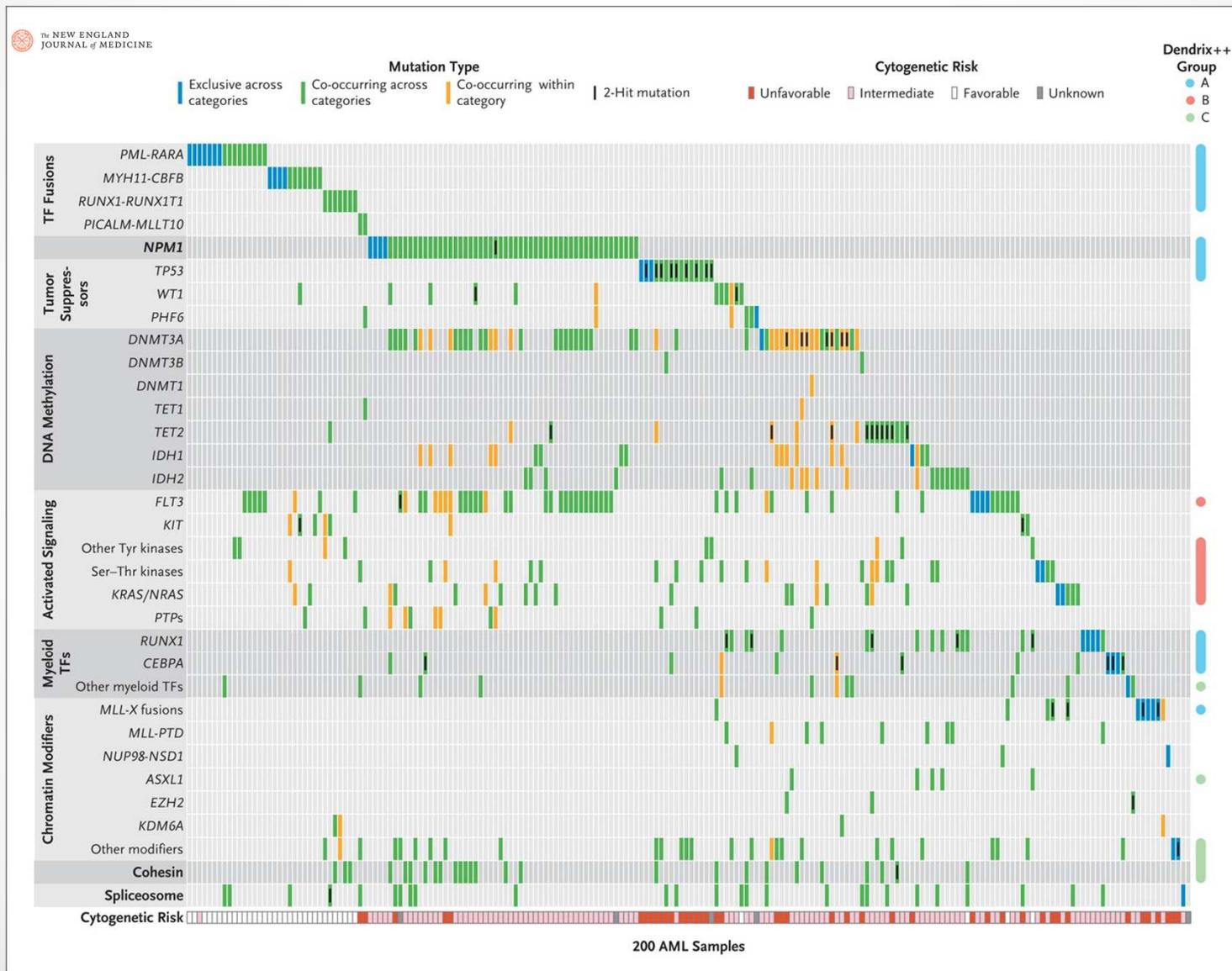


Prise en Charge des LAM

*Hervé Dombret
Hôpital Saint-Louis
Institut Universitaire d'Hématologie
Université Paris Diderot*

Inventaire 2013



The Cancer Genome Atlas Research Network. N Engl J Med 2013;368:2059-2074

Et toujours le même traitement ...



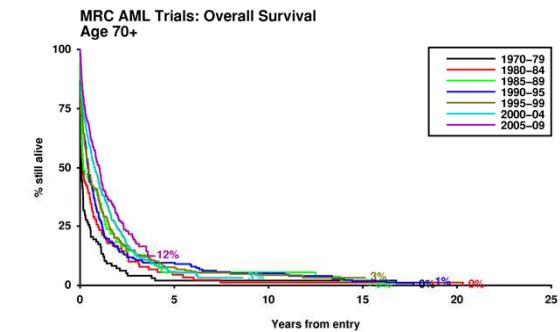
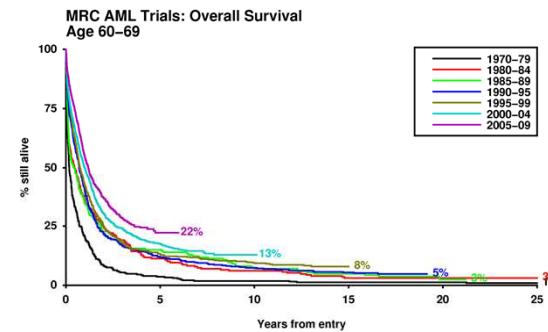
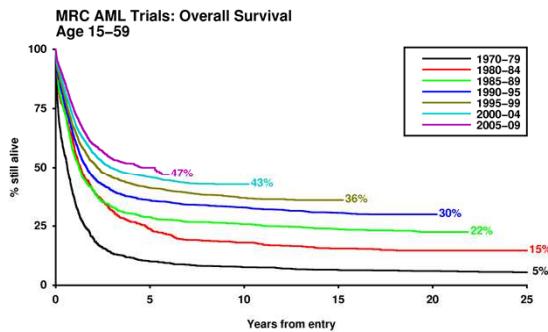
Actualités

- Intensification des doses de chimiothérapie
- Nouvelles approches de greffe allogénique et d'immunothérapie
- Promesses de traitements ciblés...

