (35)	12 (60)	12 (57)	7 (33)	7 (32)	9 (35)	8 (47)	7 (29)	14 (40)
OR (95% CI)	1.08 (0.33-3.50)		1.13 (0.32-3.90)		1.07 (0.30-3.84)		0.60 (0.17-2.08)		0.62 (0.20-1.87)	
Median remission duration,[b] mo	6.37	4.11	9.89	4.32	8.05	3.45	6.37	3.45	8.05	3.45
HR (95% CI)	0.69 (0.18-2.58)		0.33 (0.10-1.06)		0.56 (0.17-1.87)		0.43 (0.13-1.38)		0.63 (0.24-1.65)	
Transplant, n (%)	8 (27)	6 (30)	11 (55)	8 (38)	6 (29)	4 (18)	6 (23)	3 (18)	3 (13)	11 (31)
OR (95% CI)	0.85 (0.24-2.97)		1.99 (0.57-6.90)		1.80 (0.43-7.59)		1.40 (0.30-6.56)		0.31 (0.08-1.27)	
Median OS,[b] mo	9.10	6.29	12.62	5.49	8.87	4.09	9.10	3.68	4.53	5.13
HR (95% CI)	0.67 (0.35-1.27)		0.41 (0.19-0.89)		0.58 (0.30-1.11)		0.47 (0.23-0.93)		1.19 (0.70-2.05)	
Median EFS,[b] mo	1.58	1.41	5.98	3.58	2.00	1.22	1.59	1.64	0.97	1.64
HR (95% CI)	0.79 (0.42-1.48)		0.45 (0.21-0.95)		0.57 (0.30-1.08)		0.93 (0.49-1.77)		1.13 (0.66-1.93)	

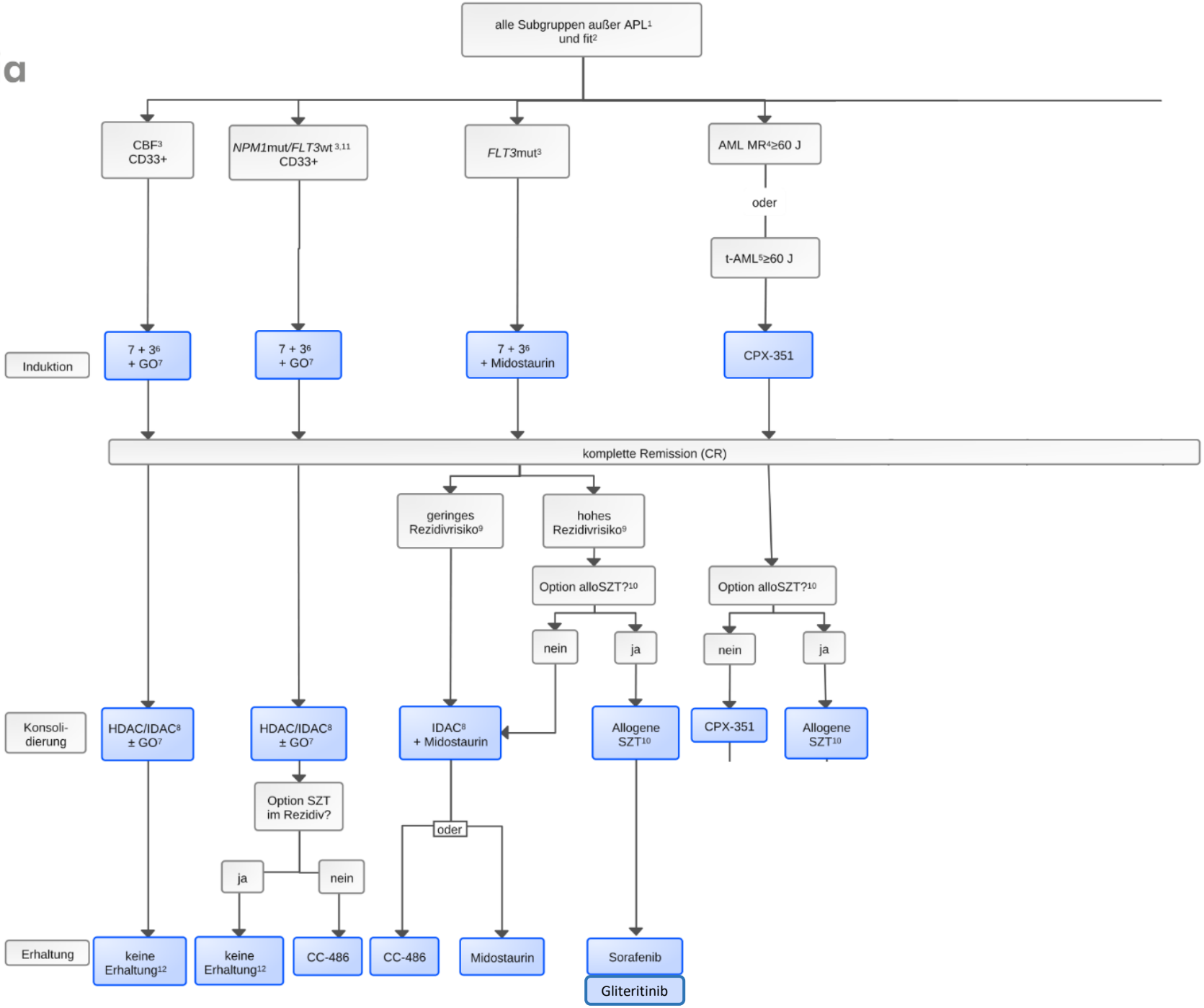
Lindsley RC et al., Blood (2019) 134 (Supplement_1): 15.

