613. Acute Myeloid Leukemia: Clinical Studies: Advances in Frontline Therapy: Induction, Consolidation, and Maintenance

Randomized Maintenance Therapy with Azacitidine (Vidaza) in Older Patients (≥ 60 years of age) with Acute Myeloid Leukemia (AML) and Refractory Anemia with Excess of Blasts (RAEB, RAEB-t). Results of the HOVON97 Phase III Randomized Multicentre Study (EudraCT 2008-001290-15)

Geert Huls, MD, PhD, Dana Chitu, Violaine Havelange, MD, PhD, Mojca Jongen-Lavrencic, MD, PhD, et al.

The authors of the study conclude that:

Post-remission treatment with aza in older AML patients in CR/CRi after at least 2 cycles of intensive chemotherapy significantly improves DFS (p=0.005). When patients who received an allo HSCT were censored at time of transplant, the difference in OS between both arms was also significantly different (p=0.04), in favor of aza maintenance treatment.

Two Cycles of Consolidation Chemotherapy Are Associated with Similar Clinical Outcomes to Three Cycles in AML Patients with Favorable Risk Cytogenetics

Daniel Sawler, MD, BSc, David Sanford, MD, Joseph M. Brandwein, MD, FRCPC, Irwindeep Sandhu, MD, FRCPC, et al.

The authors of the study conclude that:

These data suggest that the use of 2 chemotherapy consolidation cycles compared with 3 does not diminish
relapse-free survival or overall survival in patients with CBF-AML. Reduction in chemotherapy may provide both economic and quality of life benefits for patients. Larger prospective studies are necessary to confirm these findings.

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Clofarabine-Based Consolidation Improves Relapse-Free Survival of Patients with Acute Myeloid Leukemia with Complex or Micro-Complex Karyotype: Results from the Randomized ALFA-0702 Study

Laurène Fenwarth, MSc, MD1,2,3*, Nicolas Duployez, PharmD, PhD1,2,3*, Xavier Thomas, MD4,5, Nicolas Boissel, MD, PhD6,7, et al.

The authors of the study conclude that:

As compared to conventional cytogenetics, SNP-array represents a high-resolution approach to better characterize molecular profile of AML patients by pointing out cryptic molecular abnormalities. Our results suggest that clofarabine-based consolidation benefits both patients with complex karyotypes and micro-complex karyotypes defined by 4 and more SNP-Array abnormalities. Therefore by delineating micro-complex karyotypes in SNP-array, we have defined a new subset of AML patients that could potentially benefit from a clofarabine-based consolidation regimen (21 additional patients in comparison with complex karyotypes). SNP-array could thus help to improve AML management by refining adverse patient subgroups that could potentially benefit from new alternative consolidation regimen.

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Role of Allogeneic Reduced Intensity Conditioning Stem Cell Transplantation (RIC-SCT) in Older Patients with Acute Myeloid Leukemia (AML): Analysis of the ALFA-1200 Study

Claude Gardin1*, Cécile Pautas2*, Emilie Lemasle, MD3*, Jean-Henri Bourhis4, et al.
The authors of the study conclude that:

In older AML patients, due to persistent high TRM and relapse incidence, RIC-SCT significantly prolongs survival in the adverse ELN-risk AML subset only. Even if a longer follow-up is needed, patients with intermediate ELN-risk AML do not seem to benefit from SCT in CR1 as compared to standard chemotherapy.

Prognostic Impact of NPM1/FLT3-ITD genotypes from Randomized Patients with Acute Myeloid Leukemia (AML) Treated within the International Ratify Study

Konstanze Döhner, MD1*, Christian Thiede, MD2, Richard A. Larson, MD3, Thomas W Prior, MD4*, et al.

The authors of the study conclude that:

Data from this large randomized trial suggest the high prognostic value of the NPM1/FLT3-ITD genotypes considering the ITD mutant to wt allelic ratio. The study was not powered to show differential effects of M among genotypes; however, a beneficial effect of M on OS and EFS appeared most pronounced in the NPM1wt/FLT3-ITDhigh group. Multivariate analysis revealed NPM1/FLT3-ITD genotypes, treatment arm with M in favor to PBO, WBC, and alloHCT as independent prognostic factors for OS.

Flow Cytometric Minimal Residual Disease As Risk Stratification Tool in Younger Adults with NPM1 Wild Type Standard Risk Acute Myeloid Leukemia

Sylvie D Freeman, MBChB, DPhil1*, Robert K. Hills, DPhil2, Paul Virgo3*, Naeem Khan, PhD4*, et al.

The authors of the study conclude that:
MRD status by MFC refines response criteria at induction time-points to differentiate NPM1 wild type standard risk patients with poor outcome and helps define a group of patients who may benefit from SCT in CR1.