AML-691

Waiting for mutational test results does not delay time to treatment for ND AML ineligible for intensive chemotherapy

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CONTEXT

- Recent studies challenge historic practice by supporting the safety of waiting 2+ weeks for mutational testing to initiate treatment for most patients with newly diagnosed (ND) acute myeloid leukemia (AML), without survival detriment, yet such practice is not universally adopted.

OBJECTIVE

- Assess turnaround time of mutational tests and time from diagnosis to treatment initiation.

DESIGN

- Results from this US, retrospective, real-world evidence study in ND mIDH1 AML ineligible for intensive chemotherapy (ICi) previously reported higher efficacy for ivosidenib (IVO) + hypomethylating agent (HMA) vs venetoclax (VEN)+HMA.[1]

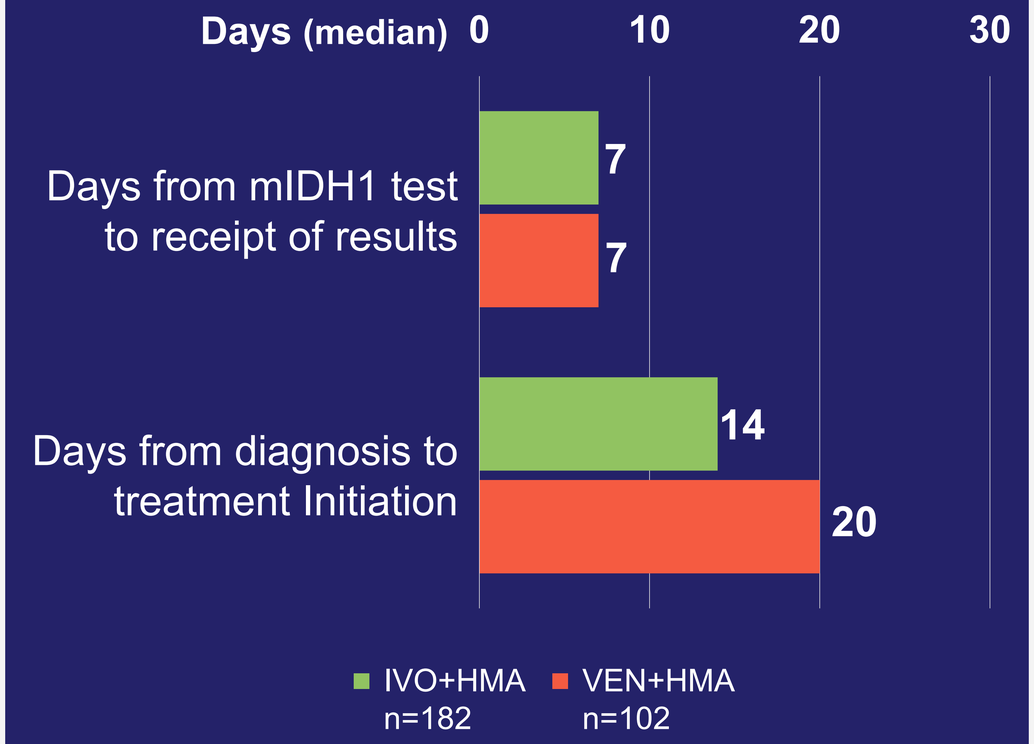
PATIENTS

- Among 283 patients with mIDH1 ICi AML (IVO+HMA, n=182; VEN+HMA, n=101), baseline status was similar; median age was 63 years, 60% had intermediate ELN cytogenetic risk status, and 23% had prior MDS.

MAIN OUTCOME MEASURES

- Primary endpoints were complete response (CR) and other efficacy outcomes. We report timing for diagnosis, mutational testing and results, and initiation of treatment (in medians and for two-thirds [66%] of patients).

Mutational test results are typically available well before common time to treatment for ND AML ineligible for intensive chemotherapy



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RESULTS

- Median turnaround from mIDH1 test to results was 7 days in each cohort; two-thirds of patients had results by days 11 (IVO) and 9 (VEN). Interquartile range (IQR) was 6–14 days for the full population. Median time from test results to treatment was 1 (IVO) and 4 (VEN) days. Overall median time from diagnosis to treatment was 14 days and 20 days, respectively (P=0.032); two-thirds of patients began treatment by days 21 and 24, respectively. Median time for diagnosis to treatment was longer in academic settings (19 vs 13 days).
- Of 101 patients treated with VEN+HMA, 72 started on or after receipt of IDH test results. Median time to treatment for the remaining patients was 6 days.

DISCUSSION

- This report identifies the typical US turnaround time for mutational testing and from diagnosis to treatment. Practices exceeding this time may seek to improve turnaround.

CONCLUSION

- Over two-thirds (66%) of patients with ND ICi AML received mutational test results in ≤11 days, well within the common time from diagnosis to treatment initiation. Patients receiving IVO+HMA typically had shorter time to treatment than patients receiving VEN+HMA.
- The efficacy of IVO+HMA reported earlier and the short typical wait for test results relative to treatment start suggest that most patients can wait for key molecular test results prior to initiating therapy and thereby have effective targeted therapy options.

FUNDING

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DISCLOSURES

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REFERENCES

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