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Conference Coverage: EHA 2022 – Focus on Leukemia and MDS

Full Report

11 June 2022

Report Contents

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Meeting Snapshot

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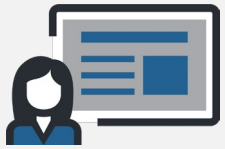
VIRTUAL CLOSED-DOOR ROUNDTABLE

DATE:
11 June 2022



DISEASE-STATE AND DATA PRESENTATIONS by key experts

INSIGHTS REPORT including postmeeting analyses and actionable recommendations

PANEL: Key experts in leukemia

> 7 from the US

LEUKEMIA-SPECIFIC DISCUSSIONS on therapeutic advances and their application in clinical decision-making

Panel Consisting of 7 US Leukemia Experts

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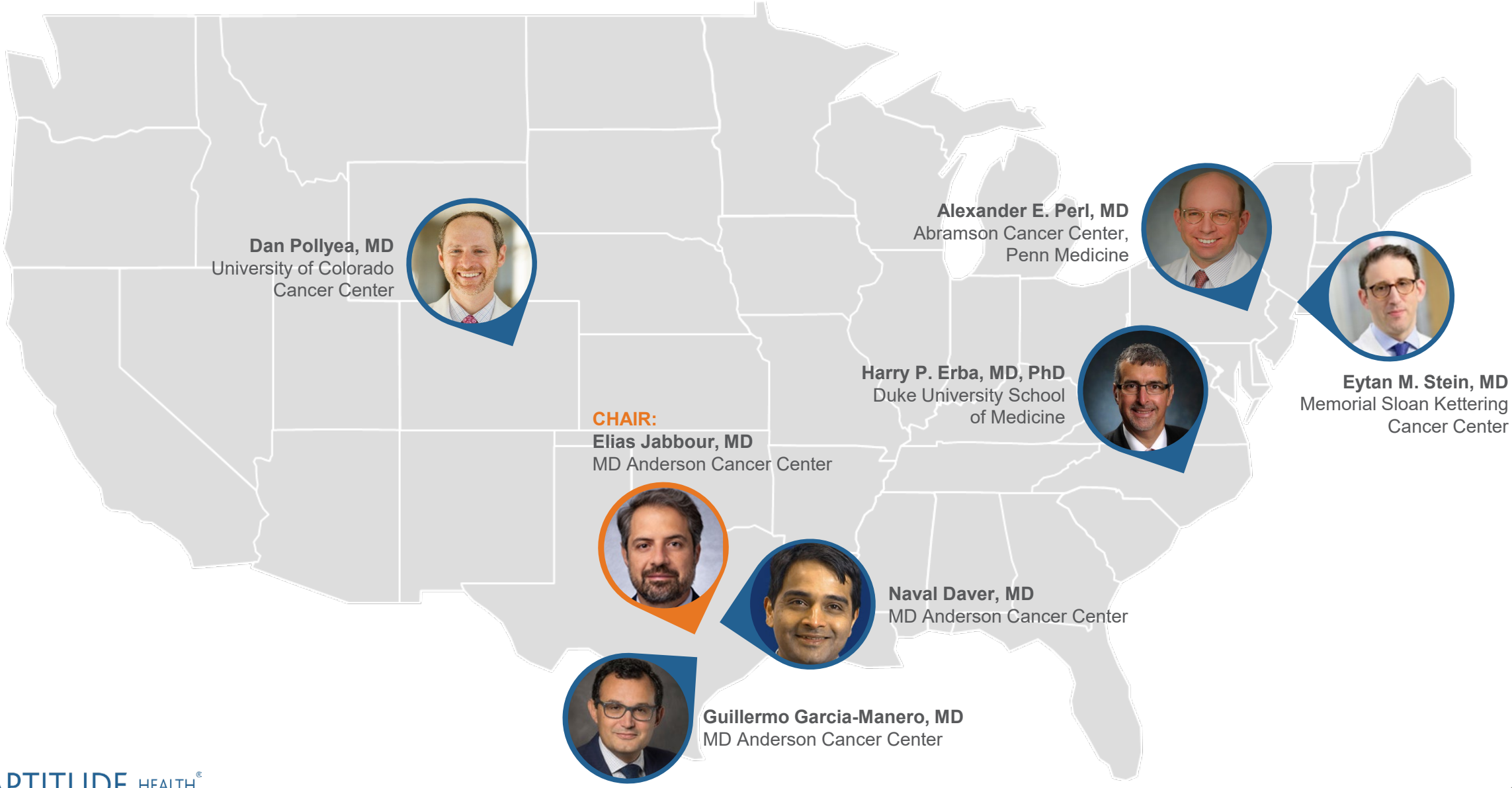

