One AML Poster

PS980 CONTINUING ENASIDENIB TREATMENT FOR PATIENTS WITH MUTANT-IDH2 RELAPSED/REFRACTORY ACUTE MYELOID LEUKEMIA (R/R AML) WITH STABLE DISEASE MAY RESULT IN IMPROVED RESPONSES AND SURVIVAL OVER TIME

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Conclusion

SD may represent sustained but controlled proliferation of leukemic cells that, in some cases, later differentiate and lead to clinical responses. In the first 90 days of enasidenib Tx, 38% of pts with m*IDH2* R/R AML maintained SD. Of them, almost one-third responded after day 90 during continued Tx. Late Responders had a significant OS benefit compared with pts with no later response. However, pts who maintained SD at all response evaluations received a median of ~5.5 months of enasidenib Tx and had a median OS of 9 months. These data suggest pts who sustain SD during early enasidenib Tx should continue Tx for at least 6 cycles or until PD. SD during early enasidenib therapy does not predict Tx failure, and pts who maintain SD may benefit from continuing enasidenib Tx.