UK NCRI AML19 FLAG-Ida vs CPX-351

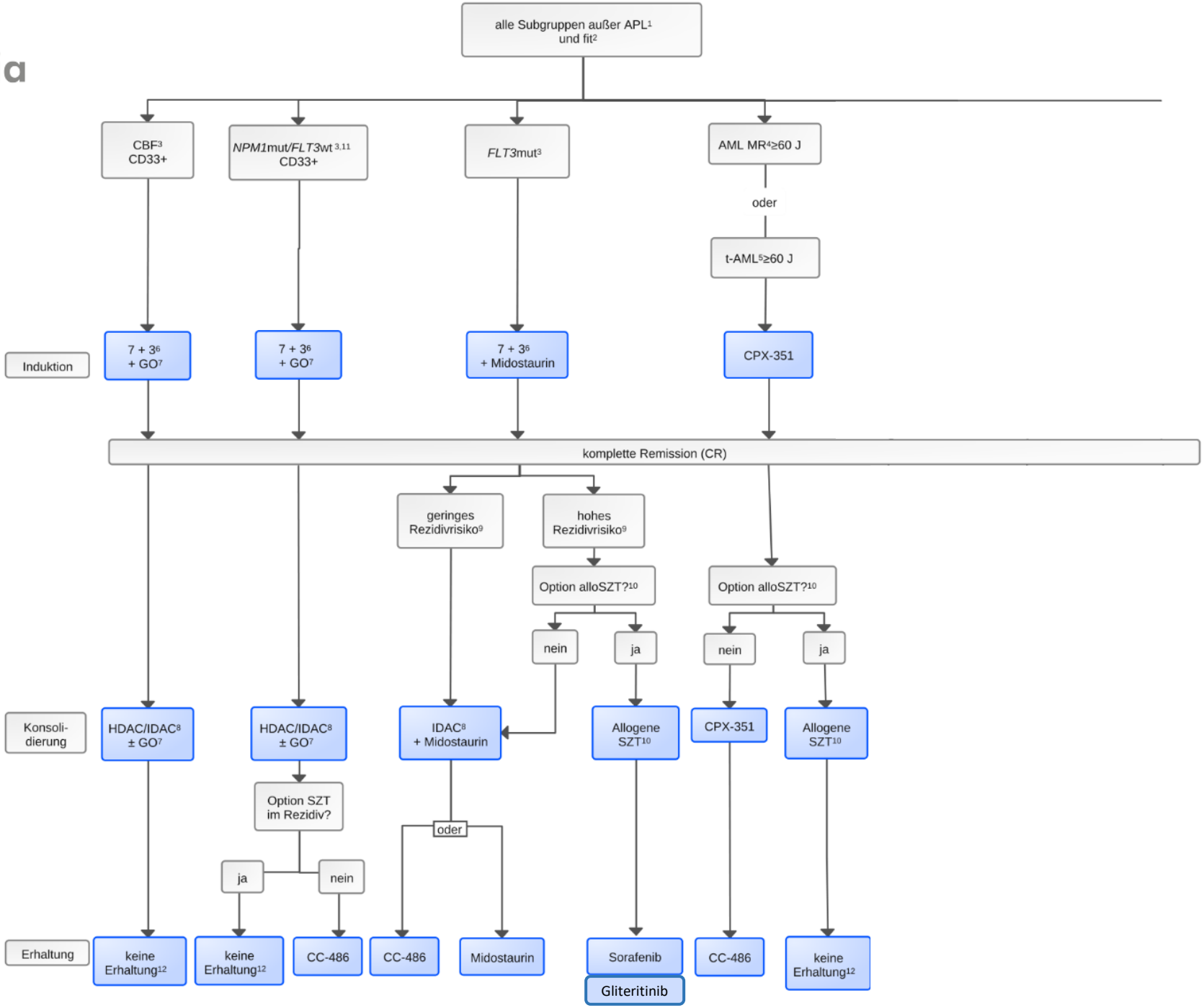


Othman J et al., Blood Adv (2023) 7 (16): 4539–4549.

onkopedia


alle Subgruppen außer APL[1] und fit[2]
CBF[3] CD33+
*NPM1*mut/*FLT3*wt [3,11] CD33+
*FLT3*mut[3]
AML MR[4]≥60 J
oder
t-AML[5]≥60 J
Induktion
7 + 3[6] + GO[7]
7 + 3[6] + GO[7]
7 + 3[6] + Midostaurin
CPX-351
komplette Remission (CR)
geringes Rezidivrisiko[9]
hohes Rezidivrisiko[9]
Option alloSZT?[10]
Option alloSZT?[10]
nein
ja
nein
ja
Konsoli-dierung
HDAC/IDAC[8] ± GO[7]
HDAC/IDAC[8] ± GO[7]
IDAC[8] + Midostaurin
Allogene SZT[10]
CPX-351
Allogene SZT[10]
Option SZT im Rezidiv?
oder
ja
nein
Erhaltung
keine Erhaltung[12]
keine Erhaltung[12]
CC-486
CC-486
Midostaurin
Sorafenib
Gliteritinib

onkopedia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keine Erhaltung[12]
keine Erhaltung[12]
CC-486
CC-486
Midostaurin
Sorafenib
Gliteritinib
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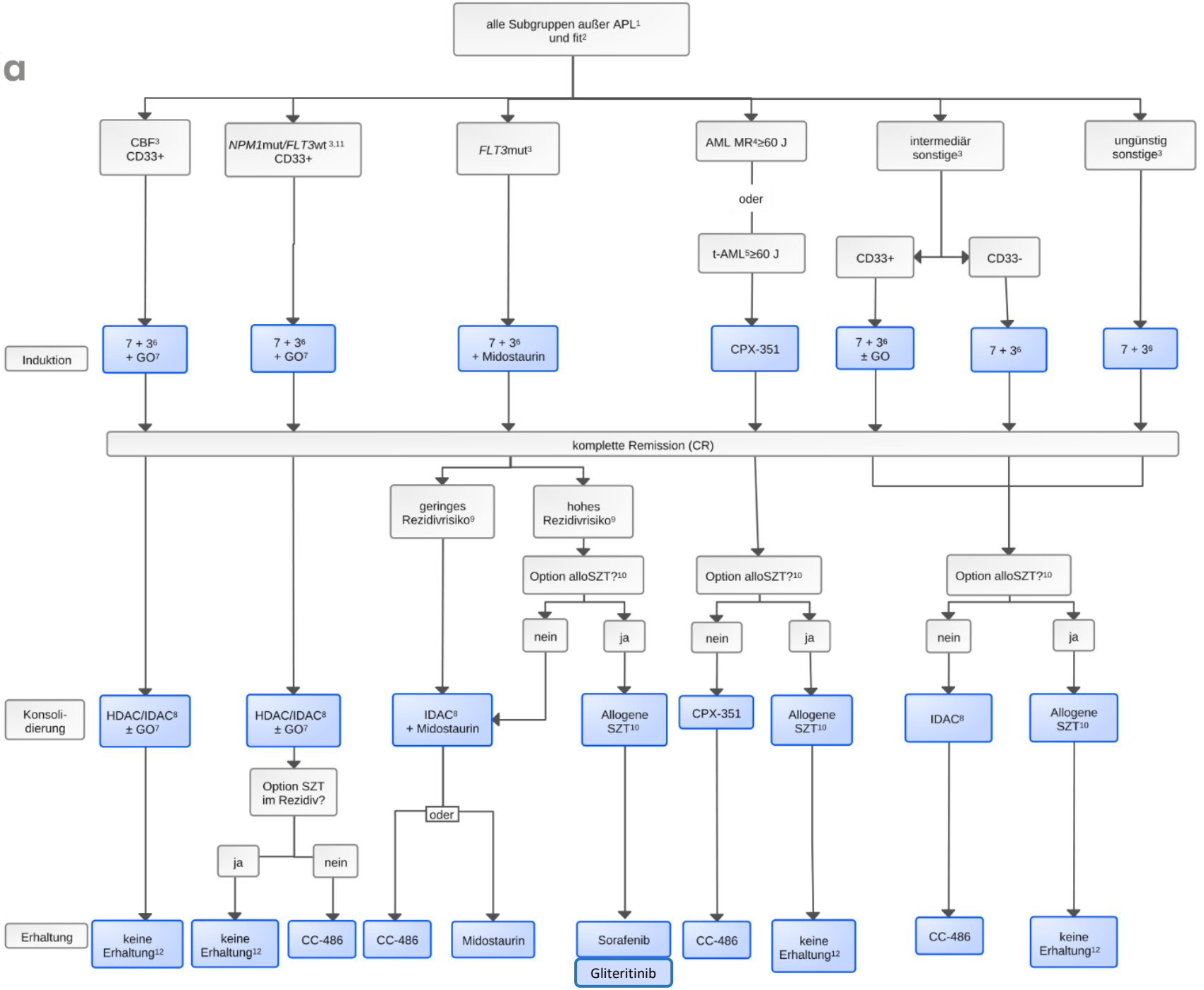
keine Erhaltung[12]