Intensification des doses

- Réservee aux patients capable de le tolérer
- Le traitement doit être considéré dans son ensemble (induction + consolidations)
- L'intensification des doses pourrait ne bénéficier qu'aux groupes de risque suffisamment favorables

Effet de l'âge

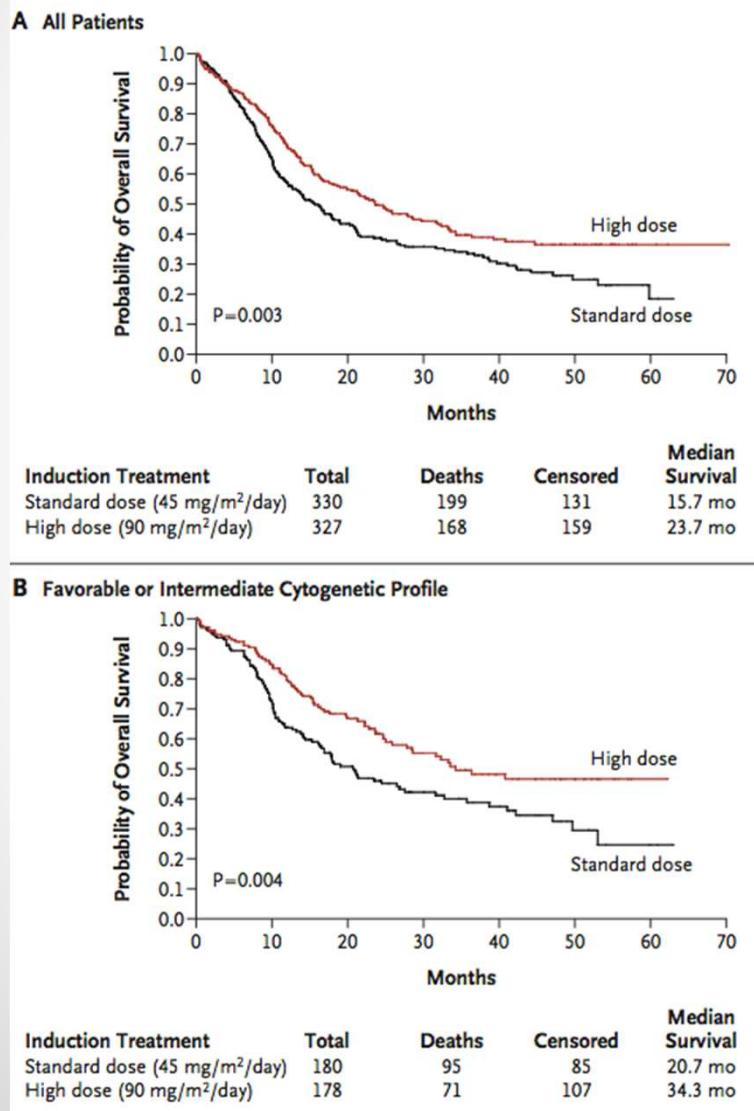


- *Doses sub-optimales*
- **Fond génétique différent**

Adultes jeunes

- *Essais ayant démontré un avantage significatif en survie, et pas seulement dans des sous-groupes de patients.*
 - **HD-DNR en induction**
 - *ECOG-1900 (Fernandez et al. NEJM 2009)*
 - **HD-AraC en consolidation**
 - *CALGB (Mayer et al. NEJM 1994)*
 - **ATRA**
 - *AMLSG 07-04 (Schlenk et al. ASH 2011 #80)*

HD-DNR – 90 mg

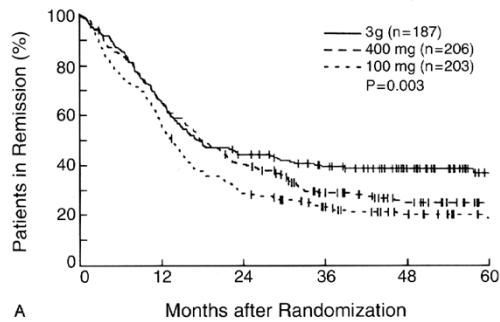


- ECOG trial.
- 657 patients aged 60 years or less (median, 48 years).
- Primary or therapy-related AML.
- *Dauno 90mg vs Dauno 45mg*
- Autologous or allogeneic HSCT, according to AML risk.
- Higher CR rate.
- No delayed hematopoietic recovery.
- Prolonged OS.
- No benefit in adverse-risk AML.
- No benefit over 50 years of age.
- No benefit in *FLT3* or *MLL* ITD

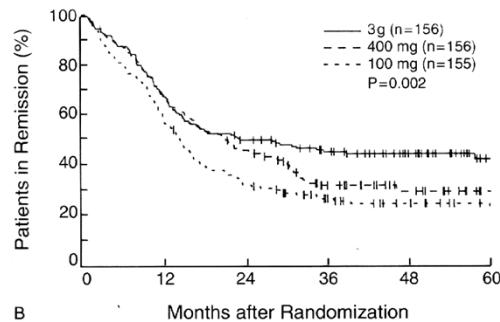
HF. Fernandez et al. N Engl J Med 2009;361:1249-59.

