Maintenance Therapy after Transplant: Acute Myeloid Leukemia (AML)

Celebrating a Second Chance at Life Survivorship Symposium

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Treatment of Acute Myeloid Leukemia

Time

Complete Remission | Maintenance? | Consolidation (Transplant)



Fundamental Questions

- What do we mean when we talk about maintenance therapy and how does this differ from "consolidation?"
- What are some maintenance therapies that have been used to treat patients with AML who don't have a transplant?
- Is there data to support the benefit of maintenance therapy after a transplant for patients with AML?
- What is the future of maintenance therapy after a transplant for patients with AML?



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Phases of AML Treatment

- The treatment of AML is generally divided into two phases:
 - Induction, where chemotherapy is given to obtain a complete remission
 - Consolidation, where additional therapy is given to eliminate residual leukeia cells that may not be identified on a bone marrow biopsy.
- Consolidation can take three forms:
 - Repeated rounds of additional chemotherapy without a transplant
 - An autologous stem cell transplant (not typically done in the United States)
 - An allogeneic stem cell transplant



What is Maintenance Therapy?

- Maintenance therapy is
 - low-intensity treatment (i.e. therapy that is easy to take, and has few side effects)
 - aims to keep a lid on any leukemia cells that might come back.
- Maintenance therapy has proven effective in patients with acute lymphoblastic leukemia and multiple myeloma.

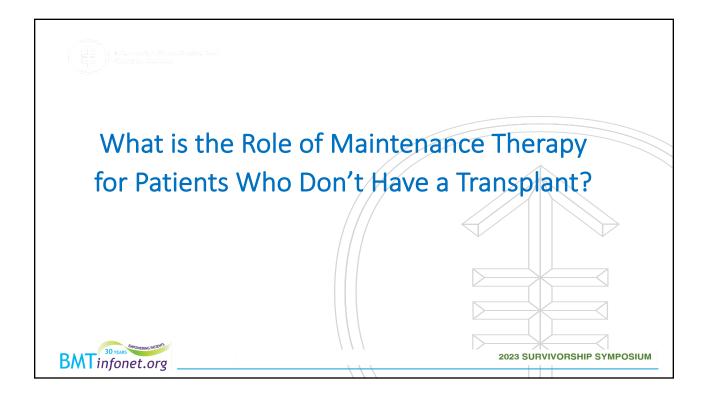


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Potential Pitfalls of Maintenance Therapy

- Overtreatment:
 - It is possible many patients are cured after a transplant and don't need maintenance to prevent a relapse.
- Overtreatment can cause various problems:
 - Side effects with long periods of treatment
 - Committing patients to indefinite treatment without an endpoint
 - Financial toxicity i.e., treatment can be very expensive.





Oral Azacitidine as Maintenance Therapy For Acute Myeloid Leukemia without a Transplant

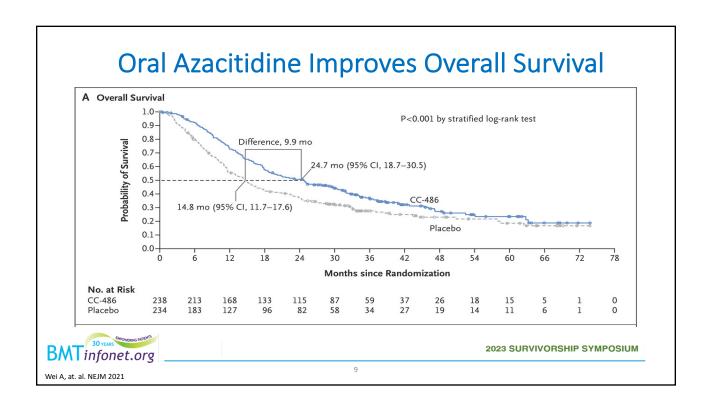
- International, multicenter, placebo-controlled, double-blind, randomized, phase III study that enrolled patients from 148 sites in 23 countries (NCT01757535).
- Enrolled patients older than 55 with intermediate or unfavorable risk AML.
- Patients did not have an allogeneic stem cell transplant.
- Randomized to receive oral azacitidine or a matched placebo as maintenance.
- Those who received the oral azacitine had an increased median overall survival, 9.9 months longer, than those who received placebo.
- For those patients with intermediate or unfavorable risk AML who don't have a transplant, oral azacitidine is a standard of care.