onkopedia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*NPM1*mut/*FLT3*wt[3,11] CD33+
*FLT3*mut[3]
AML MR[4]≥60 J
oder
t-AML[5]≥60 J
intermediär sonstige[3]
CD33+
CD33-
ungünstig sonstige[3]
Induktion
7 + 3[6] + GO[7]
7 + 3[6] + GO[7]
7 + 3[6] + Midostaurin
CPX-351
7 + 3[6] ± GO
7 + 3[6]
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komplette Remission (CR)
geringes Rezidivrisiko[9]
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Option alloSZT?[10]
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Konsoli-dierung
HDAC/IDAC[8] ± GO[7]
HDAC/IDAC[8] ± GO[7]
IDAC[8] + Midostaurin
Allogene SZT[10]
CPX-351
Allogene SZT[10]
IDAC[8]
Allogene SZT[10]
Option SZT im Rezidiv?
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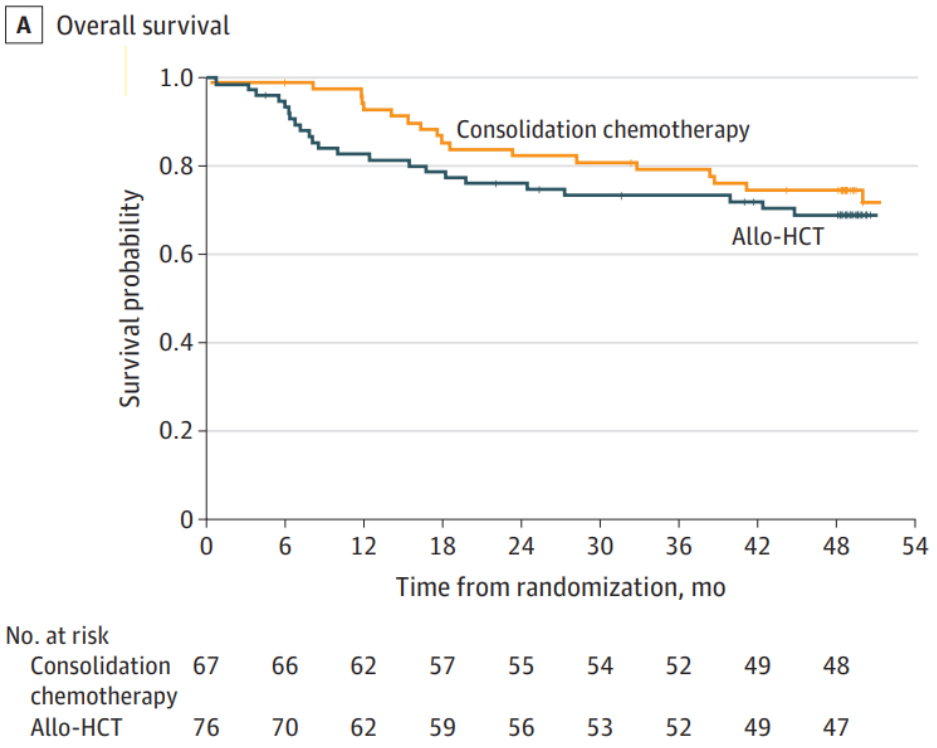
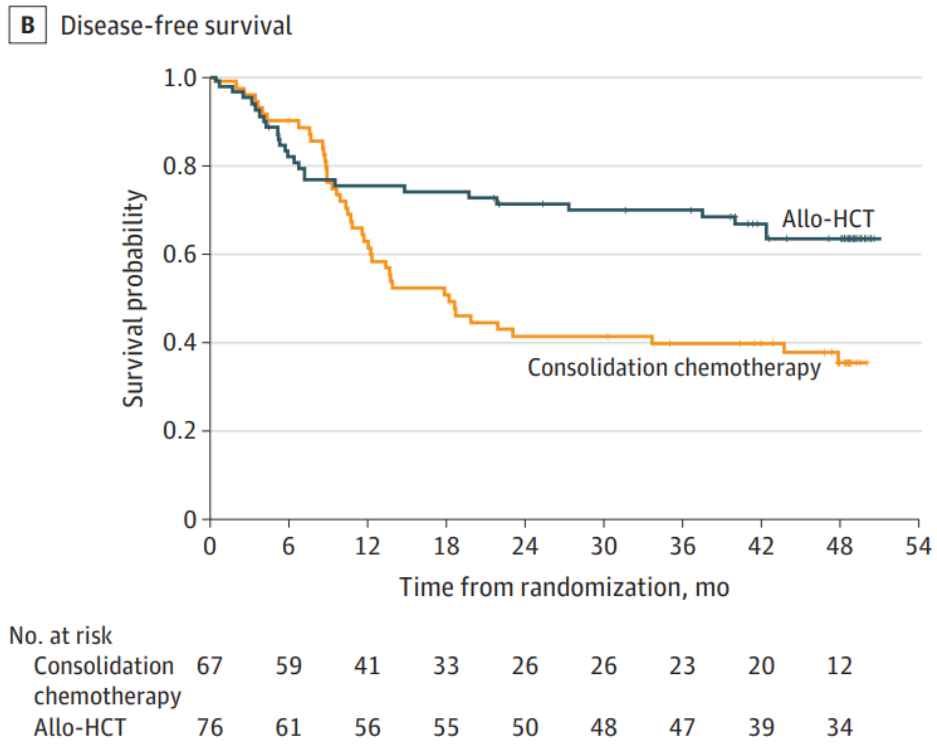
nein
Erhaltung
keine Erhaltung[12]
keine Erhaltung[12]
CC-486
CC-486
Midostaurin
Sorafenib
Gliteritinib
CC-486
keine Erhaltung[12]
CC-486
keine Erhaltung[12]

De-eskalation bei int-risk AML

ETAL-1: alloHSCT vs Consolidation Chemotherapy in Int-risk CG AML in CR1

- N=143
- (n=76 alloHSCT, n=67 Chemo)
- MRC-CG int AML
- 18-60y
- alloHSCT nach Relaps in Chemo Gruppe möglich



