Insights Into Maintenance Therapy in Acute Myeloid Leukemia (AML)

February 24, 2024

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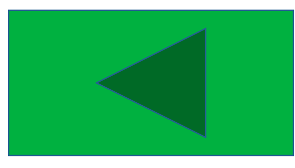
How to Navigate This Report

Click to move to topic of interest or ARS supporting data



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Report Objectives

MEETING OBJECTIVES	REPORT OBJECTIVES
Gain advisors' perspectives on frontline and maintenance therapy for AML and factors that guide treatment choices	> Learn advisors' perspectives regarding the use of oral and injectable hypomethylating agents (HMAs) as maintenance therapy in AML > Understand how the presence of mutations affects treatment decisions > Learn how physicians assess patient fitness and eligibility for intensive chemotherapy (IC)

Report Snapshot: Session Overview

A moderated roundtable discussion was held with 11 oncology healthcare providers in Arizona and California on **February 24, 2024**

Disease state and data presentations were co-chaired by **Elias Jabbour, MD,** and **Naval Daver, MD,** from MD Anderson Cancer Center in Houston, TX, with content developed in conjunction with the Aptitude Health clinical team

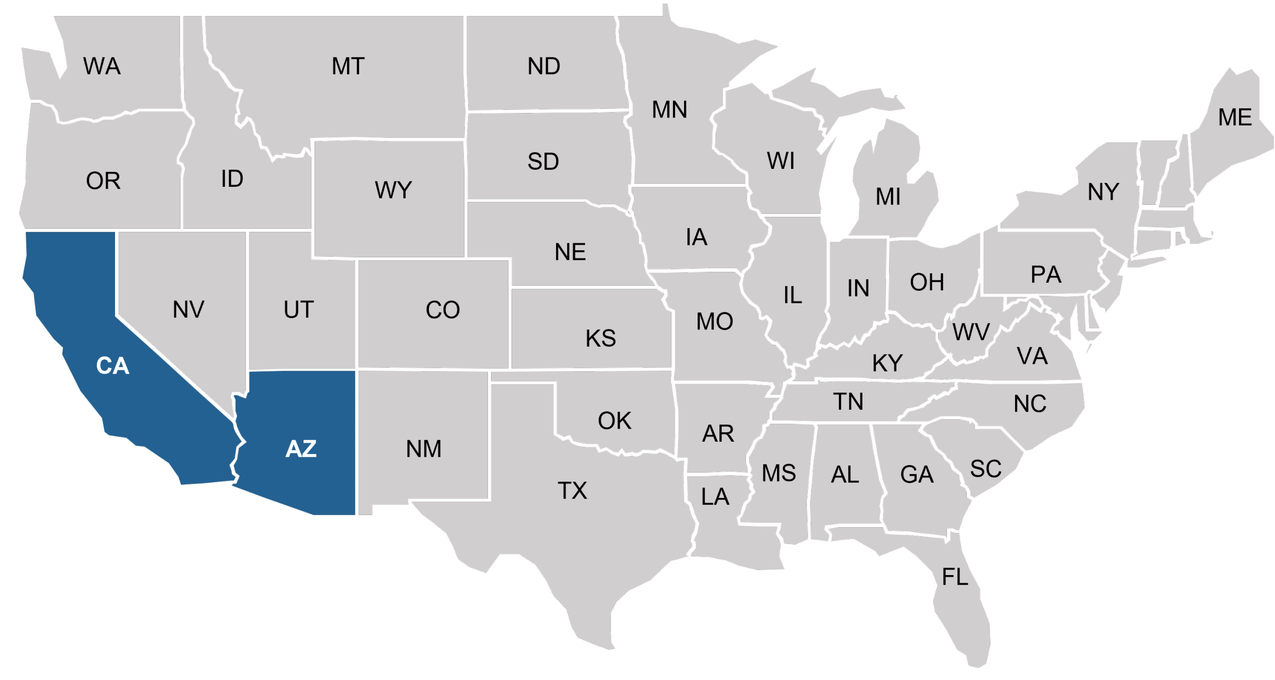
Insights were obtained on advisors' perspectives on existing treatments and maintenance therapy for AML and factors that guide treatment choices

Data collection was accomplished through audience response system (ARS) questions and in-depth moderated discussion

Report Snapshot: Attendee Overview

> The group of advisors was composed of 11 oncologists from Arizona and California

Institution	City	State
Keck Medicine of USC	Newport Beach	CA
Loma Linda University Medical Center	Loma Linda	CA
University of California, Irvine	Irvine	CA
University of California, Irvine	Orange	CA
Riverside Medical Center	Irvine	CA
University of California San Diego Health	San Diego	CA
City of Hope	Phoenix	AZ
Cancer Transplant Institute at HonorHealth	Scottsdale	AZ
Mayo Clinic	Phoenix	AZ
Desert Hematology Oncology	Surprise	AZ
Arizona Oncology	Tucson	AZ



Report Snapshot: Attendee Demographics (1/2)

Do you generally directly treat patients with AML, or do you refer them to a tertiary center? (*Select all that apply.*) (N = 11)

