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TREATMENT OF ACUTE MYELOID LEUKEMIA WITH VENETOCLAX- BASED COMBINATIONS IN ARGENTINA: A REAL- WORLD STUDY

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BACKGROUND

The treatment paradigm for elderly or unfit patients with acute myeloid leukemia (AML) has changed since the approval of venetoclax in 2018. In the VIALE-A and VIALE-C trials, venetoclax-based therapies demonstrated superior overall survival compared to the previous standard of care in this population. However, real-life studies cannot always reproduce these results due to multiple reasons (treatment adherence, treating center expertise, underrepresented population).

AIM

To describe the experience with venetoclax-based combination regimens in patients with AML in terms of baseline characteristics, composite complete remission rate (complete remission + complete remission with incomplete bone marrow recovery [CR/CRi]), and overall survival.

METHODS

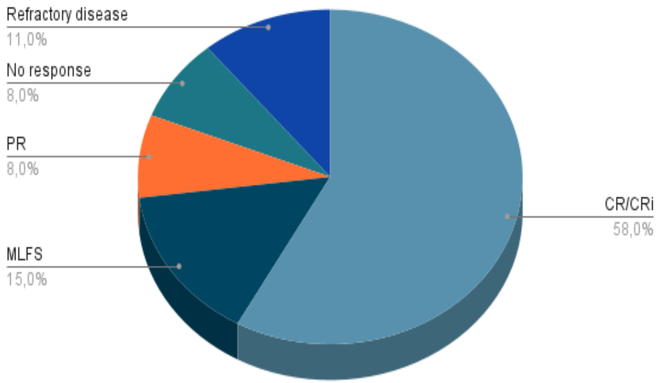
Observational, ambispective cohort study, which included patients >18 years of age with newly diagnosed AML, who were not candidates for intensive chemotherapy, in 4 hospitals in Buenos Aires, Argentina, from January 2020 to December 2023.

RESULTS

Thirty-one patients with a median age of 70 years (IQR, 67-74 years) were included; 19 (61%) were male and 25% were >75 years of age. 48.4% had an ECOG >1. 74% (n=23) of patients had secondary AML and 25% (n=8) had de novo AML. 62% of patients presented an intermediate risk category according to ELN 2022.

Azacitidine-venetoclax was the treatment in 27 patients, cytarabine-venetoclax in 3, and decitabine-venetoclax in 1. Patients received a median of 2 cycles (range, 1-36). Eighteen patients (58%) achieved CR/CRi.

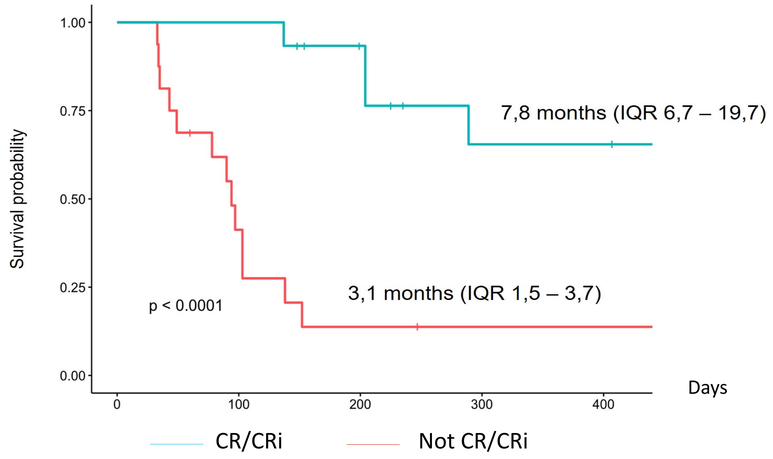
Treatment response



Two patients underwent consolidation with allogeneic transplantation. Median follow-up was 4.6 months. Six patients (19%) relapsed and 22 patients died (71%). 94% (n=29) of patients received antifungal prophylaxis.

Median progression-free survival was 3.9 months (IQR, 2.1-7.8 months) and overall survival was 5.1 months (IQR, 3.1-8.9 months). There was a statistically significant relationship in overall survival between those who achieved CR/CRi and those who did not (7.8 vs. 3.1 months; P<0.0001).

Overall survival by type of response



The characteristics of *de novo* versus secondary AML, risk group by ELN, and cytogenetic risk did not affect overall survival. Patients with ECOG 0-1 at diagnosis had longer survival than those with ECOG 2-3, but the difference was not significant (6.7 vs 4.5 months; *P*=0.07).

At least one grade 3 or higher hematologic adverse event occurred in 80% of patients.

CONCLUSIONS

Patients who achieved CR/CRi had longer survival than those who did not. However, overall survival was lower and adverse events more frequent than described in the literature. These data provide further insight into the outcomes of targeted AML therapy in our setting.

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