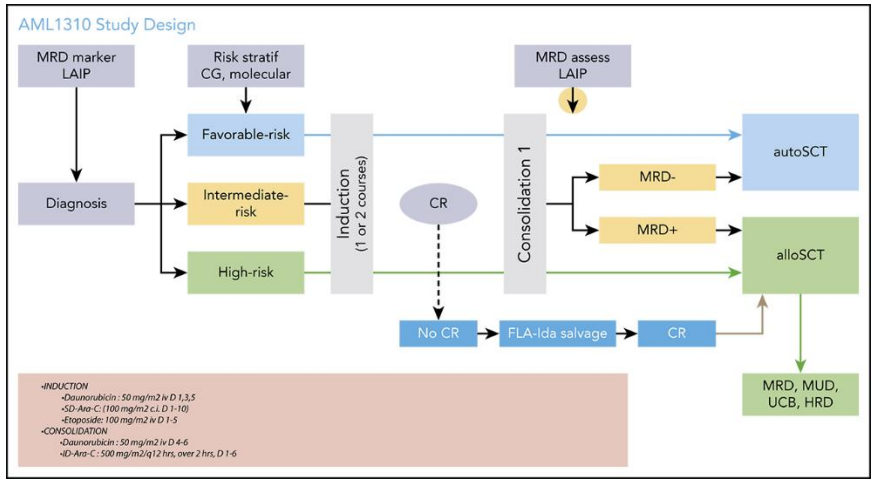


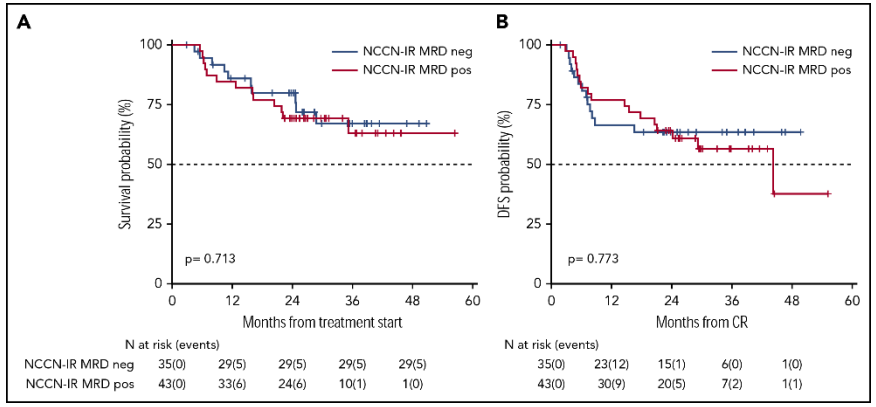
Bornhäuser M et al., JAMA Oncol 2023

MRD-adaptierte De-eskalation bei int-risk AML

GIMEMA AML1310: risk-adapted, MRD-directed therapy

- N=515
- 127 (25%) waren NCCN-IR,
- 35 NCCN-IR-Neg
- 43 NCCN-IR-Pos



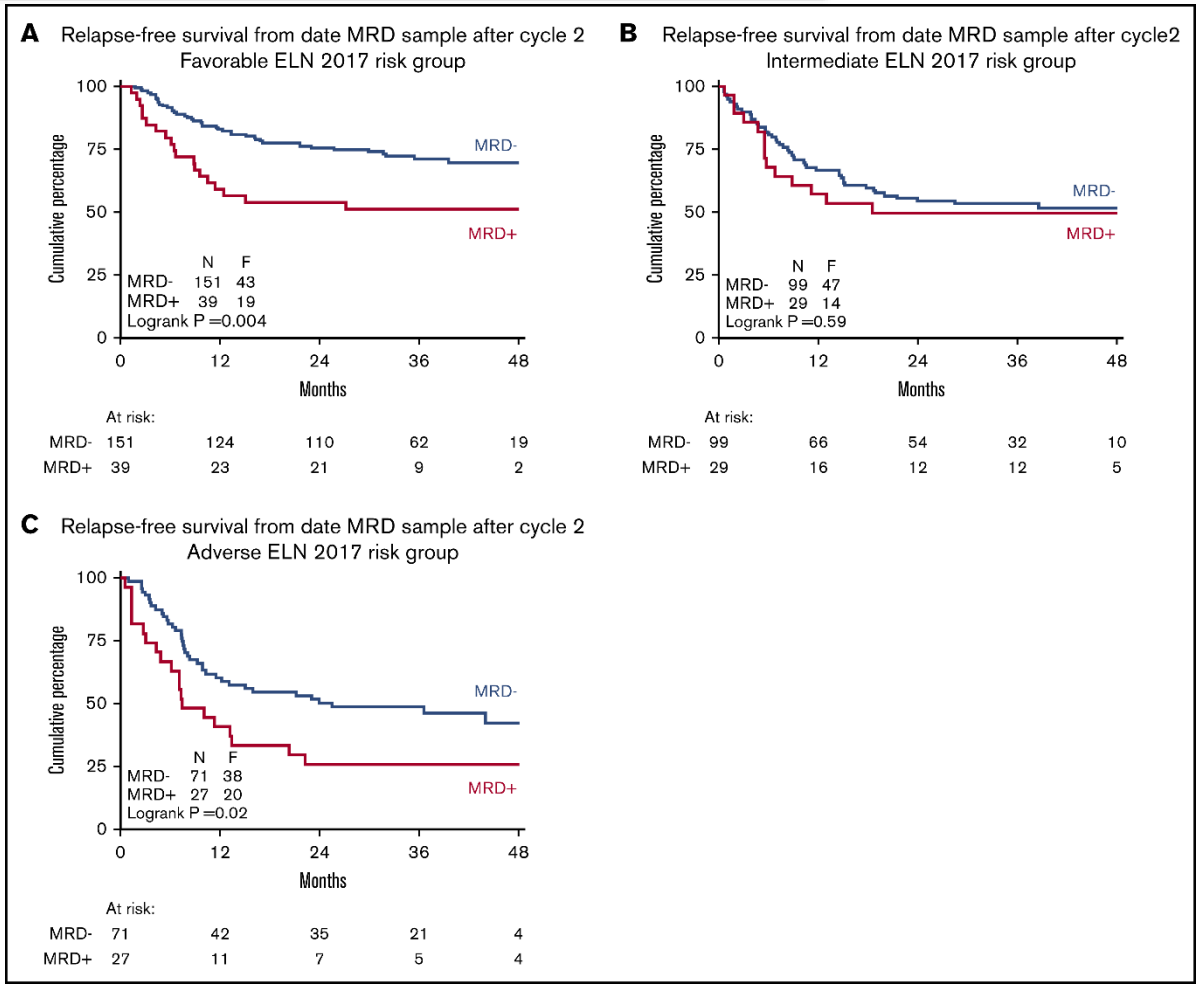


Venditti A et al., Blood 2019

MRD-adaptierte De-eskalation bei int-risk AML

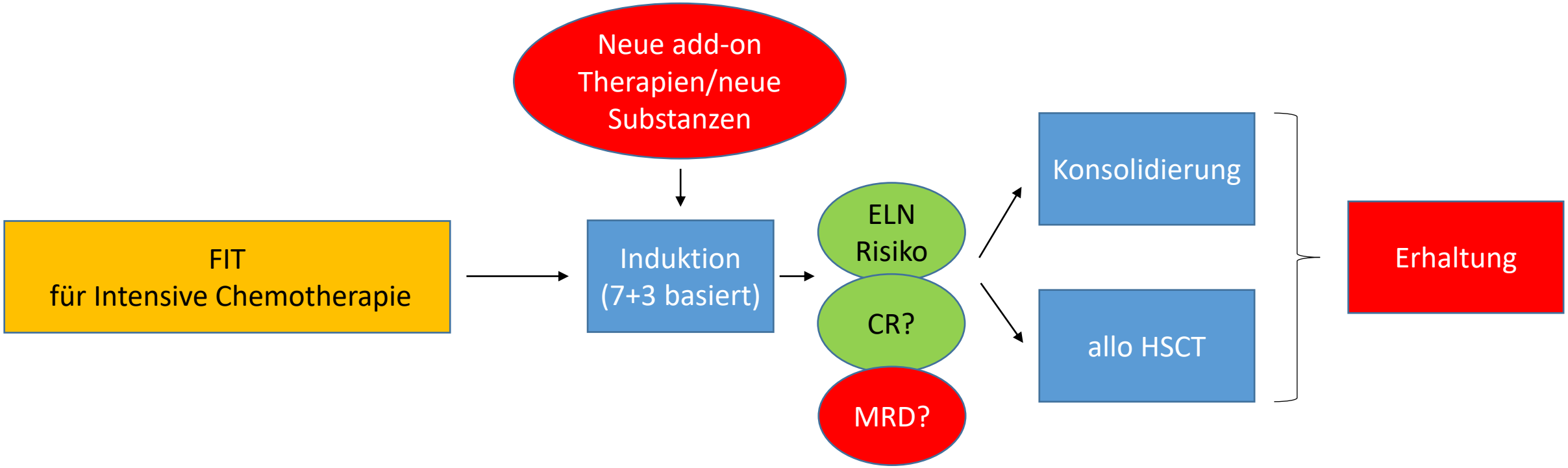
HOVON-SAKK-132 trial: Addition of lenalidomide to intensive treatment

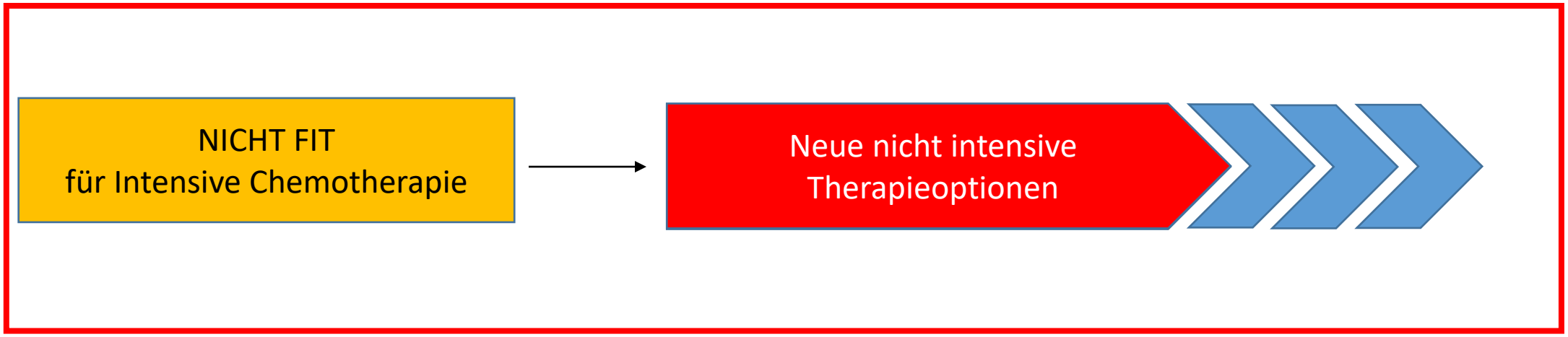
- N=780
- MRD Assessment nach 2 Zyklen mit flow und molekularen Methoden
- Intermediate-risk Gruppe mit negativer MRD: 31% auto-SCT; 55% allo-SCT
- Intermediate-risk Gruppe mit positiver MRD: 8% auto-SCT; 88% allo-SCT