HD-AraC – 3g

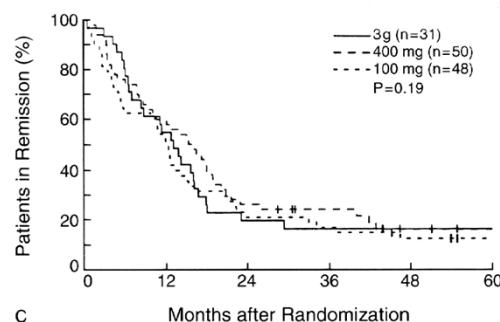
All patients



Age $\leq 60y$



Age $> 60y$

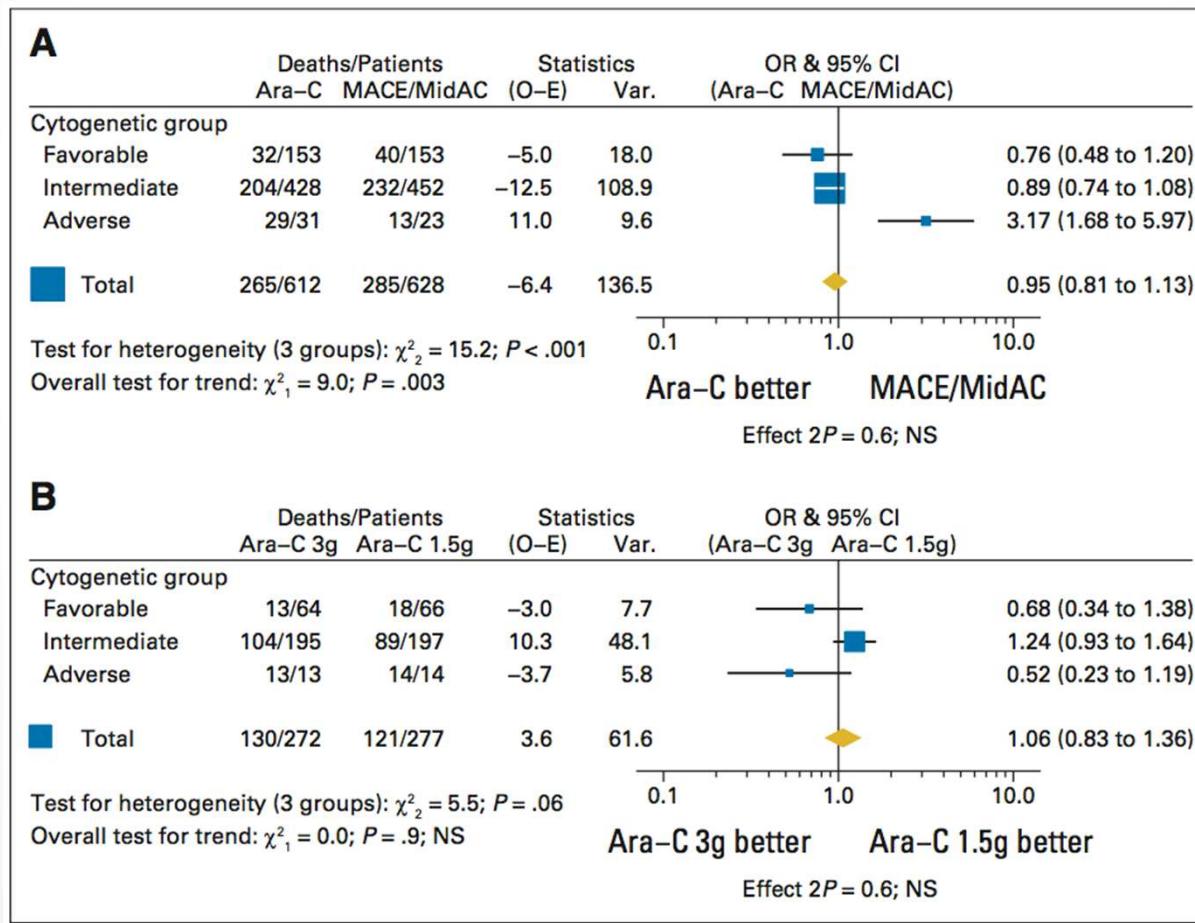


- CALGB trial.
- 657 CR1 patients aged 16 years or more.
- *AraC:*
 - 100 mg/sqm CIV for 5d
 - 400 mg/sqm CIV for 5d
 - 3 g/sqm/12h D1/3/5
- Prolonged DFS and OS
 - Coming from patients aged ≤ 60 y

HD-AraC

MRC AML15

- MACE/MidAC *versus* AraC 3g *versus* AraC 1.5g



5-year OS:

