



CONFERENCE COVERAGE: EHA 2023 – FOCUS ON LEUKEMIA AND MDS
Monday, June 19, 2023; 8.30 AM – 11.30 AM CST/15.30 – 18.30 CET
Virtual Meeting

Chair: Elias Jabbour, MD – The University of Texas MD Anderson Cancer Center

US faculty

Tapan M. Kadia, MD – The University of Texas MD Anderson Cancer Center
 Ibrahim T. Aldoss, MD – City of Hope National Medical Center
 Rami Komrokji, MD – H. Lee Moffitt Cancer Center
 Jae Park, MD – Memorial Sloan Kettering Cancer Center

EU faculty

Joseph-María Ribera, MD, PhD – Hospital Germans Trias i Pujol (SP)
 Gert Ossenkoppele, MD, PhD – VU University Medical Center (NL)
 Andrew Wei, MD – Monash University (AUS) – TBC
 Valeri Santini – University of Forence (IT) – TBC

AGENDA

Time	Topic	Presenter
8.30 AM – 8.35 AM CST 15.30 – 15.35 CET (5 min)	Welcome and Introductions	Elias Jabbour
8.35 AM – 8.40 AM CST 15.35 – 15.40 CET (5 min)	<p>New Developments in First-line Treatment of Myelodysplastic Syndromes (MDS)</p> <p>Low-risk MDS</p> <ul style="list-style-type: none"> KER-050 Treatment Improved Markers of Erythropoietic Activity and Hematopoiesis Over Six Months Which Resulted in Hematological Responses Across a Broad, Lower-Risk MDS Population Aristoteles Giagounidis S166 Luspatercept Versus Epoetin Alfa for Treatment of Anemia In ESA-Naïve Lower-Risk Myelodysplastic Syndrome (LR-MDS) Patients (PTS) Requiring RBC Transfusions: Data From the Phase-3 COMMANDS Study Matteo Giovanni Della Porta S102 <p>High-risk MDS</p> <ul style="list-style-type: none"> Phase 1/2 Study of Oral Decitabine/Cedazuridine in Combination with Venetoclax in Treatment-Naïve 	Rami Komrokji, MD

	<p>Higher-Risk Myelodysplastic Syndromes or Chronic Myelomonocytic Leukemia Alex Bataller S172</p>	
<p>8.40 AM – 9.50 AM CST 15.40 – 16.50 CET (10 min)</p>	<p>Discussion</p> <ul style="list-style-type: none"> • What is your assessment of novel and emerging agents in frontline MDS treatment? • In your opinion, what are the most impactful data in frontline MDS presented at EHA 2023? <ul style="list-style-type: none"> ○ How will you incorporate these new data into your current treatment approach for MDS? • What remains an unmet clinical need in first-line treatment of MDS? • Are there any investigational agents of particular interest, and why? 	<p>All</p>
<p>8.50 AM – 8.55 AM CST 15.50 – 15.55 CET (5 min)</p>	<p>New Developments in Targeted Treatment of MDS and Treatment of R/R MDS</p> <p><u>MDS with mutations</u></p> <ul style="list-style-type: none"> • Higher MDMX Expression Was Associated With Hypomethylating Agent Resistance and Worse Survival in Myelodysplastic Syndrome Patients, Inferring it a Potential Therapeutic Target Yu-Hung Wang S171 <p><u>R/R MDS</u></p> <ul style="list-style-type: none"> • Continuous Transfusion Independence with Imetelstat in Heavily Transfused Non-del (5q) Lower-Risk Myelodysplastic Syndromes Relapsed/Refractory to Erythropoiesis Stimulating Agents in IMERGE Phase 3 Uwe Platzbecker S165 • Disease Modifying Activity of Imetelstat in Patients with Heavily Transfused Non-del (5q) Lower-Risk Myelodysplastic Syndromes Relapsed/Refractory to Erythropoiesis Stimulating Agents in IMERGE Phase 3 Valeria Santini S164 	<p>TBD</p>
<p>8.55 AM – 9.05 AM CST 15.55 – 16.05 CET (10 min)</p>	<p>Discussion</p> <ul style="list-style-type: none"> • In your opinion, what are the most impactful data in R/R MDS presented at EHA 2023? <ul style="list-style-type: none"> ○ How will you incorporate these new data into your current treatment approach for MDS? 	<p>All</p>