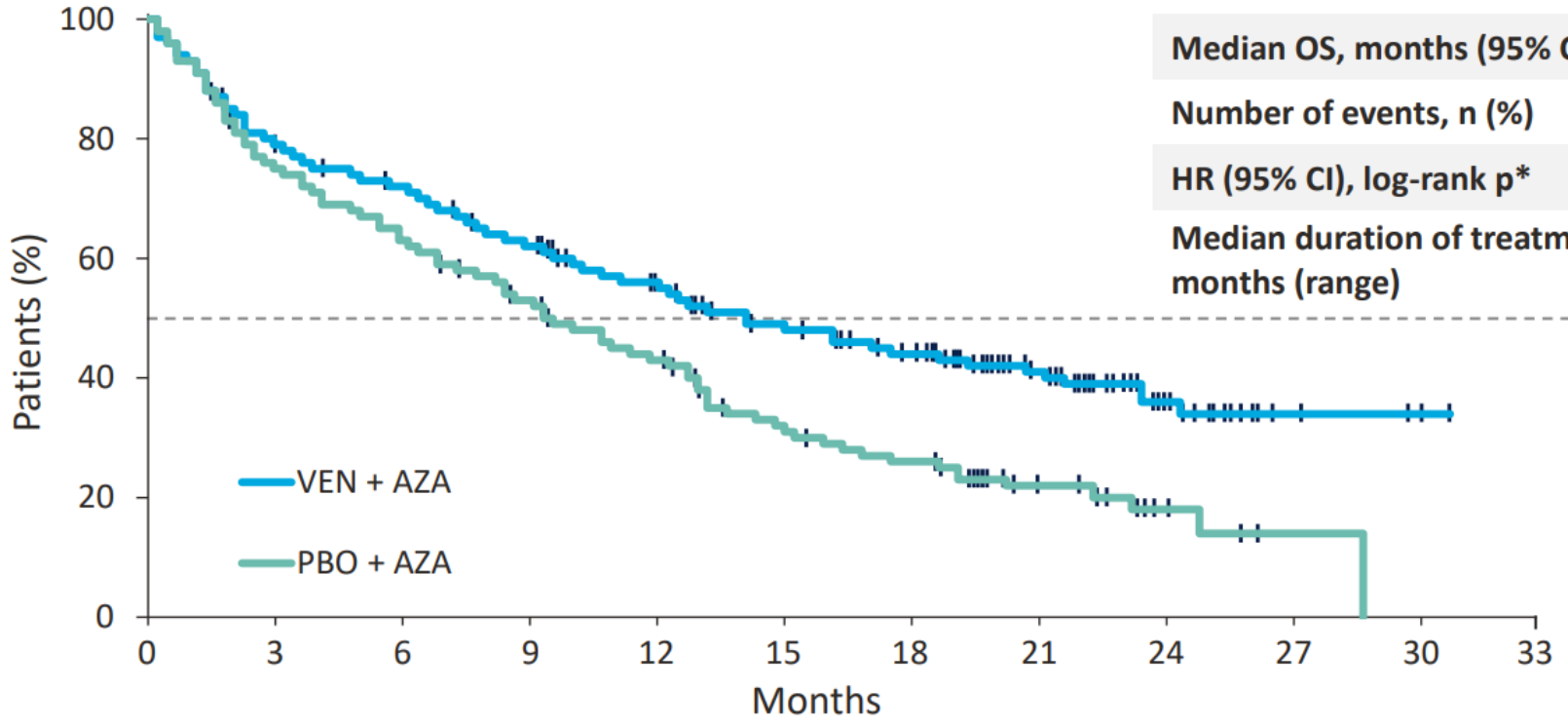
Löwenberg B et al., Blood Adv (2021) 5 (4): 1110–1121.

AML Therapie - Grundprinzipien





VEN/AZA



VEN + AZA	286	219	198	168	143	117	101	54	23	5	3	0
PBO + AZA	145	109	92	74	59	38	30	14	5	1	0	0

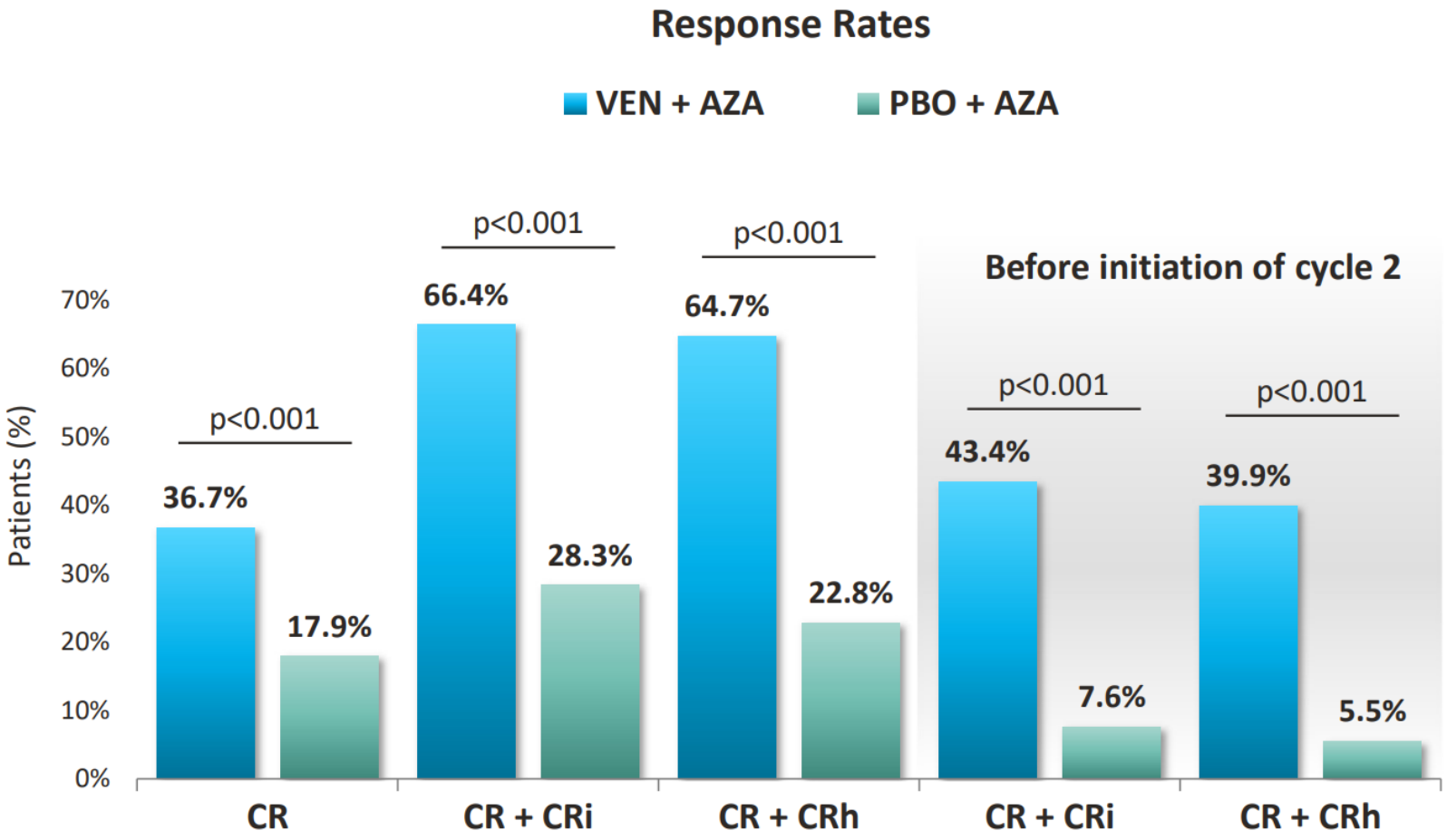
	VEN + AZA (N=286)	PBO + AZA (N=145)
Median OS, months (95% CI)	**14.7** (11.9-18.7)	**9.6** (7.4-12.7)
Number of events, n (%)	161 (56)	109 (75)
HR (95% CI), log-rank p*	0.66 (0.52-0.85), p<0.001	
Median duration of treatment, months (range)	7.6 (<0.1-30.7)	4.3 (0.1-24.0)

Median follow-up:

20.5 months
(range <0.1 - 30.7 months)