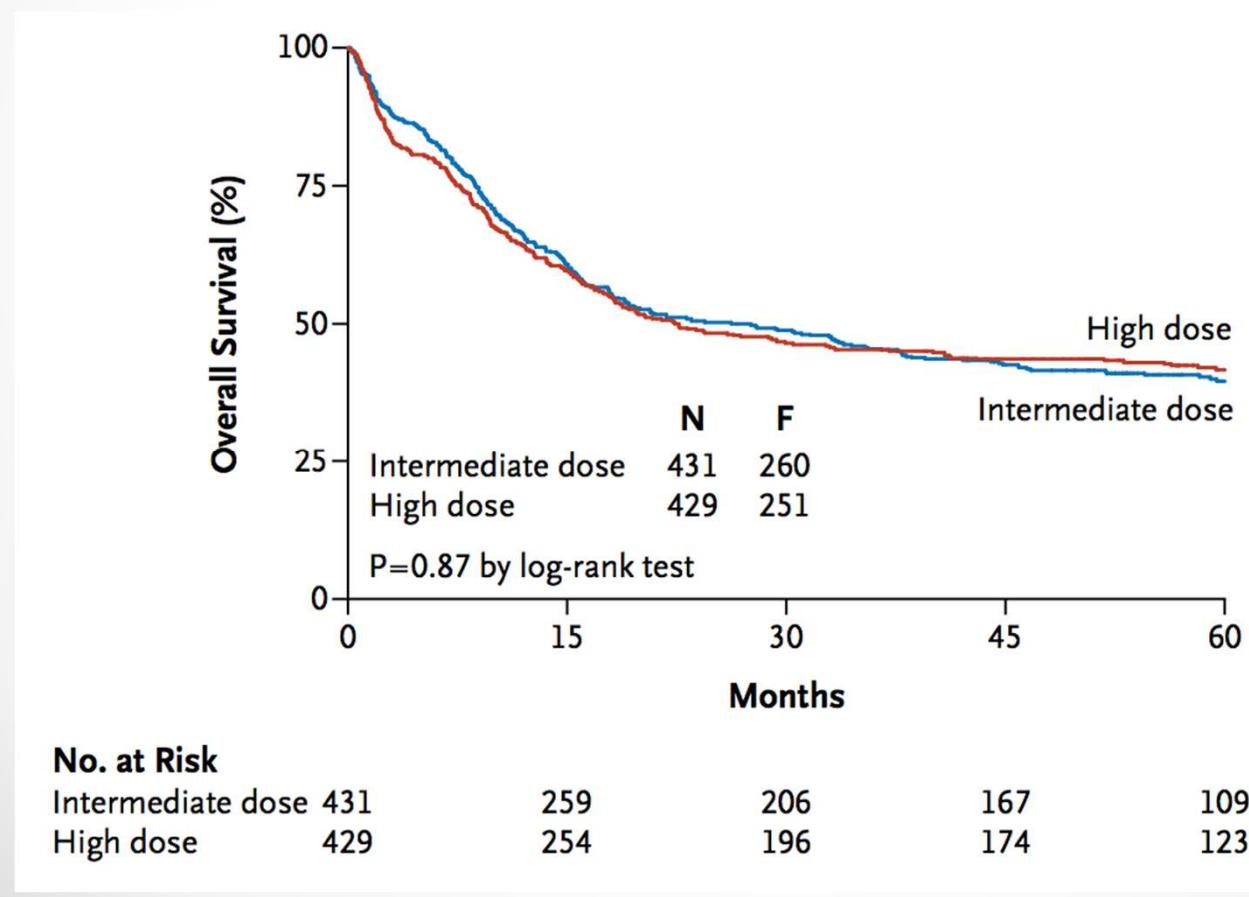
54% vs 52%

52% vs 54%

HD-AraC

HOVON-SAKK 42

- Intermediate: 200 mg x 7 → 1000 mg/12h x 6d
- High: 1000 mg/12h x 5d → 2000 mg/12h x 4d (1/2/4/6)



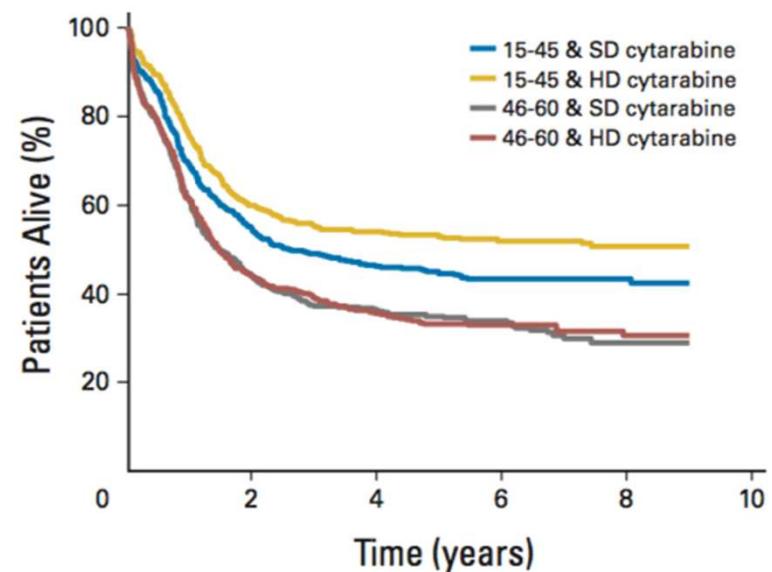
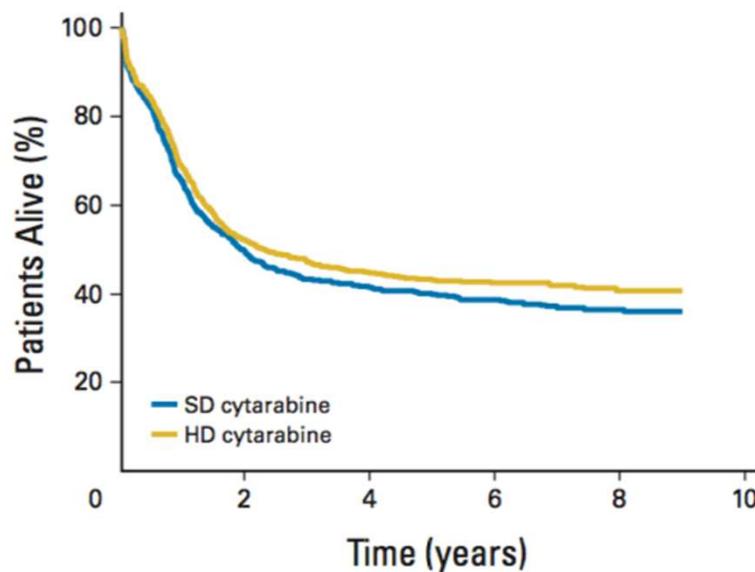
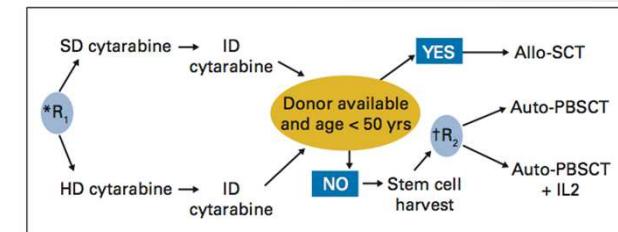
Löwenberg et al. NEJM 2011

