

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

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[Randomized Maintenance Therapy with Azacitidine \(Vidaza\) in Older Patients \(\$\geq 60\$ years of age\) 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, PhD¹, Dana Chitu^{2*}, Violaine Havelange, MD, PhD^{3*}, Mojca Jongen-Lavrencic, MD, PhD⁴, 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.

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[Two Cycles of Consolidation Chemotherapy Are Associated with Similar Clinical Outcomes to Three Cycles in AML Patients with Favorable Risk Cytogenetics](#)

Daniel Sawler, MD, BSc¹, David Sanford, MD², Joseph M. Brandwein, MD, FRCPC³, Irwindeep Sandhu, MD, FRCPC¹, 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, MD^{1,2,3*}, Nicolas Duployez, PharmD, PhD^{1,2,3*}, Xavier Thomas, MD^{4,5}, Nicolas Boissel, MD, PhD^{6,7}, 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 Gardin^{1*}, Cécile Pautas^{2*}, Emilie Lemasle, MD^{3*}, 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.

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

Konstanze Döhner, MD^{1*}, Christian Thiede, MD², Richard A. Larson, MD³, Thomas W Prior, MD^{4*}, 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 *NPM1^{wt}/FLT3-ITD^{high}* 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.*

[468](#)[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, DPhil^{1*}, Robert K. Hills, DPhil², Paul Virgo^{3*}, Naeem Khan, PhD^{4*}, 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.