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Meeting Agenda

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Time (CET)	Topic	Speaker/Moderator
18.00 – 18.05	Welcome and Introductions	Elias Jabbour, MD
18.05 – 18.15	Advances in AML: Newly Diagnosed – AML With Mutations	Naval Daver, MD
18.15 – 18.20	Advances in AML: Newly Diagnosed – AML in Older and/or Unfit Patients	Harry P. Erba, MD, PhD
18.20 – 18.25	Advances in AML: Newly Diagnosed – Other	Alexander E. Perl, MD
18.25 – 19.20	Discussion and Key Takeaways	All
19.20 – 19.25	Advances in AML: Relapsed/Refractory	Eytan M. Stein, MD
19.25 – 19.55	Discussion and Key Takeaways	All
19.55 – 20.00	*Break*	
20.00 – 20.10	New Developments in MDS	Guillermo Garcia-Manero, MD
20.10 – 20.55	Discussion and Key Takeaways	All
20.55 – 21.00	Summary and Closing Remarks	Elias Jabbour, MD

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Conference Highlights

Updates on Newly Diagnosed AML

QUIZARTINIB PROLONGED SURVIVAL VS PLACEBO PLUS INTENSIVE INDUCTION AND CONSOLIDATION THERAPY FOLLOWED BY SINGLE-AGENT CONTINUATION IN PATIENTS AGED 18-75 YEARS WITH NEWLY DIAGNOSED FLT3-ITD+ AML

Harry Erba, et al. #S100

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STUDY POPULATION

- [illegible]

OUTCOMES

- [illegible]

EXPERT CONCLUSIONS

[illegible]

GEMTUZUMAB-BASED INDUCTION CHEMOTHERAPY COMBINED WITH MIDOSTAURIN FOR FLT3 MUTATED AML. RESULTS FROM THE NCRI AML19 'MIDOTARG' PILOT TRIAL

Nigel Russell, et al. #S126

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STUDY POPULATION

- MIDOLIN-07 study: MDS patients with ≥10% ring sideroblasts or ≥5% with SF3B1 mutation, <5% blasts in bone marrow, non-del(5q) MDS, refractory/intolerant to ESAs, or naive, average RBC transfusion burden ≥2 U/8 weeks, no prior treatment with disease-modifying agents (eg, IMIDs, HMAIs); randomized to luspatercept (n = 153) or placebo (n = 76). This subanalysis: 46/153 patients who did not achieve RBC transfusion independence (TI) for ≥8 weeks by week 23 but continued treatment through week 48

OUTCOMES

- 50% (n = 11/46) of patients achieved RBC TI for ≥8 weeks
  - 24 hours, 1 patients achieved RBC TI for ≥16 weeks
  - Median time to achieving RBC TI for ≥8 weeks was 3 months

EXPERT CONCLUSIONS

Continuing luspatercept treatment beyond week 23 provides clinical benefit in late responders and decreases the transfusion load in patients

QUIZARTINIB WITH DECITABINE AND VENETOCLAX (TRIPLET) IS ACTIVE IN PATIENTS WITH FLT3-ITD MUTATED ACUTE MYELOID LEUKEMIA - A PHASE I/II STUDY

Musa Yilmaz, et al. #S127

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STUDY POPULATION

- [redacted]

OUTCOMES

- [redacted]

EXPERT CONCLUSIONS

[redacted]

V-FAST MASTER TRIAL*: PRELIMINARY RESULTS OF TREATMENT WITH CPX-351 PLUS MIDOSTAURIN IN ADULTS WITH NEWLY DIAGNOSED FLT3-MUTATED ACUTE MYELOID LEUKEMIA

