VENETOCLAX WITH CHEMOTHERAPY FOR REMISSION INDUCTION IN AML PATIENTS A PHASE Ib/II (RAPID VEN) STUDY

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INTRODUCTION

In India, AML presents at younger age & has higher early mortality than global averages. Ven has potential in decreasing the chemotherapy intensity particularly in elderly & unfit

Ven with 3+7 is unclear in countries with high induction mortality. Reduced dose Ven with azoles & 7-14 days of duration appears to be optimum

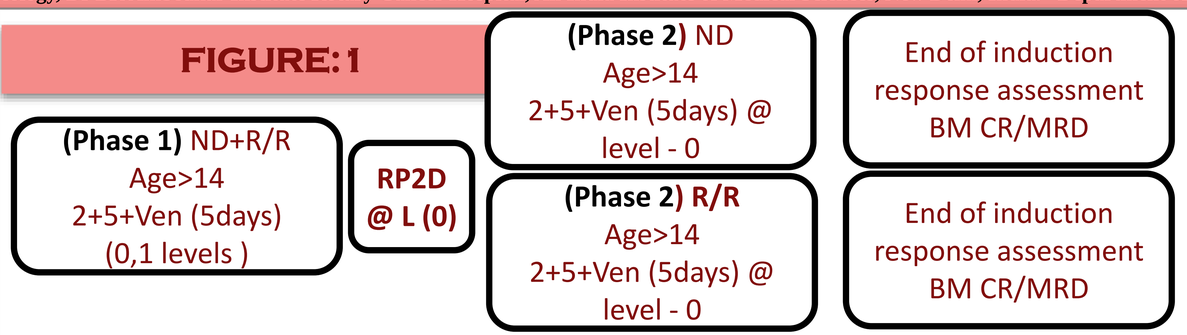
AIMS & OBJECTIVES

Primary: To define safety and tolerability, RP2D for venetoclax with induction chemotherapy (Daunorubicin + Cytarabine).
Secondary: Efficacy and ORR

METHOD

- Study design: Phase Ib/II ; Patient inclusion: Both ND and R/R AML patients with PS 0-2
- In 1b study, 5 levels are chosen from -1 to 3 in a 3 + 3 design with varying doses of dauno/ARA-C & Ven.

FIGURE: 1



(L) -1	Dauno 45 (2 days)	ARA-C 100 (5 days)	Ven 100 + Vori (5 days)
0	60 (2 days)	100 (5 days)	5 days
1	60 (3 days)	100 (5 days)	7 days
2	45 (3 days)	100 (7 days)	7 days
3	60 (3 days)	100 (7 days)	7 days

✓ Baseline characteristics (Table:1)

1. Median age	35 (Range: 16-66)
2. M:F	26:9
3. Median blast count	45%
4. ELN Risk	
• Favorable	25%
• Intermediate	38%
• Adverse	32%
5. Mutations	
○ t(8,21)	24%
○ NPM1	24%
○ IDH2	17%

RESULTS

- Phase I study with 1st cohort at level 1 (3 pts); 2 had DLT and deescalated to level 0. 2nd & 3rd cohort at level 0 (6 pts); 1 had DLT; RP2D was 2+5 + venetoclax (5 days)
- The study proceeded to phase II with 2 arms (24 patients enrolled in phase II to date)
- Induction mortality 23% (n=8/34)
- 19 of 29 (66%) patients are in complete remission (CR); 18 of 29 (62%) patients are MRD- (study in progress)

CONCLUSION

- Venetoclax for 5 days with 2/5 (daunorubicin and cytarabine) and voricoazole is the RP2D.
- This regimen appears to have acceptable rates of CR and induction mortality. The study is in progress.

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