IMPACT OF CYTOGENETIC ABNORMALITIES DEFINING AML MYELODYSPLASIA-RELATED (WHO AND ICC 2022) IN FIRST LINE DECITABINE IN UNFIT AML PATIENTS

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INTRODUCTION

Background: HMAs in monotherapy have been the standard front line for unfit AML patients for a decade (Kantarjian H et al JCO 2012 and Dombret H et al Blood 2015). Risk factors for HMA frontline treatment have been suggested (De la Fuente et al EHA 2014 and EHA 2018).

In the 2022 the WHO and the ICC classifications for Myeloid Neoplasm have been published updating biological risk factors for AML.

AIMS

The aim of this study is to analyze the impact of the new 2022 Cytogenetic Abnormalities Defining AML Myelodisplasia-related (AML-MRC by WHO and by ICC) in the outcome of unfit AML patients treated with Decitabine (Dec) as first line.

METHOD

We carried out the analysis on patients with previously untreated AML included in the MDA-AML-2017-05 study from 23 Spanish sites.

Inclusion criteria were as follows:

- Age > 18
- Diagnosis of AML under WHO criteria
- Treated with Dec during the period 01/09/2014 to 31/12/2016.

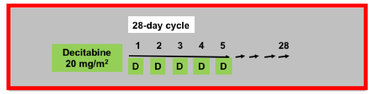
We evaluated impact of the new 2022 Cytogenetic Abnormalities Defining AML Myelodysplasia-related (WHO and ICC).

OS by Kaplan-Meier and the mortality within the first 8 weeks (M8wks).

The MDA-AML-2017-05 study was approved by the Spanish Medicines Agency AEMPS.

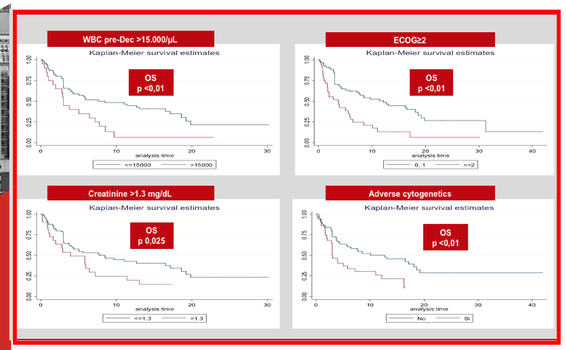
RESULTS

Treatment plan



Baseline Characteristics

Characteristics	nº patients
Total	126
Age >80 yrs	57 (45%)
WBC pre- Dec >15.000/µL	21 (16,5%)
ECOG≥2	38 (30%)
Adverse cytogenetics	39 (31%)
Creatinine > 1,3 mg/dL	23 (18%)
AML-MRC by WHO	38 (30%)
AML-MRC by ICC	48 (38%)



Effectiveness

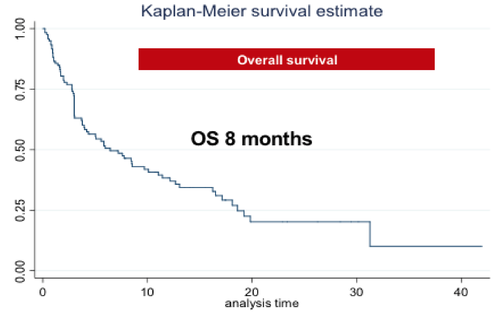
All patients n 126

1st Line Decitabine in

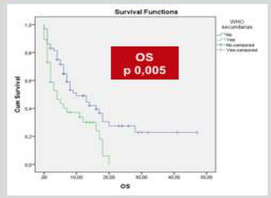
Acute Myeloid Leukemia

ORR 49%

(CR 20p, PR 21p, ED 28p)



AML-MRC by WHO

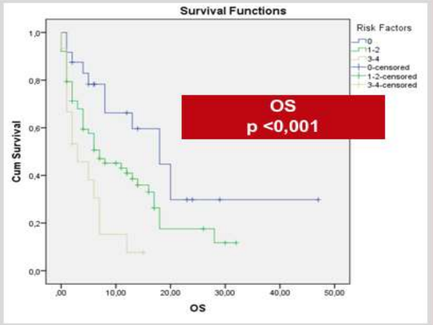


AML-MRC by ICC



DecLAM scale

- WBC pre- Dec >15.000/µL
- Creatinine >1.3 mg/dL
- ECOG≥2
- AML-MRC by WHO



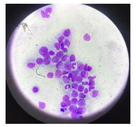
Toxicity

Cicles	716
Median	4 (1-31)
Grade 4 AE	26
Treatment related mortality	cero

CONCLUSIONS

The results of this study confirm AML-MRC 2022 by WHO and by ICC as adverse risk factor in unfit AML patients treated with Dec.

The updated DecLAM scale is useful to identify risk groups with differences in OS.



HemoInfo