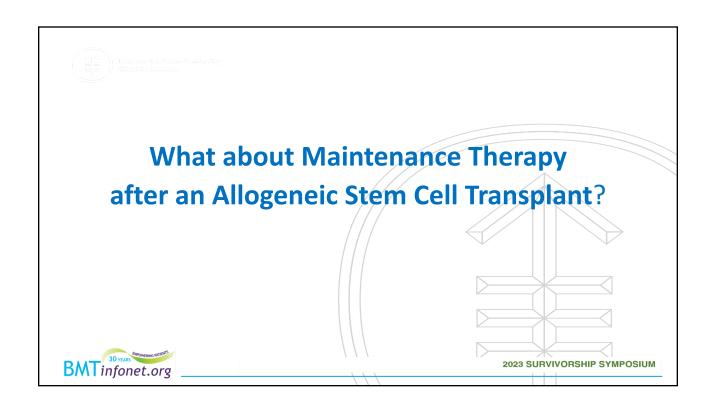


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ei et. al NEJM 2020

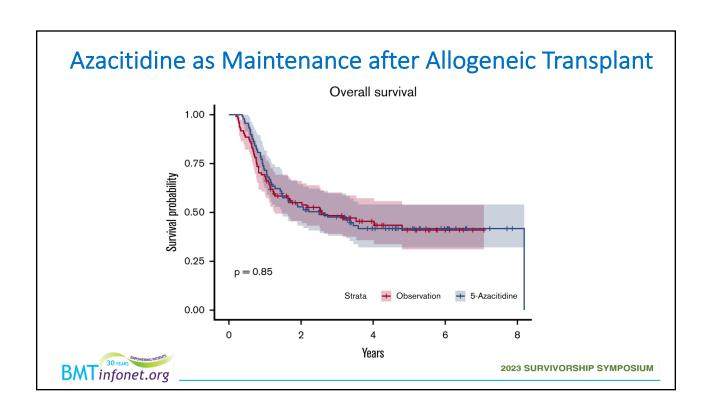


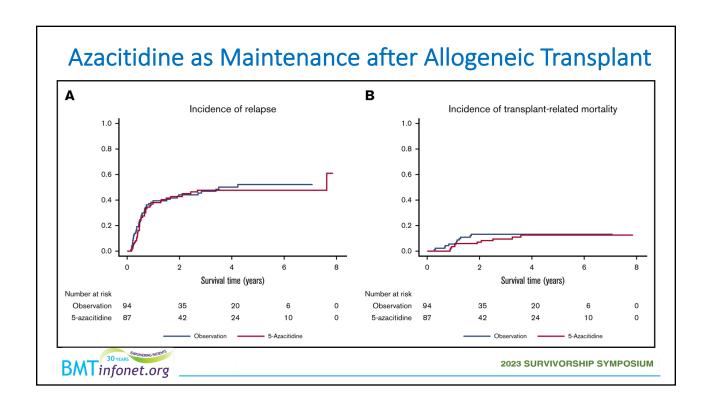


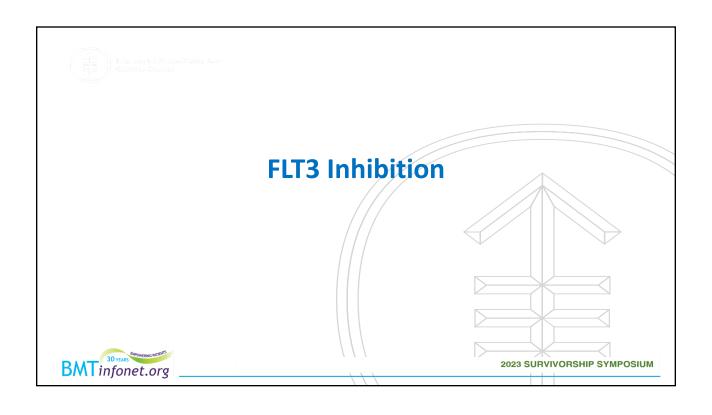
Azacitidine as Maintenance Therapy after an Allogeneic Transplant

- Randomized trial giving IV azacitidine to patients with AML after they received an allogeneic stem cell transplant.
- 50% of patients allocated to receive IV azacitidine and 50% to observation alone









What is FLT3?

