Using CPX-351 in the current treatment paradigm for AML

Jeffrey E. Lancet, MD
Department Chair
Malignant Hematology
Moffitt Cancer Center
Tampa, Florida

Welcome to *Managing AML*. I am Dr. Jeff Lancet from the Moffitt Cancer Center in Tampa, Florida. I have been asked to speak today about how to utilize the recently approved drug CPX-351 in the current treatment paradigm for acute myeloid leukemia.

CPX-351 is a unique drug in the sense that it offers a unique delivery vehicle based on its liposomal formulation that encapsulates daunorubicin and cytarabine in a fixed molar ratio that is synergistic. The recent trials, the phase 3 trial in particular, identified CPX-351 as being superior to standard or traditional 7+3 chemotherapy for treating patients with high-risk AML. By high risk, we define it as patients that had AML arising from MDS, AML associated with MDS-like cytogenetic abnormalities, and therapy-related AML. CPX-351 did exhibit a survival benefit in these types of patients, and the approval was based upon its utility in these high-risk patient populations. At this time, we feel that for such patients with secondary AML or otherwise high-risk AML that CPX-351 should be considered as an appropriate standard of care for patients who are considered fit and well enough to receive intensive chemotherapy. It offers opportunities for response and potentially can serve as a bridge to an allogeneic transplant in the future. The drug seems to be quite active in this patient population and I think should certainly be considered as frontline therapy for the appropriate patients.

Thank you.

©2018 MediCom Worldwide, Inc.