	<ul style="list-style-type: none"> • What is your assessment of novel and emerging agents in the treatment of R/R MDS? • What will be practice changing and what will open new avenues of scientific investigation? • What remains an unmet clinical need in R/R MDS? 	
9.05 AM – 9.10 AM CST 16.05 – 16.10 CET (5 min)	Key Takeaways for MDS	Rami Komrokji, MD
9.10 AM – 9.20 AM CST 16.10 – 16.20 CET (10 min)	<p>Advances in AML: Newly Diagnosed</p> <p><u>AML with FLT3-wt</u></p> <ul style="list-style-type: none"> • FLAG-IDA Combined with Gemtuzumab Ozogamicin (GO) reduced MRD Levels and Improved Overall Survival in NPM1 mut AML Independent of FLT3 and MRD Status, Results from the AML19 Trial Nigel Russell S134 • Preliminary Results Of QUIWI: A Double Blinded, Randomized Clinical Trial Comparing Standard Chemotherapy Plus Quizartinib Versus Placebo In Adult Patients With Newly Diagnosed FLT3-ITD Wild-Type AML Pau Montesinos S130 <p><u>AML with FLT3-m</u></p> <ul style="list-style-type: none"> • Impact Of Allogeneic Hematopoietic Cell Transplantation In First Complete Remission Plus FLT3 Inhibition With Quizartinib In Acute Myeloid Leukemia With FLT3-ITD: Results From Quantum-First Schlenk R. S137 • Gemtuzumab-Based Induction Chemotherapy Combined With Midostaurin For FLT3 Mutated AML. Updated Toxicity And Interim Survival Analysis From The NCRI AML19V2 “MIDOTARG” Pilot Trial Nigel Russell P484 • Next-Generation Sequencing-Based Measurable Residual Disease Monitoring In Acute Myeloid Leukemia With FLT3 Internal Tandem Duplication Treated With Intensive Chemotherapy Plus Midostaurin Rucker F. S135 	<p>Gert Ossenkuppele, MD, PhD</p> <p>Ibrahim T. Aldoss, MD</p>
9.20 AM – 9.40 AM CST 16.35 – 16.40 CET (20 min)	<p>Discussion</p> <ul style="list-style-type: none"> • In your opinion, what are the most impactful data in newly diagnosed AML presented at EHA 2023? 	All

	<ul style="list-style-type: none"> • How do you view the current and emerging data in newly diagnosed AML patients with <i>FLT3</i>-mutated or <i>NPM1</i>-mutated AML? • Do you see any of the presented data a practice changing? • Will any of the presented data change your practice? How? • What are unmet needs in frontline AML treatment? • Can you comment on the sequencing of TKIs in <i>FLT-3</i> mutated AML patients, and which of these patients you consider candidates for the different TKI regimens? 	
<p>9.40 AM – 9.45 AM CST 16.40 – 16.45 CET (5 min)</p>	<p>Key Takeaways</p>	<p>Gert Ossenkuppele, MD, PhD & Ibrahim T. Aldoss, MD</p>
<p>9.45 AM – 9.50 AM CST 16.45 – 16.50 CET (5 min)</p>	<p>Advances in AML: Newly Diagnosed Elderly and/or Unfit and Relapse Refractory Disease <u>AML in older and/or unfit patients</u></p> <ul style="list-style-type: none"> • Phase II Study On Venetoclax Plus Decitabine For Elderly (≥60 <75years) Patients With Newly Diagnosed High-Intermediate Risk AML Eligible For Allo-SCT : Midterm Update Of Ven-Dec GITMO Study Domenico Russo P502 • Updated Results Of Ven-A-Qui Study: A Phase 1-2 Trial To Assess the Safety And Efficacy Of Triplets For Newly Diagnosed Unfit AML patients: Azacitidine Or Low-Dose Cytarabine With Venetoclax And Quirzatinib Bergua Burgues S132 • A Randomised Assessment of The Sequential Addition Of The Kinase Inhibitor Quizartinib To Intensive Chemotherapy In Older Acute Myeloid Leukaemia (AML) Patients: Results From The NCRI AML18 Trial Steven Knapper S131 <p>Relapsed/Refractory AML</p> <ul style="list-style-type: none"> • Olutasidenib In Post-Venetoclax Patients With Mutant IDH1 AML Jorge Cortes P555 • Venetoclax (Ven) Combined With FLAG-IDA Is An Effective Regimen For Patients (Pts) With Newly Diagnosed (ND) And Relapsed/Refractory (R/R) Acute Myeloid Leukemia (AML) 	<p>Tapan M. Kadia, MD</p>

	<p>Madelyn Burkart P545</p> <ul style="list-style-type: none"> Updated Data For Ziftomenib In Patients With Npm1-Mutated Relapsed Or Refractory Acute Myeloid Leukemia <p>Amir Fathi P504</p>	
<p>9.50 AM – 10.10 AM CST 16.50 – 17.10 CET (20 min)</p>	<p>Discussion</p> <ul style="list-style-type: none"> In your opinion, what are the most impactful data in newly diagnosed unfit/elderly AML presented at EHA 2023? What is your assessment of new and emerging targets in newly diagnosed unfit/elderly AML? In your opinion, what are the most impactful data in R/R AML presented at EHA 2023? What is your preferred treatment approach, and how do you view the presented data in the real-life setting for R/R AML? What is your assessment of new and emerging targets in R/R AML? Will any of the presented data change your practice? How? What are unmet needs in AML treatment? 	All
<p>10.10 AM – 10.15 AM CST 17.10 – 17.15 CET (5 min)</p>	Key Takeaways	Tapan M. Kadia, MD
<p>10.15 AM – 10.20 AM CST 17.15 – 17.20 CET (5 min)</p>	Break	