HD-AraC

EORTC-GIMEMA AML-12

- SD: 100 mg x 10 → 500 mg/12h x 6d
- HD: 3000 mg/12h x 4d (1/3/5/7) → 500 mg/12h x 6d

Willemze et al. JCO 2014

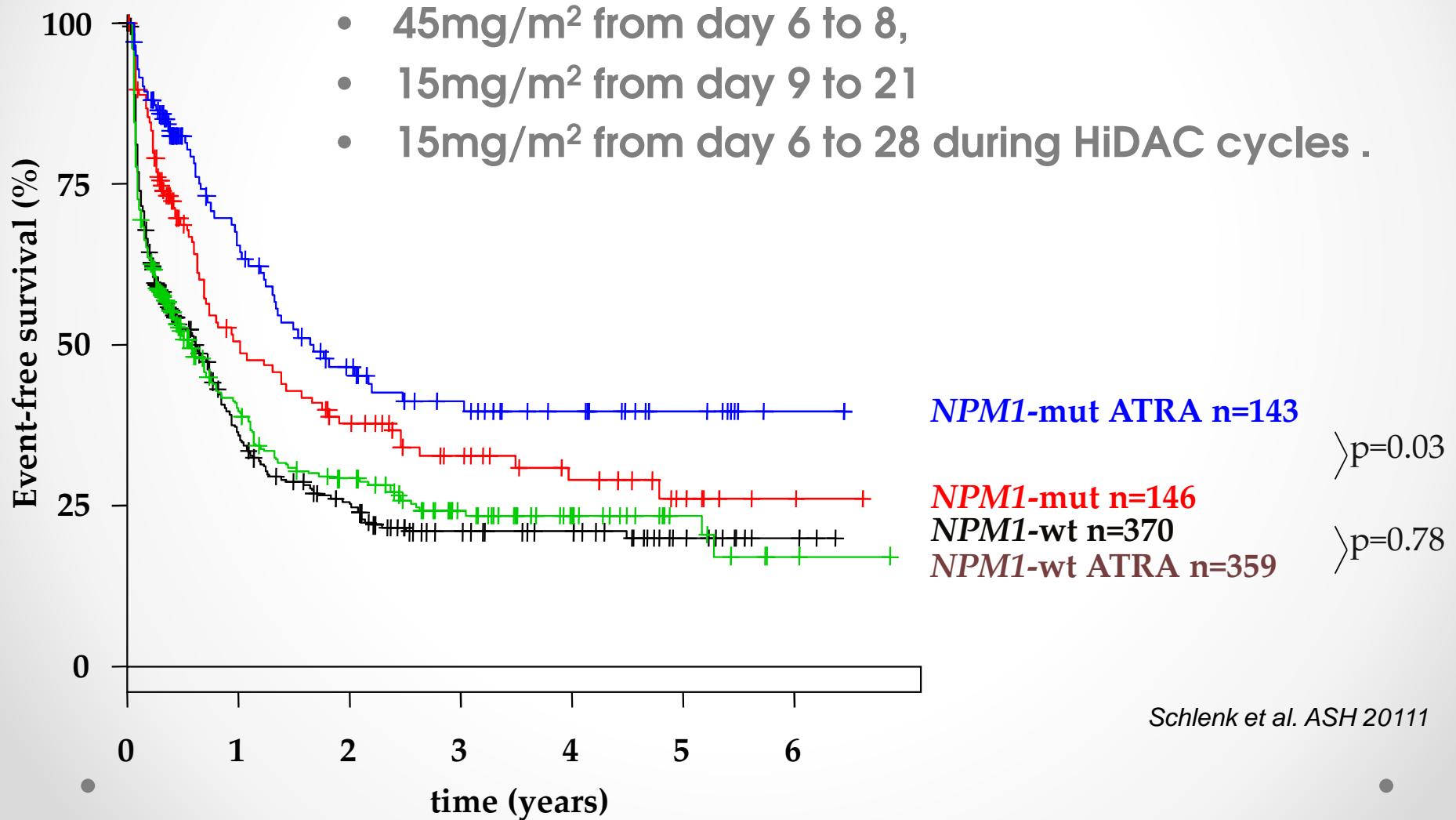


	O	n	No. at risk		
SD cytarabine	577	969	453	331	178
HD cytarabine	537	973	476	352	212

