Early Real World Outcomes of Revumenib Versus Venetoclax Based Salvage Therapy in Relapsed or Refractory Acute Leukemia

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BACKGROUND

- Revumenib, an oral menin inhibitor, is a new precision therapy option for relapsed or refractory acute leukemia
- First approved in KMT2A rearranged disease, more recently in NPM1 mutated AML
- As menin inhibition moves into routine practice, real world safety and outcomes data are needed relative to established venetoclax based salvage approaches

METHODS

BEFORE MATCHING
151 vs 10,304

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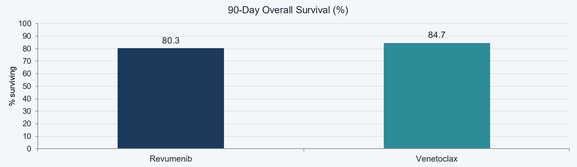
AFTER PSM MATCHING
149 vs 149

- Retrospective cohort study using the TriNetX Global Collaborative Network
- Adults with AML or acute leukemia receiving revumenib compared with patients receiving venetoclax based salvage therapy
- All patients had prior AML directed therapy (hypomethylating agents, venetoclax, cytarabine, anthracyclines, gemtuzumab, FLT3 or IDH inhibitors, glasdegib)
- Index date: first revumenib or venetoclax use
- Propensity matching: demographics, prior AML therapies, albumin, neutrophil count, platelet count
- Outcomes assessed day 1–90 after index
- Primary outcome: 90-day all cause mortality; secondary: infections, inpatient/observation encounters, ICU-level care

RESULTS



149 vs 149 — matched patients per cohort (revumenib vs venetoclax)

HR 1.302 — 95% CI 0.745–2.275, log-rank p=0.353

8.1% vs 10.7% — inpatient/observation encounters, RR 0.750

- Before matching: 151 received revumenib, 10,304 received venetoclax; 149 matched per cohort
- 90-day mortality: 28 patients (revumenib) vs 22 patients (venetoclax); not statistically significant
- Infectious complications 47.7% vs 51.0% (RR 0.934); no ICU level care events observed in either matched cohort

CONCLUSION

- 90-day mortality, infection risk, and acute care utilization were comparable between revumenib and venetoclax based salvage therapy
- Menin inhibition appears to be entering practice without an early excess safety signal relative to a common salvage backbone
- Absence of superiority should not be interpreted as equivalence — revumenib is a reasonable sequencing option in appropriately selected patients
- Prospective studies with molecular annotation are needed to refine patient selection

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