DiNardo CD et al., N Engl J Med 2020

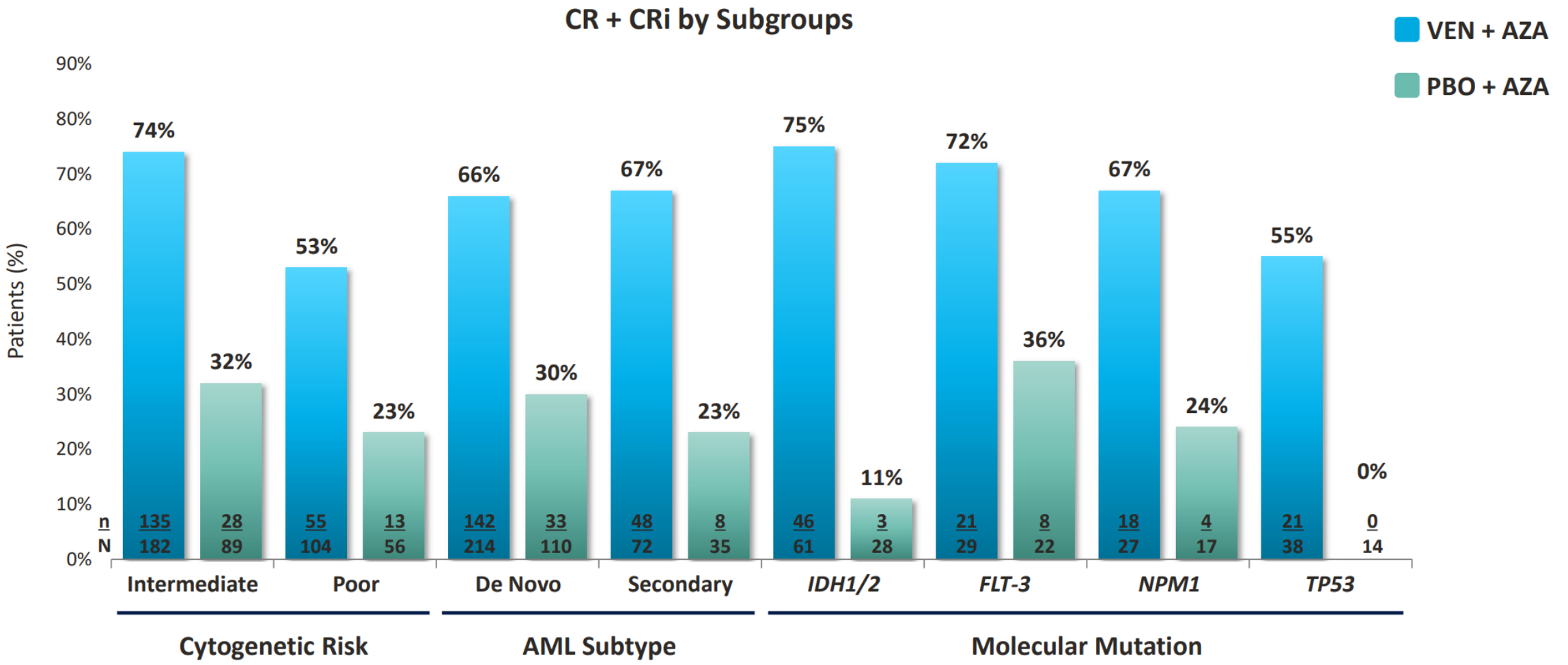
Response Rates



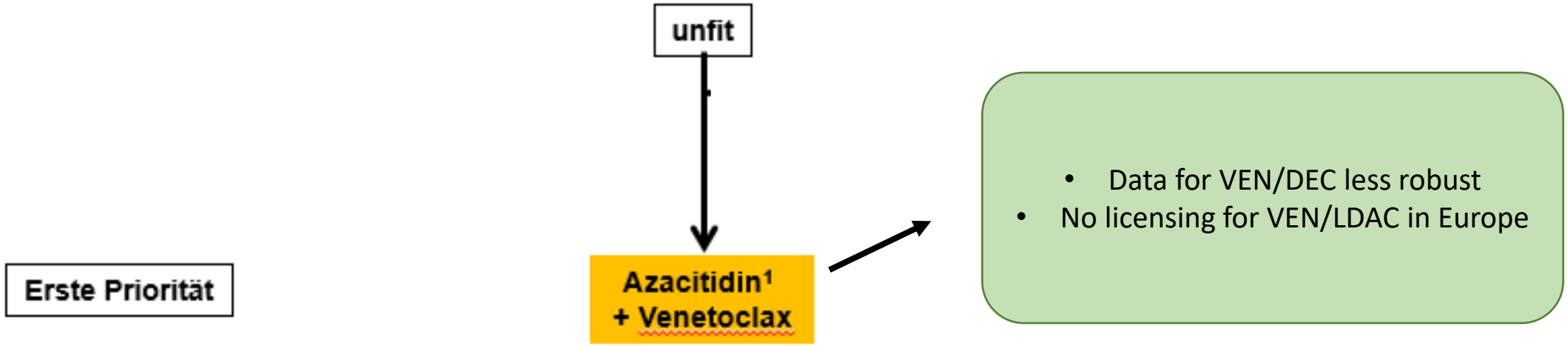
Median months (range)	VEN + AZA (N=286)	PBO + AZA (N=145)
Time to first response (CR or CRi)	**1.3** (0.6-9.9)	**2.8** (0.8-13.2)
Time to first response (CR or CRh)	**1.0** (0.6-14.3)	**2.6** (0.8-13.2)
Number of treatment cycles	**7.0** (1.0-30.0)	**4.5** (1.0-26.0)