	O	n	No. at risk		
15-45 & SD cytarabine	269	490	257	191	104
15-45 & HD cytarabine	226	490	277	212	132
46-60 & SD cytarabine	308	479	196	140	74
46-60 & HD cytarabine	311	483	199	140	80

ATRA

AMLSG 07-04

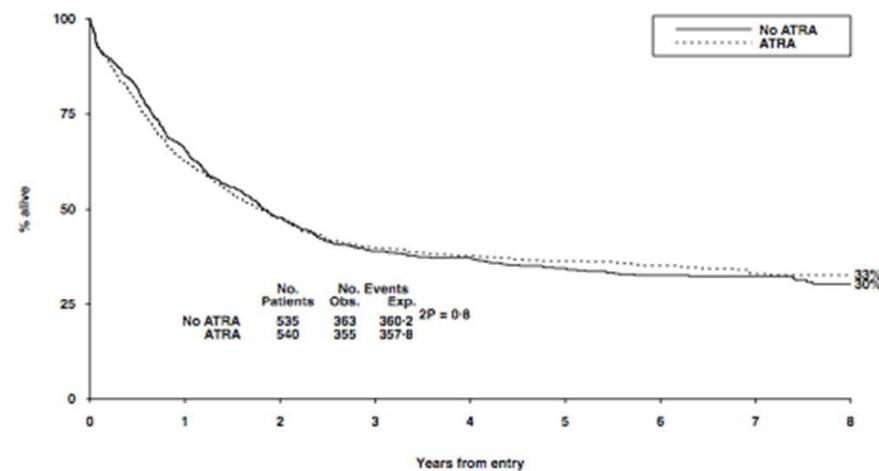


ATRA

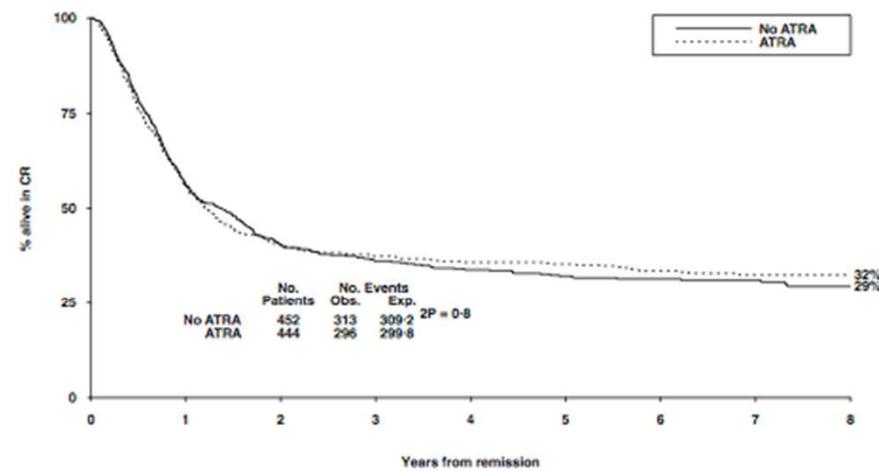