<p>10.20 AM – 10.30 AM CST 17.20 – 17.30 CET (10 min)</p>	<p><u>Advances in ALL: Newly Diagnosed Monoclonal and bispecific antibodies</u></p> <ul style="list-style-type: none"> • A Chemotherapy-Free Combination Of Ponatinib And Blinatumomab For Patients With Newly Diagnosed Philadelphia Chromosome-Positive Acute Lymphoblastic Leukemia: Subgroup Analysis From A Phase II Study Dr. Nicholas Short S118 • Consolidation With Blinatumomab Improves Overall And Relapse-Free Survival In Patients With Newly Diagnosed B-Cell Acute lymphoblastic Leukemia: Impact Of Age And MRD Level In ECOG-ACRIN Ryan Mattison S115 • Updates From A Phase II Trial Of Mini-Hyper-CVD-Inotuzumab With Or Without Blinatumomab In Older Patients With Newly Diagnosed Philadelphia Chromosome (Ph)-Negative Acute Lymphoblastic Leukemia Fadi Haddad P373 <p><u>TKIS</u></p> <ul style="list-style-type: none"> • Phalicon: Phase 3 Study Comparing Ponatinib Versus Imatinib In Newly Diagnosed Ph+ All Dr. Elias Jabbour S110 • A Phase II Study Of Flumatinib With Chemotherapy For Newly Diagnosed Ph/Bcr-Abl1-Positive Acute Lymphoblastic Leukemia In Adults: Updated Results From RJ-ALL2020.2A Trial Weiyang Liu P363 	<p>Jae Park, MD</p>
<p>10.30 AM – 10.50 AM CST 17.30 – 17.50 CET (20 min)</p>	<p>Discussion</p> <ul style="list-style-type: none"> • In your opinion, what are the most impactful data in newly diagnosed ALL presented at EHA 2023? • What is your preferred treatment approach for Ph+ and Ph- newly diagnosed ALL patients? • What is your assessment of monoclonal antibodies and bispecifics as part of initial therapy? • What are your views regarding incorporating genetic information and MRD into risk-stratification of patients? • Will any of the presented data change your practice? How? 	<p>All</p>
<p>10.55 AM – 11.00 AM CST 17.55 – 18.00 CET (5 min)</p>	<p>Key Takeaways</p>	<p>Jae Park, MD</p>

<p>11.00 AM – 11.05 AM CST 18.00 – 18.05 CET (5 min)</p>	<p>Advances in ALL: Relapsed/Refractory</p> <ul style="list-style-type: none"> • Combination Of Mini-Hyper-CVD And Inotuzumab (Ino) Followed by Blinatumomab (Blina) Consolidation In Patients With Relapsed/Refractory (R/R) Acute Lymphoblastic Leukemia (ALL): A Phase II Trial Nicholas Short S119 • Safety And Efficacy Of Obecabtagene Autoleucel (Obe-Cel), A Fast-Off Rate CD19 CAR In Relapsed/Refractory Adult B-Cell Acute Lymphoblastic Leukaemia: Top Line Results Of The Pivotal Felix Study Claire Roddie S262 • Ponatinib And Blinatumomab in Relapsed/Refractory Philadelphia-Positive Acute Lymphoblastic Leukemia Or Chronic Myeloid Leukemia In Lymphoid Blast Phase: Subgroup Analysis From A Phase II Trial Fadi Haddad P379 • A Phase II Trial Of Mini-Hyper-CVD With Venetoclax For Patients With Relapsed/Refractory (R/R) Philadelphia Chromosome (Ph)-Negative Acute Lymphoblastic Leukemia (ALL) Fadi Haddad P377 	<p>Joseph-María Ribera, MD, PhD</p>
<p>11.05 AM – 11.20 AM CST 18.05 – 18.20 CET (15 min)</p>	<p>Discussion</p> <ul style="list-style-type: none"> • In your opinion, what are the most impactful data in newly diagnosed ALL presented at EHA 2023? • How do you currently treat B-precursor R/R ALL patients? • What approaches are most promising for management of patients with R/R, Ph+ ALL? • Will any of the presented data change your practice? How? 	<p>All</p>
<p>11.25 AM – 11.25 AM CST 18.25 – 18.25 CET (5 min)</p>	<p>Key Takeaways</p>	<p>Joseph-María Ribera, MD, PhD</p>
<p>11.25 AM – 11.30 AM CST 18.25 – 18.30 CET (5 min)</p>	<p>Summary and Closing Remarks</p>	<p>Elias Jabbour</p>

Total time: 3 hours