DiNardo CD et al., N Engl J Med 2020

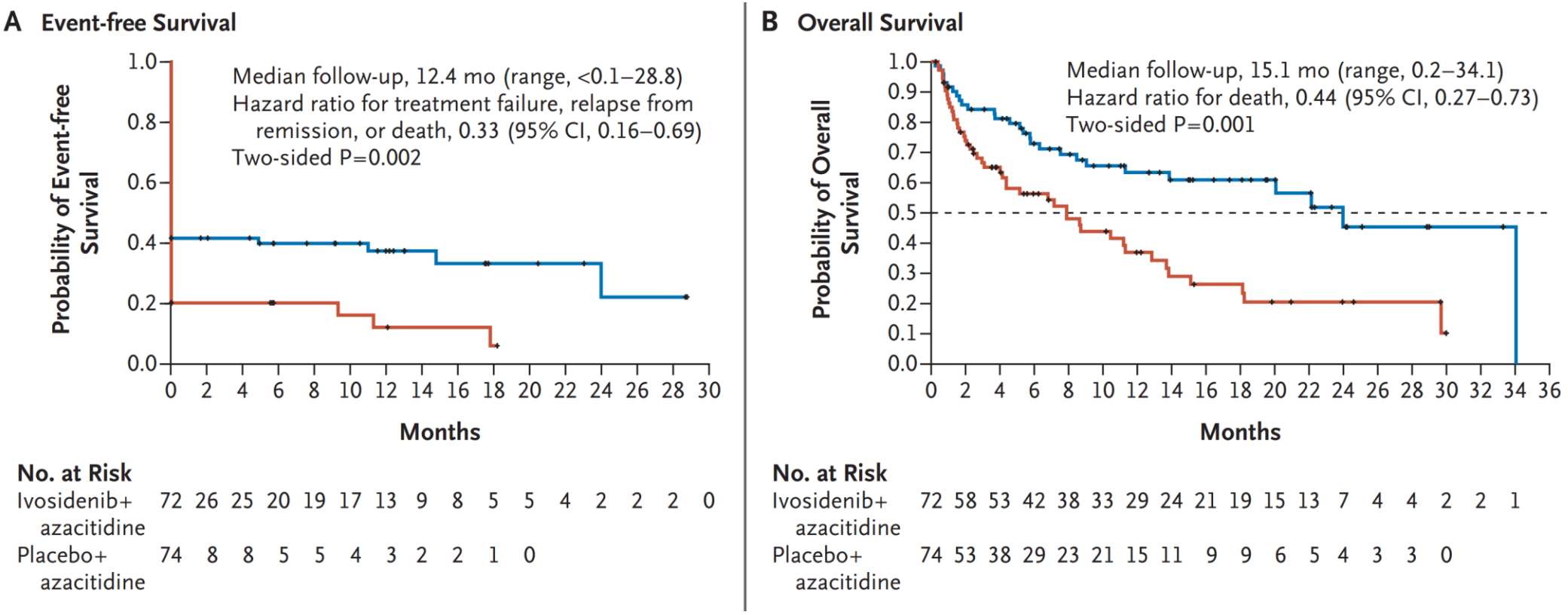
Response Rates (CR+CRi) by Subgroups



DiNardo CD et al., N Engl J Med 2020

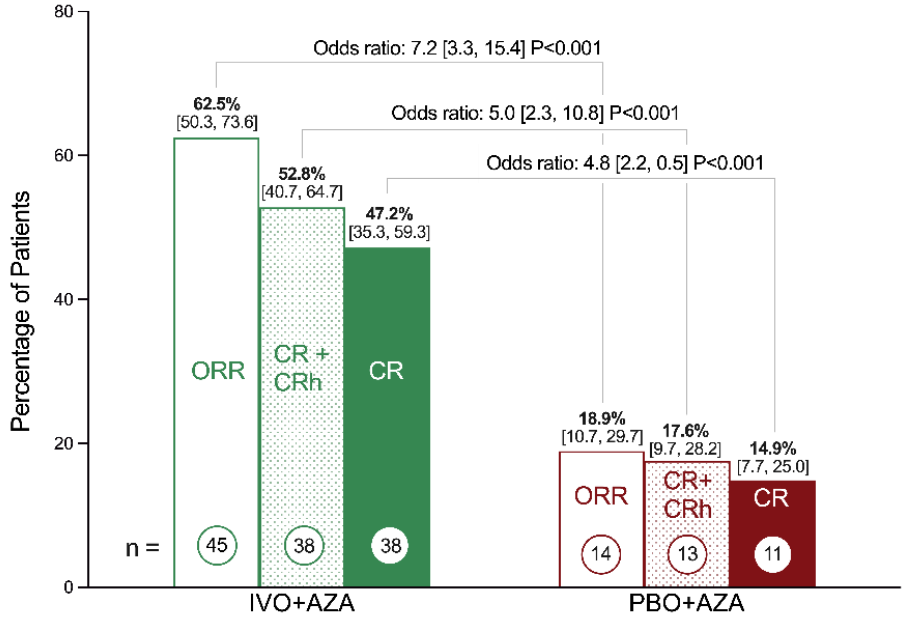

Erste Priorität
unfit
Azacitidin[1]
+ Venetoclax
• Data for VEN/DEC less robust
• No licensing for VEN/LDAC in Europe