MRC AML12

Burnett et al. Blood 2010

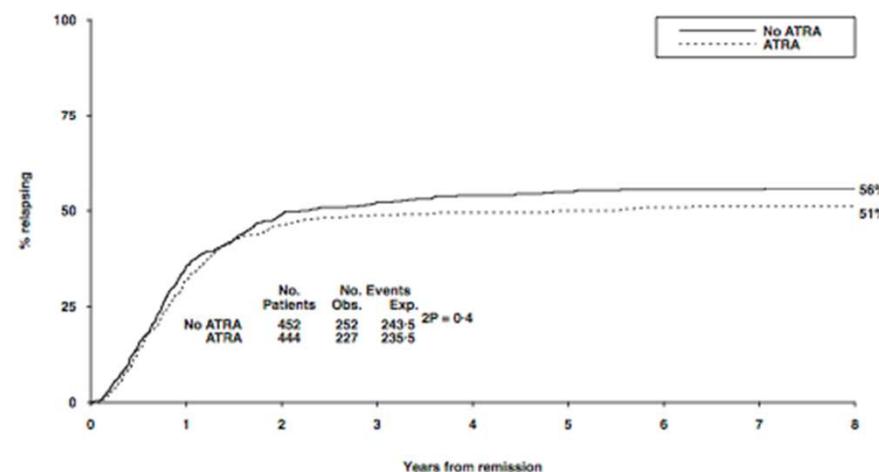
MRC AML12: Overall survival



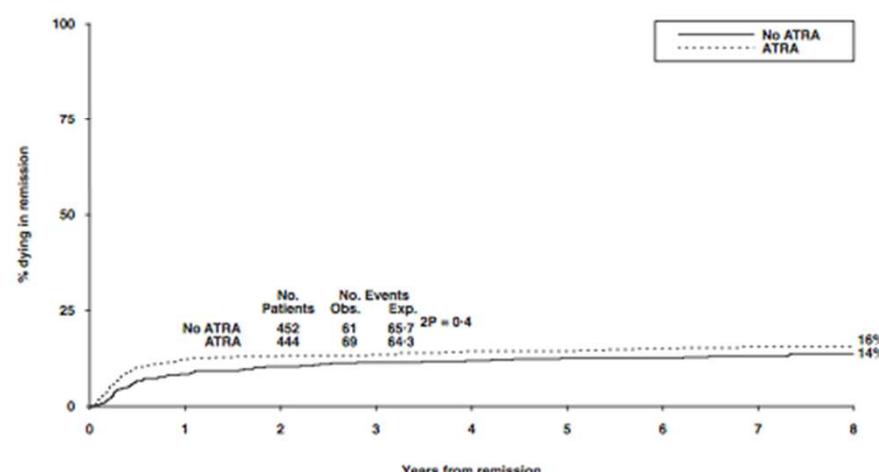
MRC AML12: Relapse Free survival



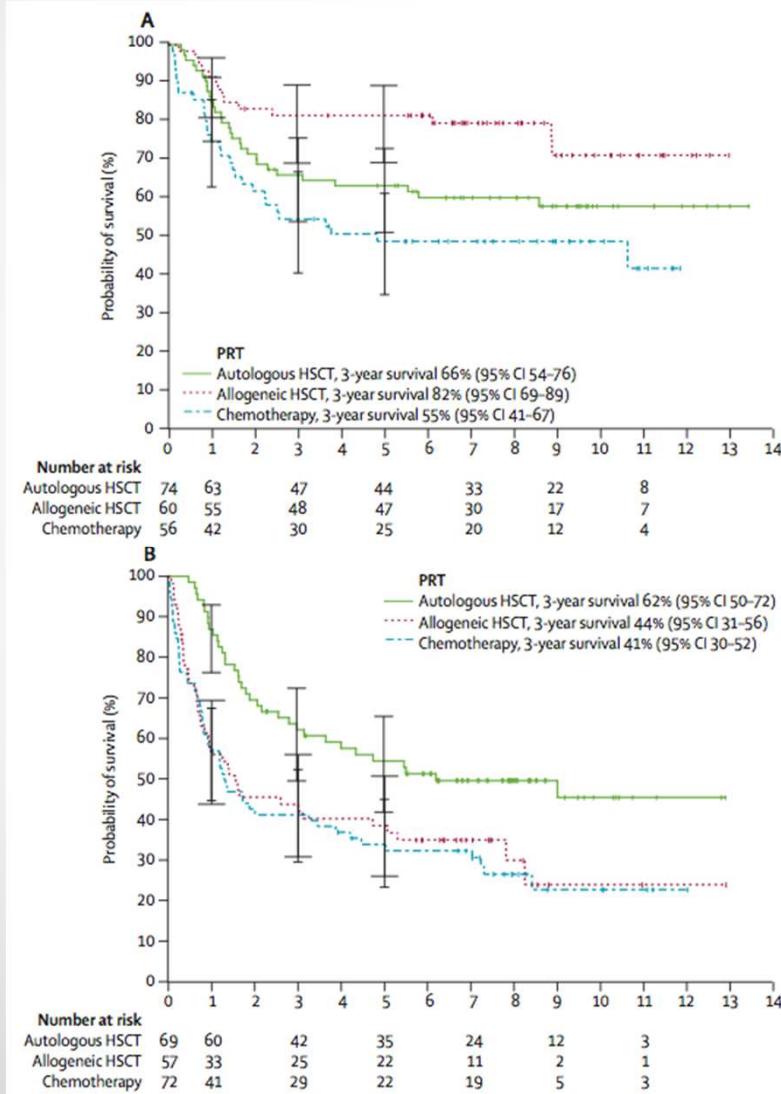
MRC AML12: Cumulative Incidence of Relapse