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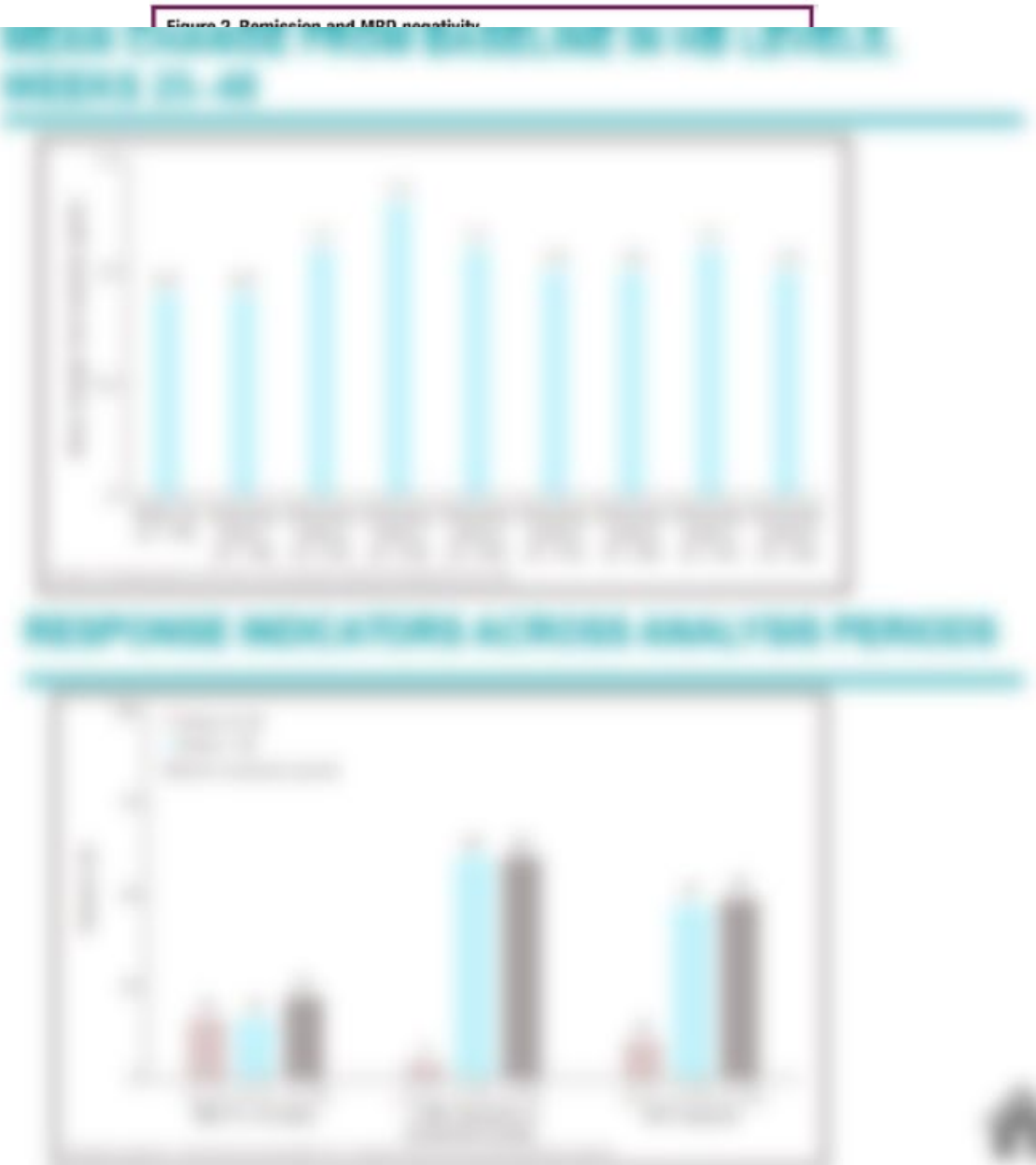

HEMATOLOGIC IMPROVEMENTS WITH IVOSIDENIB + AZACITIDINE COMPARED WITH PLACEBO + AZACITIDINE IN PATIENTS WITH NEWLY-DIAGNOSED ACUTE MYELOID LEUKEMIA

Hartmut Döhner, et al. #P557

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STUDY POPULATION

> This was conducted to report blood count recovery results from the phase III AGILE trial

TOLERABILITY AND EFFICACY OF THE FIRST-IN-CLASS ANTI-CD47 ANTIBODY MAGROLIMAB COMBINED WITH AZACITIDINE IN FRONTLINE PATIENTS WITH TP53-MUTATED ACUTE MYELOID LEUKEMIA: PHASE 1B RESULTS

Naval G. Daver, et al. #S132

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Magrolimab in Combination with AZA Demonstrated Encouraging Response Rates in *TP53*-mut AML

FINAL RESULTS OF THE QOLESS AZA-AMLE RANDOMIZED TRIAL TO EVALUATE THE EFFICACY OF 5-AZA FOR POST-REMISSION THERAPY OF ACUTE MYELOID LEUKEMIA IN ELDERLY PATIENTS

Esther Natalie Oliva, et al. #P564

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STUDY POPULATION

> Pts aged ≥61 years with untreated AML, "de novo" or evolving from MDS, fit for intensive chemotherapy but ineligible for stem cell

LOWER-INTENSITY CPX-351 + VENETOCLAX FOR PATIENTS WITH NEWLY DIAGNOSED ACUTE MYELOID LEUKEMIA WHO ARE UNFIT FOR INTENSIVE CHEMOTHERAPY

