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What are the key factors you must take into consideration in determining upfront treatment for patients with high-risk, secondary AML?

Hello, I am Dr. Eunice Wang and I'm frequently asked, “What are the key factors you must take into consideration in determining upfront therapy for patients with high-risk secondary AML?” As you know, secondary AML is frequently associated with poor prognostic cytogenetics as well as secondary mutations, which confer a particularly poor overall survival and low response rates to standard 7 + 3. The factors that I take into consideration when I have a newly diagnosed patient with secondary AML is: 1) The overall fitness of the individual, and 2) Whether that individual is a candidate for allogeneic stem cell transplantation.

If individuals are fit enough to receive intensive chemotherapy, my treatment of choice is liposomal cytarabine and daunorubicin, also known as CPX-351 or Vyxeos®. Treatment with this particular novel formulation of cytarabine/daunorubicin leads to markedly higher response rates and overall survival. In addition, use of this upfront intensive therapy has been associated with improved overall survival as well as increased numbers of patients able to proceed on to a potentially curative bone marrow transplantation. For those individuals who are unfit or unable to receive intensive chemotherapy, my standard approach is to treat with the combination of venetoclax and azacitidine. This particular regimen is associated with approximately 50%-60% overall response rates in patients with secondary AML, and to significantly improved overall survival as compared to azacitidine alone. For those rare individuals whose performance status might improve and would be interested, allogeneic stem cell transplantation remains an option for these patients. However, the great majority of these individuals will go on to receive continued therapy with the venetoclax and hypomethylating agents in the outpatient setting. And lastly, for those patients that have p53 mutant disease, or have particularly poor karyotype, consideration of clinical trials should always be entertained to improve outcomes for these poor-risk patients.

Thank you very much for taking the time to watch this activity. And I hope this information has helped you better treat your patients with secondary AML.