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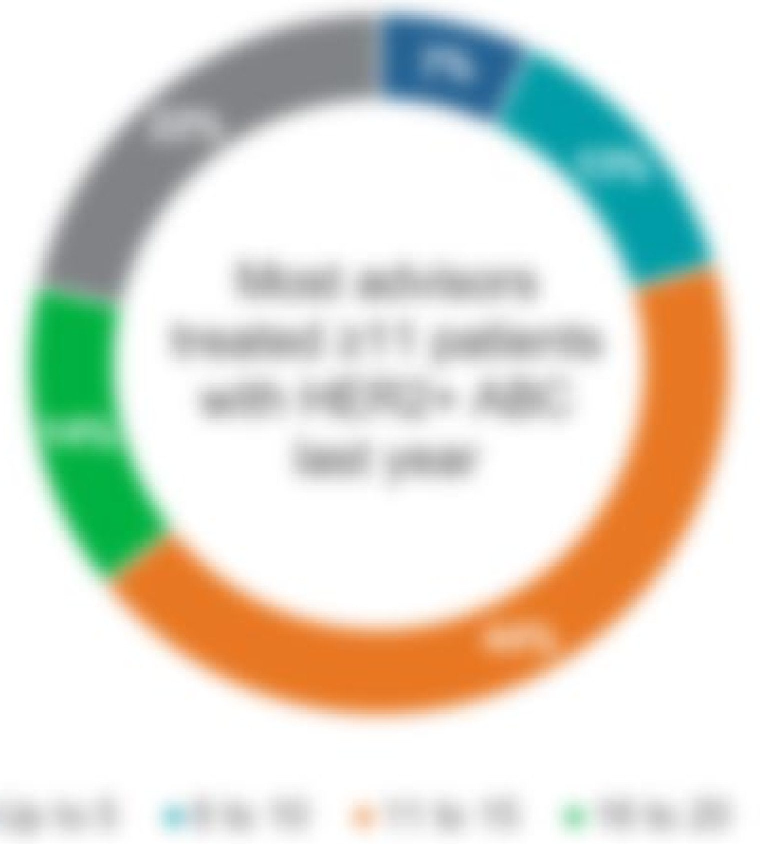
Report Snapshot: Attendee Demographics (2/2)

How many unique patients with AML do you personally treat per month? (N = 11)

What percentage of your patients with AML are eligible for intensive induction chemotherapy? (N = 11)



Report Snapshot: Agenda

Time (MT)	Topic
1.00 PM – 1.15 PM	Introduction and Baseline ARS Questions
1.15 PM – 1.55 PM	First-Line Therapy in AML
1.55 PM – 2.55 PM	Maintenance Therapy in AML
2.55 PM – 3.05 PM	Break
3.05 PM – 3.50 PM	Patient Case-Based Discussion
3.50 PM – 4.00 PM	Key Takeaways and Meeting Evaluation

Advisor Key Quotes From Discussion

Discussion (1/4)

INSIGHTS

“We do [maintenance therapy] because not all my leukemia patients go to transplant. They don’t get transplanted

Discussion (2/4)

INSIGHTS

“Yes, depending on whether they have a target. I do not do routine maintenance therapy [if they are deployed and

Discussion (3/4)

INSIGHTS

"Initially I was a bit skeptical with Onureg because the indication was so narrow. But at the end, I used it more and

Discussion (4/4)

INSIGHTS

"And I used also maintenance with my FLT3-ITD patients after transplant, a dialog with the transplanter. And our

Advisor Key Takeaways

Advisor Key Takeaways (1/2)

ADVISOR	ADVISOR
> HiDAC dosage of 3 gm/m^2 should not be given	> The benefit of quiz + intensive chemotherapy even in

Advisor Key Takeaways (2/2)

ADVISOR	ADVISOR
> Learned the great efficacy of venetoclax and intensive	> The benefit of maintenance is in the MRD-positive patient

Audience Response System (ARS) Data

About 45% of Advisors Use IC Regardless of the Presence of Mutations, While the Remaining Prefer a Targeted Therapy in the Presence of Mutated *FLT3* or *IDH1*

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The Majority of Advisors Prefer Transplant After a Patient With AML Receives IC ± Consolidation and Has CR/CRi

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While More Than Half the Advisors Prefer Transplant, 30% Would Administer an Additional Consolidation Cycle After a Patient With AML Receives IC ± Consolidation, Has Morphologic CR/CRi, but Is Positive for MRD

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*One advisor did not respond.

For Most Advisors, Up to 40% of Their Patients With AML, After Having CR/CRi Post-IC, Do Not Go on to Transplant

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Worsening Performance Status Was Cited as the Most Common Reason a Patient Does Not Proceed to Transplant After Receiving IC

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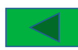
*One advisor did not respond.



Oral Azacitidine Is the Most Preferred Option for Maintenance Therapy in Patients With AML After IC

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About Three-Quarters of Advisors Always Measure MRD in Their Patients With AML After IC and Consolidation, While the Rest Measure It Sometimes

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Although Advisors Were Divided on Whether to Use MRD for Treatment Decision-Making or as a Prognostic Indicator, There Was a Slight Tendency Toward Favoring Its Use for Guiding Treatment Decisions

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For a 65-Year-Old Patient in Remission After IC (without consolidation) With No Specific Mutation, 40% of Advisors Would Choose Maintenance Therapy With Oral Azacitidine (14-day cycles), While 40% Selected More Consolidation Cycles

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*One advisor did not respond.

For a 65-Year-Old Patient With AML in Remission After IC (with consolidation) and Who Is MRD Negative, 45% of Advisors Would Choose Oral Azacitidine

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For a 65-Year-Old Patient in Remission After IC (with consolidation) Who Has Been on Oral Azacitidine and Shows Signs of Progression, 73% of Advisors Would Perform Cytogenetic and Molecular Profiling

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