Geoffrey L. Uy, et al. #P515

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PHASE II STUDY OF LOWER-INTENSITY FRONTLINE THERAPY FOR NEWLY DIAGNOSED PATIENTS WITH AML WHO ARE UNFIT OR OTHERWISE NOT ELIGIBLE FOR FRONTLINE CLINICAL TRIALS

Sangeetha Venugopal, et al. #P581

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Response rates

OVERALL SURVIVAL WITH INTENSIVE CHEMOTHERAPY (IC) VS NON-IC IN PATIENTS (PTS) WITH NEWLY DIAGNOSED (ND) AML FROM THE CONNECT® MYELOID DISEASE REGISTRY INELIGIBLE FOR RANDOMIZED CLINICAL TRIALS (RCT)

Harry Erba, et al. #P584

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STUDY POPULATION

- In a broad cohort of real-world pts with AML from the Connect® Myeloid Disease Registry, pts were stratified into 3 groups on the basis of the

PHASE 2 STUDY OF ASTX727 (DECITABINE/CEDAZURIDINE) PLUS VENETOCLAX IN PATIENTS WITH RELAPSED/REFRACTORY ACUTE MYELOID LEUKEMIA (AML) OR PREVIOUSLY UNTREATED, ELDERLY PATIENTS UNFIT FOR CHEMOTHERAPY

Tareq Abuasab, et al. #P495

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STUDY POPULATION

- Pts aged ≥18 yr with R/R AML or pts with AML aged ≥75 or 18–74 with

Survival and Toxicity:

- Median follow-up - 5 months
- Median survival – FL: not reached (range, 0.6-7.3) months

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A RANDOMISED COMPARISON OF CPX-351 AND FLAG-IDA IN HIGH-RISK ACUTE MYELOID LEUKAEMIA. RESULTS FROM THE NCRI AML19 TRIAL

Nigel Russell, et al. #S128

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STUDY POPULATION

> The AML19 trial randomized CPX-351 vs FLAG-Ida in 635 pts mainly <60 yr

RESPONSE	FLAG-Ida	CPX-351	

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FIRST RESULTS OF A PHASE II STUDY (STIMULUS-AML1) INVESTIGATING SABATOLIMAB + AZACITIDINE + VENETOCLAX IN PATIENTS WITH NEWLY DIAGNOSED ACUTE MYELOID LEUKEMIA

Amer M. Zeidan, et al. #P582

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STUDY POPULATION

REAL-WORLD COMPARISON OF DIFFERENT TREATMENT MODALITIES FOR FAVORABLE RISK ACUTE MYELOID LEUKEMIA: STANDARD DOSE ANTHRACYCLINE VS HIGH DOSE ANTHRACYCLINE VS ADDITION OF GEMTUZUMAB OZOGAMICIN

Joseph Mort, et al. #P526

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STUDY POPULATION

> Comparison of outcomes of 3 cohorts of newly diagnosed adult AML pts

Figure 1: Kaplan-Meier Curves

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Discussion Summary

Updates on Newly Diagnosed AML

Advances in AML (1/4)

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Newly Diagnosed AML

FLT3 inhibitors

> Overall, experts consider data from the QuANTUM phase III study (S100) to indicate a new standard of care for frontline AML

[redacted]

Advances in AML (2/4)

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FLT3 inhibitors (cont)

> In patients ≥70 years old with *FLT3* mutation, experts agreed they would use venetoclax + azacitidine (Ven + Aza), and in

[redacted]

Advances in AML (3/4)

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Newly Diagnosed AML

IDH inhibitors

> Standard of care for *IDH1*-mutated AML patients is HMA + ivosidenib or HMA + Ven. However, experts concurred that if

Advances in AML (4/4)

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Newly Diagnosed AML (cont)

Maintenance

> In transplant-ineligible patients who are fit for intensive chemo, oral Aza is the go-to maintenance therapy

[redacted]

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Conference Highlights

Updates on Relapsed/Refractory AML

PHASE 1/2 STUDY OF SEL24/MEN1703, A FIRST-IN-CLASS DUAL PIM/FLT3 KINASE INHIBITOR, IN PATIENTS WITH IDH1/2-MUTATED ACUTE MYELOID LEUKEMIA: THE DIAMOND-01 TRIAL

Giovanni Martinelli, et al. #P520

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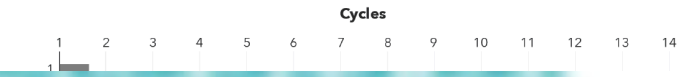
STUDY POPULATION