IVO/AZA in IDH1-mutierter AML

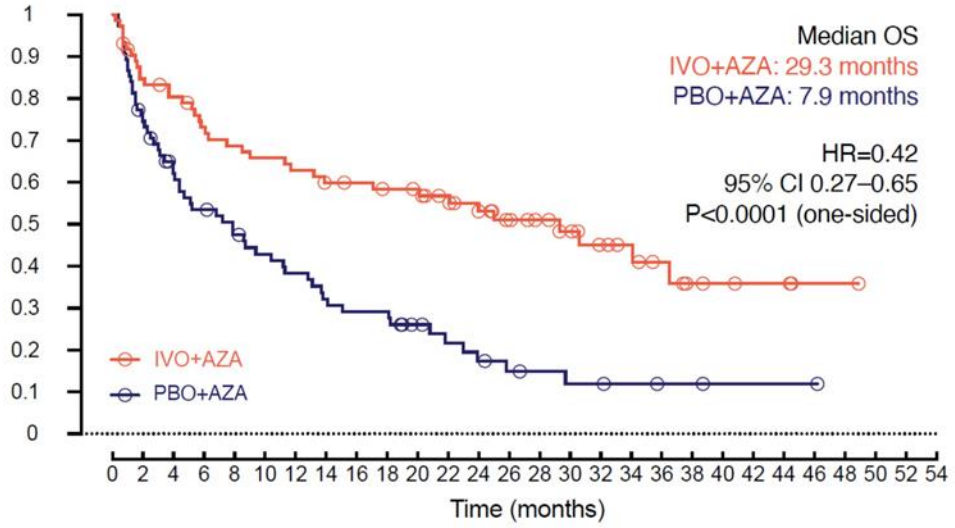


Montesinos P et al., N Engl J Med 2022

IVO/AZA in IDH1-mutierter AML

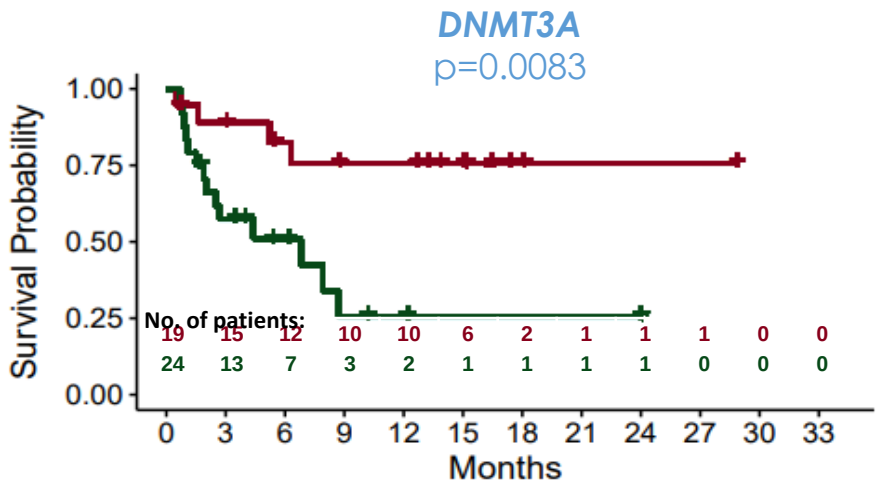


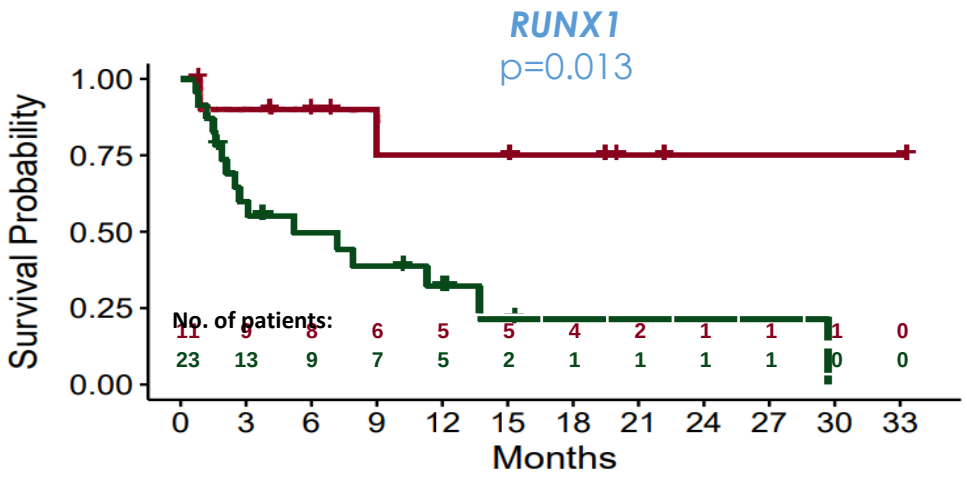
Montesinos P et al., N Engl J Med 2022

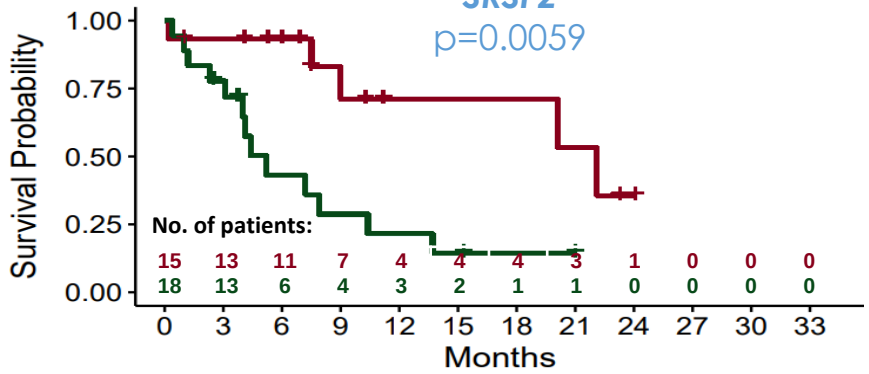


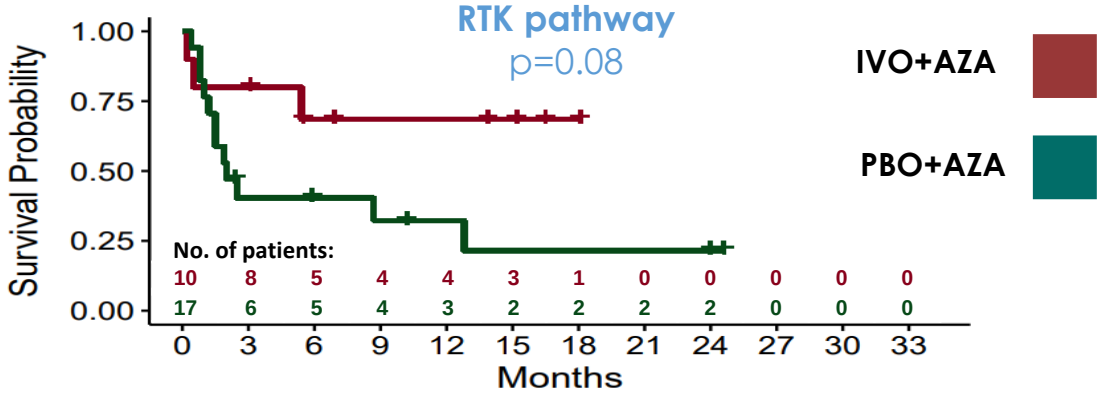
De Botton S et al., ASCO 2023, P142

IVO/AZA – Ko-mutationen



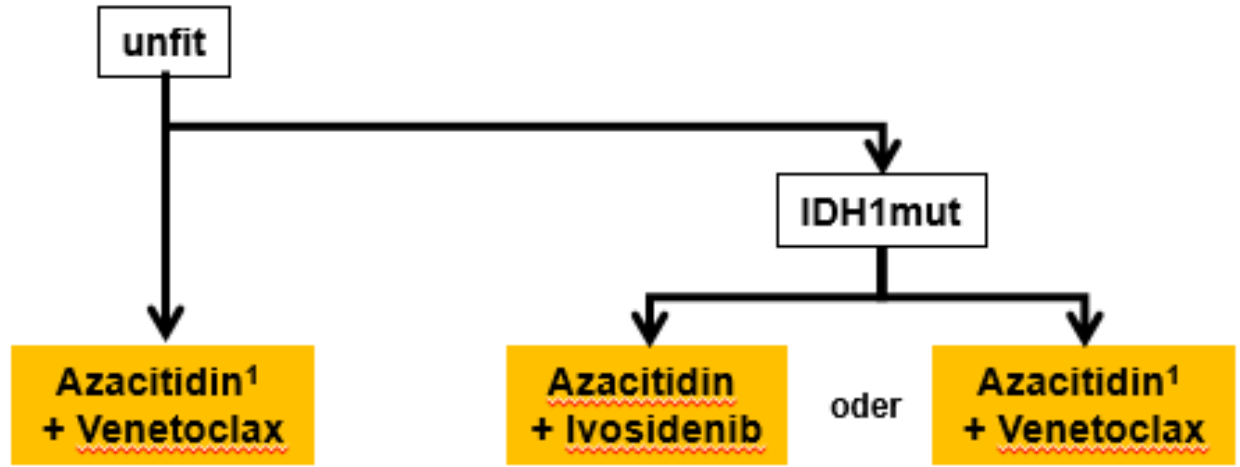


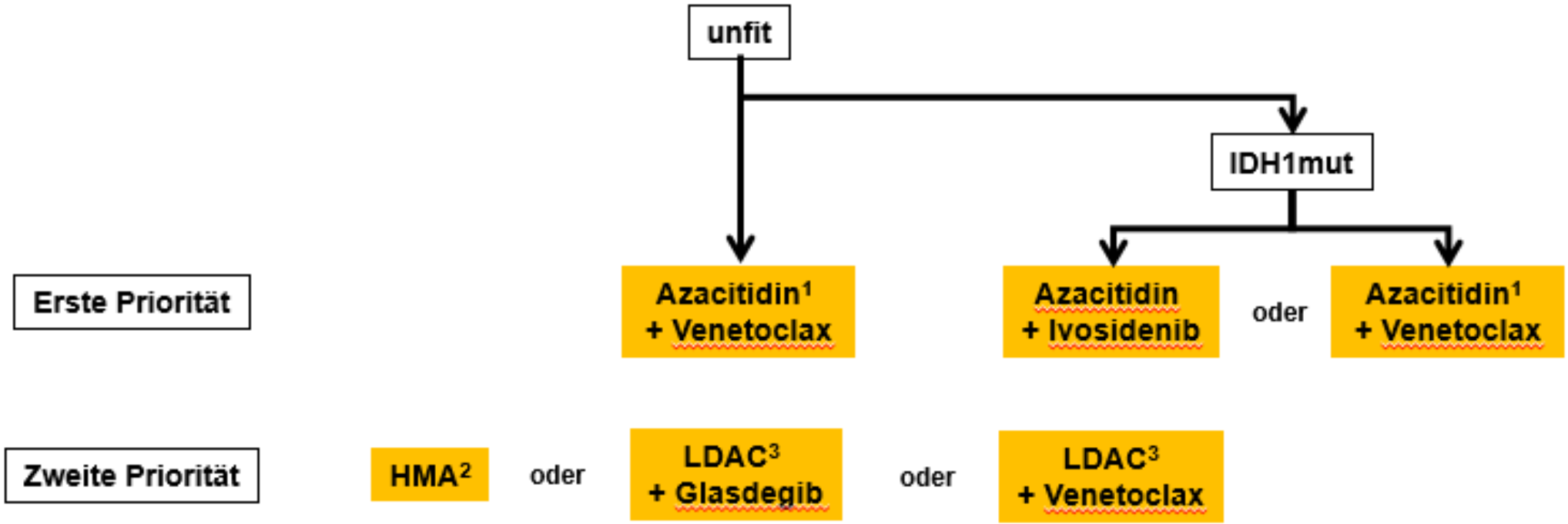




De Botton S et al., ASCO 2022, P250

Erste Priorität




unfit
IDH1mut
Erste Priorität
Azacitidin[1] + Venetoclax
Azacitidin + Ivosidenib
oder
Azacitidin[1] + Venetoclax
Zweite Priorität
HMA[2]
oder
LDAC[3] + Glasdegib
oder
LDAC[3] + Venetoclax

Medical University of Graz

Zusammenfassung

- Die Intensive Chemotherapie wurde durch neue Substanzen, v.a. als add-on zur konventionellen Therapie, signifikant weiterentwickelt. Auch MRD Monitoring nimmt mittlerweile einen großen Stellenwert bei der Therapieplanung der hochdosierten Therapie ein.

- Erhaltungstherapie wird zunehmend zu einem etablierten Konzept bei hochdosierter AML Therapie.

- Auch bei nicht-intensiver AML Therapie haben sich neue Substanzen in der klinischen Routine etabliert.

onkopedia

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Akute Myeloische Leukämie (AML)

Autoren: *Christoph Röllig, Francis Ayuketang Ayuk, Jan Braess, Michael Heuser, Markus G. Manz, Jakob Passweg, Dirk Reinhardt, Richard F. Schlenk und Armin Zebisch*

https://www.onkopedia.com/de/onkopedia/guidelines/akute-myeloische-leukaemie-aml/@@guideline/html/index.html

DGHO Deutsche Gesellschaft für Hämatologie und Medizinische Onkologie

ÖGHO Österreichische Gesellschaft für Hämatologie & Medizinische Onkologie

SSMO SSOM SGMO

SGH+SSH

GPOH