SOHO ANNUAL MEETING 2024

IMPACT OF VENETOCLAX ON HIGH-RISK MYELODYSPLASTIC SYNDROMES: A RETROSPECTIVE MULTICENTER ANALYSIS OF AZACITIDINE-VENETOCLAX VS. AZACITIDINE MONOTHERAPY IN MEXICO

Lyam Carlo Chacon-Rangel MD[1], Sergio Rodriguez-Rodriguez MD[1], Juan Luis Ontiveros-Austria MD[1], Roberta Demichelis-Gomez MD[1], Andres Gomez-De Leon MD[2], Anna C. Rodriguez-Zuñiga MD[2], Sergio Ignacio Inclan-Alarcon MD[3], Veronica Steffania Corral-Herrera MD[3], Nidia Paulina Zapata-Canto MD[4], Elia Ixel Apodaca-Chavez MD[1]

[1]Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán, Mexico City, Mexico. [2]Hospital Universitario Dr. José Eleuterio González, Nuevo Leon, Mexico. [3]Centro Médico ABC, Mexico City, Mexico. [4]Instituto Nacional de Cancerología, Mexico City, Mexico

INTRODUCTION

High-risk myelodysplastic syndromes (HR-MDS), identified by an IPSS-R score >3.5, have an increased risk of progressing to acute myeloid leukemia. The standard treatment involves hypomethylating agents (HMA). Recent phase 1b studies suggest that adding venetoclax may enhance response rates, showing an overall response rate (ORR) of 80% with a toxicity profile similar to HMA alone.

AIM

To compare overall survival (OS) and response rates of HR-MDS patients treated with azacitidine with venetoclax (AZAVEN) versus azacitidine (AZA).

METHOD

Retrospective multicenter study of HR-MDS patients treated between 2011 to 2023 across 4 institutions in Mexico.

Definitions for complete response (CR), complete response with incomplete cell count recovery (CRi), partial response (PR), and hematological improvement (HI) were based on IWG-2023 criteria. ORR included CR, CRi, PR, and HI. Bivariate analysis was conducted to detect differences. Kaplan-Meier curves were used for OS analysis.

RESULTS

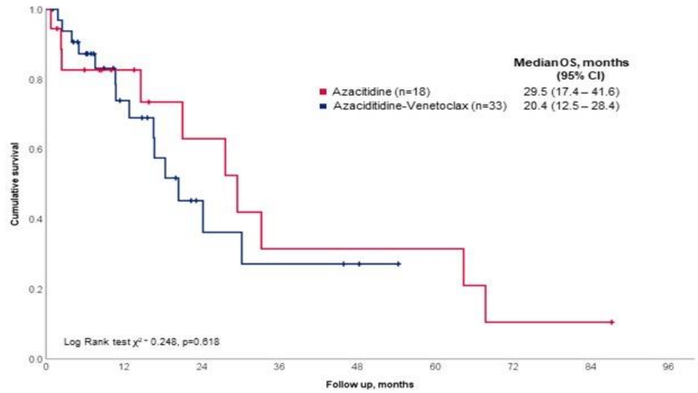
We analyzed 51 HR-MDS patients: 35 (68.6%) were male, with a median age of 67 years (IQR 61-74). Of these, 33 (65%) were treated with AZA/VEN and 18 (35%) with AZA. No significant baseline differences were noted between groups.

ORR was achieved in 38 patients (74.5%): 10 (19.6%) responded to the first cycle and 11 (21.5%) to subsequent cycles. Thirteen (34%) responders relapsed. Grade 3 or 4 AEs were observed in 36 patients (70.6%) table 1.

Table 1. Response assessment by treatment group

	AZA/VEN n=33	AZA n=18	p
Overall Response Rate	27 (82)	11 (61)	0.177*
CR	7 (21)	5 (28)	0.698*
CRi	5 (15)	-	0.128*
PR	3 (9)	1 (5.5)	1.000*
Erythroid response	20 (60.5)	9 (50)	0.738*
Platelet response	24 (73)	10 (55.5)	0.233*
Neutrophil response	23 (70)	9 (50)	0.228*
Cycles for a first response, median (IQR)	2 (1 – 3)	3 (2 – 4)	0.014*
Applied cycles, median (IQR)	3 (1 – 6)	4.5 (2.7 – 8)	0.221*
Relapse	10 (30)	3 (17)	0.499*
Death in the first 4 weeks (%)	2 (6)	1 (5.5)	1.000*
Death in the first 8 weeks (%)	3 (9)	1 (5.5)	1.000*

Figure 1. Overall Survival by Treatment Group



Median OS was 24.2 months (95% CI 12.3-34.1). No statistically significant differences in OS were found between AZAVEN and AZA groups (20.4 vs. 29.5 months; p=0.618) **Figure 1**. Hematologic toxicities did not significantly differ between groups: anemia (p=0.738), thrombocytopenia (p=0.375), neutropenia (p=0.407), and febrile neutropenia (p=0.357).

CONCLUSIONS

This study found no significant differences in ORR, AEs, or OS between treatment groups. The AZAVEN group had a shorter time to response, consistent with previous studies.

Further research, including molecular genotype subgroup analysis, is needed to validate the potential benefit of this treatment strategy as first-line therapy in MDS patients.

REFERENCES

1. Cazzola M. Myelodysplastic Syndromes. N Engl J Med. 2020;383(14):1358-74
2. Garcia-Manero G. Myelodysplastic syndromes: 2023 update on diagnosis, risk-stratification, and management. Am J Hematol. 2023;98(8):1307-25.

CONTACT INFORMATION

@LyamChaconR