

What is the best approach to the therapy of patients with P53-mutated AML?

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Welcome to *Managing AML*. My name is Dr. Amir Fathi and I'm going to go through some questions that are frequently asked regarding the management of AML. What is the best approach to the therapy of patients with P53-mutated AML? This is a tricky one. It's quite difficult.

I would say that the traditional treatment of AML for younger or more robust patients is intensive chemotherapy. For older patients, at least in recent years, it's the combination of hypomethylating therapy and venetoclax. However, the challenge with P53 mutations is they have not historically been responsive to any therapy, including intensive therapy.

My point of view often in the majority of settings is if you have a P53 mutated patient, particularly those with complex karyotype, exposing them to intensive therapy, especially older patients, can be fraught with challenges. I oftentimes use hypomethylating combinations or even 10-day decitabine as therapy for P53 mutated AML. Whenever a clinical trial is an option, I try and navigate my patients to consider enrollment in a clinical trial for P53 mutated diseases.