> Pts with *IDH*-mutated R/R AML and no standard therapeutic options were eligible. The

Figure. Individual Patient Treatment Duration



REAL-LIFE EXPERIENCE OF TREATMENT REFRACTORY/RELAPSED ACUTE MYELOID LEUKEMIA PATIENTS WITH VENETOCLAX COMBINATION THERAPY

Helena Pomares Marin, et al. #P568

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STUDY POPULATION

> Retrospective study of pts with R/R AML receiving Ven combinations at the

N = 60

GILTERITINIB AND QUIZARTINIB IN RELAPSED/REFRACTORY (R/R) ACUTE MYELOBLASTIC LEUKEMIA (AML) WITH FLT3 MUTATIONS: A REAL-LIFE EFFECTIVENESS AND SAFETY STUDY

David Quintela, et al. #P569

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STUDY POPULATION

> Between December 2016 and April 2021, 22 pts were treated

		N=27
Front-line treatment[1]	Intensive chemotherapy	21 (78%)
	Hypomethylating agents	6 (22%)

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Discussion Summary

Updates on Relapsed/Refractory AML

Advances in AML

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Relapsed/Refractory AML

> It was noted that, although survival outcomes are the same if patients receive chemo or gilteritinib (ADMIRAL study), more

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Conference Highlights

Updates on MDS

A RANDOMIZED, DOUBLE-BLIND, PHASE 3 STUDY OF TAMIBAROTENE/AZACITIDINE VERSUS PLACEBO/AZACITIDINE IN NEWLY DIAGNOSED ADULT PATIENTS SELECTED FOR RARA-POSITIVE HR-MDS (SELECT-MDS-1)

Amy DeZern, et al. #PB1921

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STUDY POPULATION

- Global phase III, multicenter, randomized, double-blind, placebo-controlled study comparing the activity of tamibarotene + Aza to placebo +

MAGROLIMAB IN COMBINATION WITH AZACITIDINE FOR PATIENTS WITH UNTREATED HIGHER-RISK MYELODYSPLASTIC SYNDROMES (HR MDS): 5F9005 PHASE 1B STUDY RESULTS

David A. Sallman, et al. #S166

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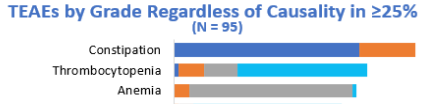
STUDY POPULATION

> Pts with previously untreated intermediate-, high-, or very-high-risk MDS

Magrolimab in Combination with AZA Is Well Tolerated in HR-MDS



- Grade ≤3 TEAEs in 90.5% of patients
  - 60.0% magrolimab related; 69.5% AZA related.
- Serious AEs in 63.2% of patients

A PHASE I/II STUDY OF VENETOCLAX IN COMBINATION WITH ASTX727 (DECITABINE/CEDAZURIDINE) IN TREATMENT-NAÏVE HIGH-RISK MYELODYSPLASTIC SYNDROME (MDS) OR CHRONIC MYELOMONOCYTIC LEUKEMIA (CMML)

Sangeetha Venugopal, et al. #P784

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STUDY POPULATION

- Single-arm phase I/II study of orally administered ASTX727 + Ven with pts

Response	N=9
Overall Response Rate, n (%)	9 (100)

LONG-TERM UTILIZATION AND BENEFIT OF LUSPATERCEPT IN PATIENTS (PTS) WITH LOWER-RISK MYELODYSPLASTIC SYNDROMES (LR-MDS) FROM THE MEDALIST TRIAL

Pierre Fenaux, et al. #P778

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STUDY POPULATION

> Eligible pts were ≥18 yr of age, had LR-MDS requiring regular RBC transfusions, and were ineligible/intolerant or refractory to ESAs. Pts

GUADECITABINE (SGI-110) VS. TREATMENT CHOICE (TC) IN RELAPSED/REFRACTORY(R/R) MYELODYSPLASTIC SYNDROME (MDS), RESULTS OF A GLOBAL, RANDOMIZED, PHASE 3 STUDY

Guillermo Garcia-Manero, et al. #P768

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STUDY POPULATION

> Pts with R/R MDS or chronic myelomonocytic leukemia (CMML) were randomized 2:1 between guadecitabine (60 mg/m^2) SC vs a

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Discussion Summary

Updates on MDS

New Developments in MDS (1/2)

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High-Risk MDS

> *RARA* mutations in high-risk MDS occur in 30% of patients, but experts noted that the challenge now is the long

New Developments in MDS (2/2)

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Low-Risk MDS

> Drugs need to be developed that change the course of the disease