ManagingAML

Brian Druker, MD
Director
Knight Cancer Institute
Associate Dean for Oncology
OHSU School of Medicine
Portland, Oregon

Is molecular testing part of standard routine testing for patients diagnosed with AML in the community setting?

Welcome to *Managing AML*. I am Dr. Brian Druker. I am frequently asked, "Is molecular testing currently part of the standard routine testing in the community setting for patients diagnosed with AML?" As anybody who treats patients with AML recognizes, for decades we have used a variety of routine molecular testing, if we consider cytogenetic monitoring as part of the routine testing. As we have learned from the monitoring and managing of patients with AML, there is so much more that needs to be done. We understand that identifying mutations in NPM1, for example, would identify patients most likely to respond to standard chemotherapy regimens, both in terms of remission induction therapy as well as consolidation chemotherapy. If you have seen results from the RATIFY trial, which was the trial using midostaurin in patients with FLT3 mutated AML, we have seen a survival benefit from patients who receive midostaurin, and it is now FDA-approved for patients with FLT3 mutations in combination with standard induction and consolidation chemotherapy. We are now seeing clinical trials with IDH inhibitors that are showing remarkable results with IDH1 and IDH2 inhibitors. I would encourage physicians in the community that routine molecular testing should be a part of the standard analysis of patients with AML, both in terms of prognostication, but also in terms of identifying new and novel therapies that are likely to be approved in the near future. Then also identifying patients who may be eligible for a clinical trial and might then allow them to see improved benefits from some of these novel therapies that are in development.

I want to thank you for reviewing this activity.