

CPX-351 (VYXEOS) IN A REAL-WORLD COHORT OF CHILDREN WITH RELAPSED/REFRACTORY ACUTE MYELOID LEUKEMIAS

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BACKGROUND

- There is currently no standard-of-care choice of salvage regimen for relapsed/refractory acute myeloid leukemia (AML) and overall survival (OS) remains poor at 30% despite myeloablative hematopoietic stem cell transplantation (HSCT)¹.
- The ability of AML salvage regimens to induce deep, minimal residual disease (MRD)-negative remissions in relapsed disease is vital to maintain remission after HSCT².
- CPX-351 (Vyxeos) demonstrated impressive efficacy in a homogenous cohort of children with AML in first relapse in the Children's Oncology Group (COG) study, AAML 1421 with an overall response rate of 81%³.
- University of California, San Francisco (UCSF) Benioff Children's Hospitals began to use CPX-351 as a salvage regimen for children with a variety of acute myelogenous leukemias with little success.

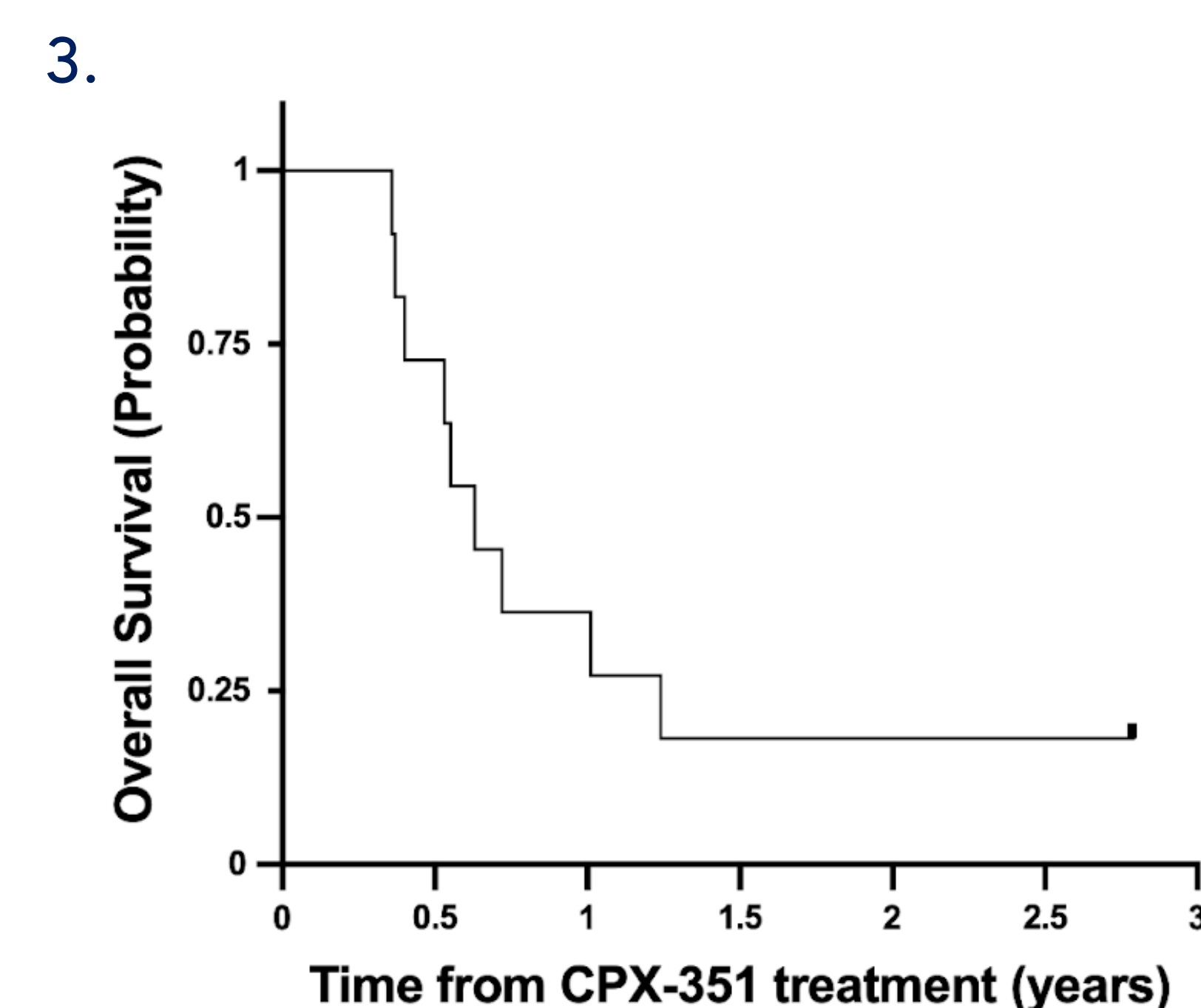
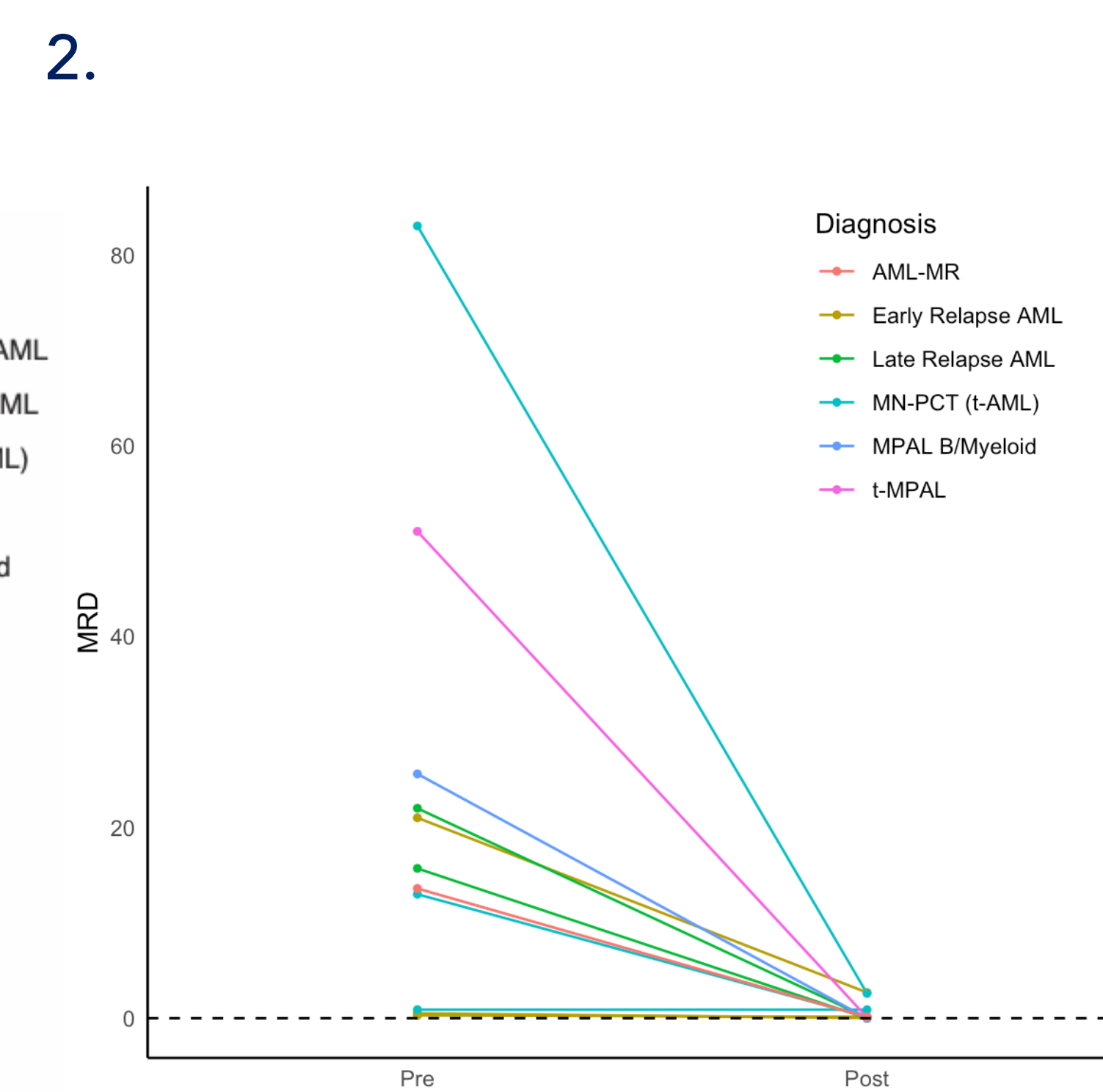
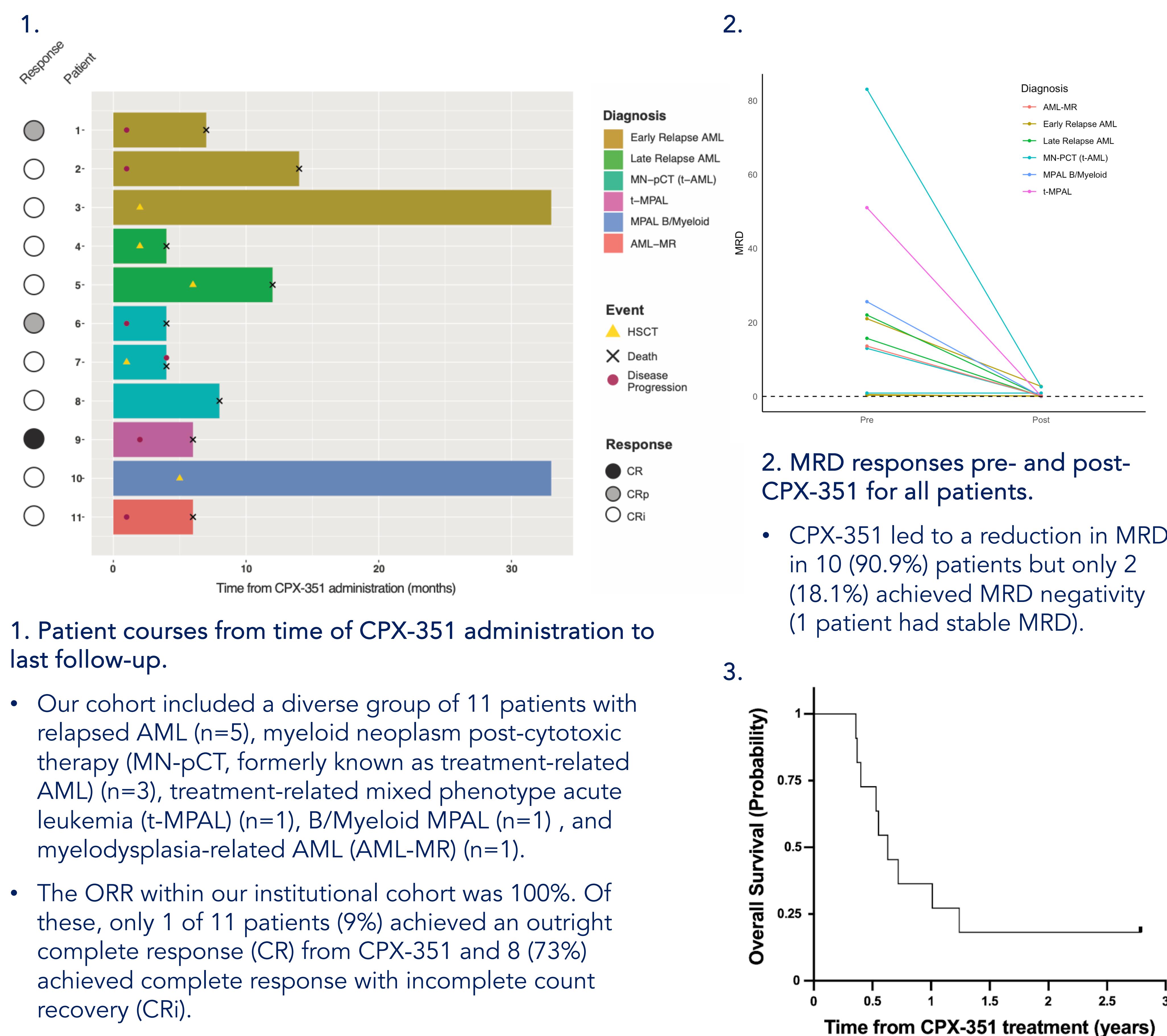
OBJECTIVE

- Determine if CPX-351 is a viable salvage option for children with relapsed acute myelogenous leukemias.

METHODS

- This is a bi-center, single-institution report of outcomes with CPX-351 in children with relapsed and refractory myeloid malignancies presented in a case series.

RESULTS



CONCLUSIONS

- CPX-351 may not be the most appropriate choice of salvage regimen.
- Targeted agents, such as venetoclax⁴ or menin inhibitors⁵, or clinical trials may be more appropriate choices for salvage.
- The benefit of additional conventional chemotherapy in this population remains unclear.
- Morphologic marrow criteria (M1) used in response reporting is not clinically relevant. Reporting MRD is more applicable to clinical use.
- CRi inclusion in ORR falsely elevates response rate in a sometimes-misleading way especially when based on M1 criteria.

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