- FLT3 is a gene that is mutated in approximately 30% of patients with AML.
- In the past, the presence of a FLT3 mutation was considered a negative prognostic factor.
- The use of FLT3 inhibitors with chemotherapy has improved the outcomes of patients with FLT3 mutant AML.



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Midostuarin - Newly Diagnosed FLT3 Mutant AML

One-sided P=0.009 by stratified log-rank test One-sided P=0.009 by stratified log-rank test Midostaurin 74.7 mo (95% CI, 31.5-NR) Placebo 25.6mo (95% CI, 18.6-42.9) Difference months Months

Efficacy

- Midostaurin benefit on OS similar across FLT3 subtypes
- 5-year survival rate: Midostaurin, 50.9% vs placebo, 43.3%

Safety

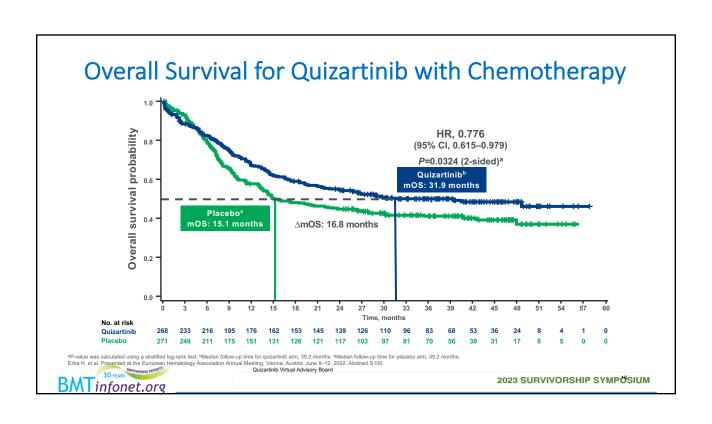
- Rates of ≥ Grade 3 anemia and rash were higher in the midostaurin group
- Rate of ≥ Grade 3 nausea was higher in the placebo group

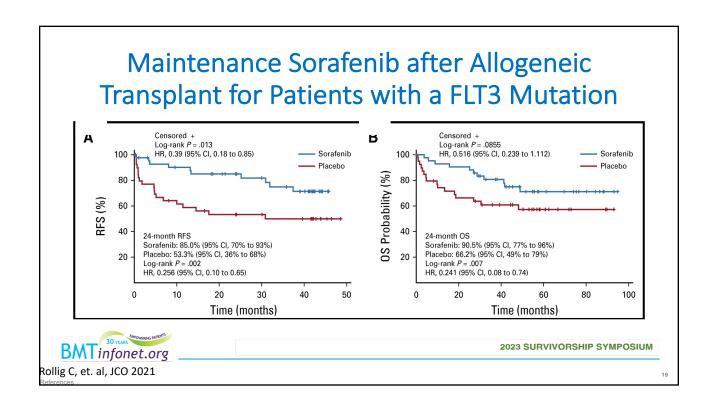
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Stone, et al. N Engl J Med. 2017;377(5):454-464

New FLT3 Inhibitor - Quizartinib

- For newly diagnosed AML patients of any age
- Randomized trial of chemotherapy with quizartinib versus chemotherapy with placebo.
- Primary outcome of trial is overall survival







Future of Maintenance Therapy after a Transplant

- Benefit of maintenance after a transplant is unclear based on randomized data both in genetically defined and more general subsets of patents with AML
- It may be that the best candidates for maintenance therapy are those patients who have an elevated risk of relapse because they have measurable residual disease (MRD) at the time of their transplant
- For now, best strategy is frequent monitoring for disease recurrence by sensitive molecular methods and early intervention for disease eradication
- Multiple trials are aiming to use newer agents as maintenance therapy. Results are unknown so far.



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Thank You!







QUESTIONS?



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