MRC AML12: Cumulative Incidence of Death in Remission

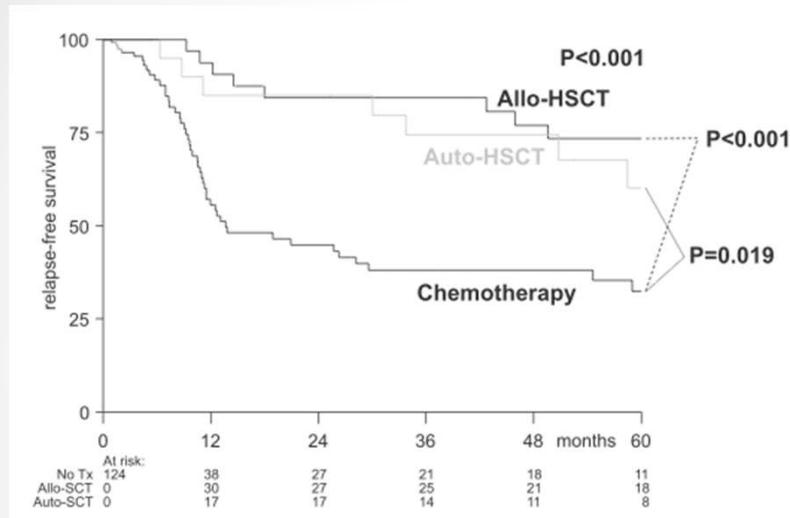


Autogreffe SAL AML96

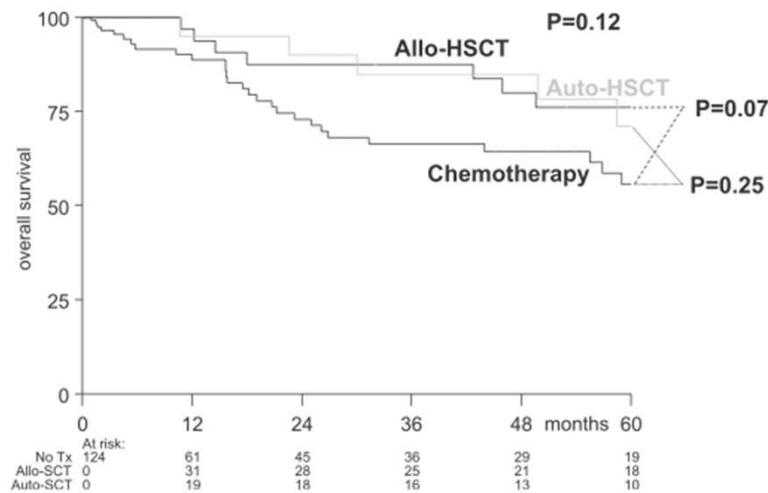


- 586 patients 15-60y (*RUNX1-RUNXT1* excluded)
- PRT score:
 - Age, CD34+ blasts %, *FLT3-ITD* ratio, cytogenetics, and secondary AML
 - Validated in the more recent AML2003 trial.
- Treatment impact
 - *favorable PRT, Allo > Auto*
 - *intermediate PRT, Auto>Allo*
- No validation cohort

Autogreffe double mutant CEBPA



- HOVON-SAKK + AMLSG
 - 7 trials
 - 124 patients with CEBPAdm
- 32 allo
- 20 auto
- 72 chemo



Common standard arm

- Double induction (Day 1, Day 22)
 - second course may start earlier if blast >25% or blast percentage reduction <50% at day 15.
- Three HD-AraC consolidation cycles (CALGB-like)

AraC 100mg/m²/d day 1-7

DNR 60mg/m² day 3, 4, 5

AraC 100mg/m²/d day 1-7

DNR 60mg/m² day 3, 4, 5

AraC 3g/m² q 12 h day 1, 3, 5

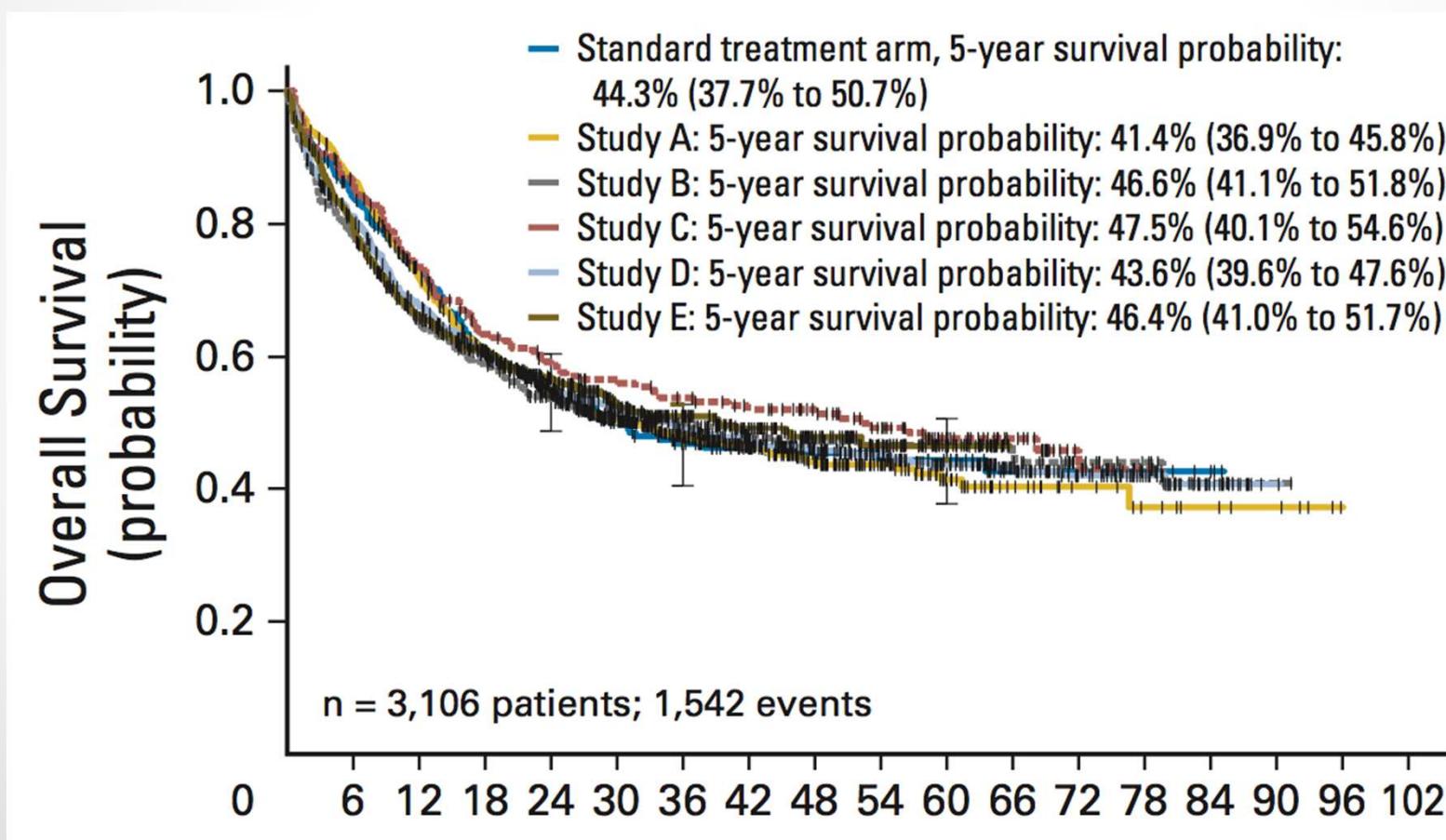
AraC 3g/m² q 12 h day 1, 3, 5

AraC 3g/m² q 12 h day 1, 3, 5

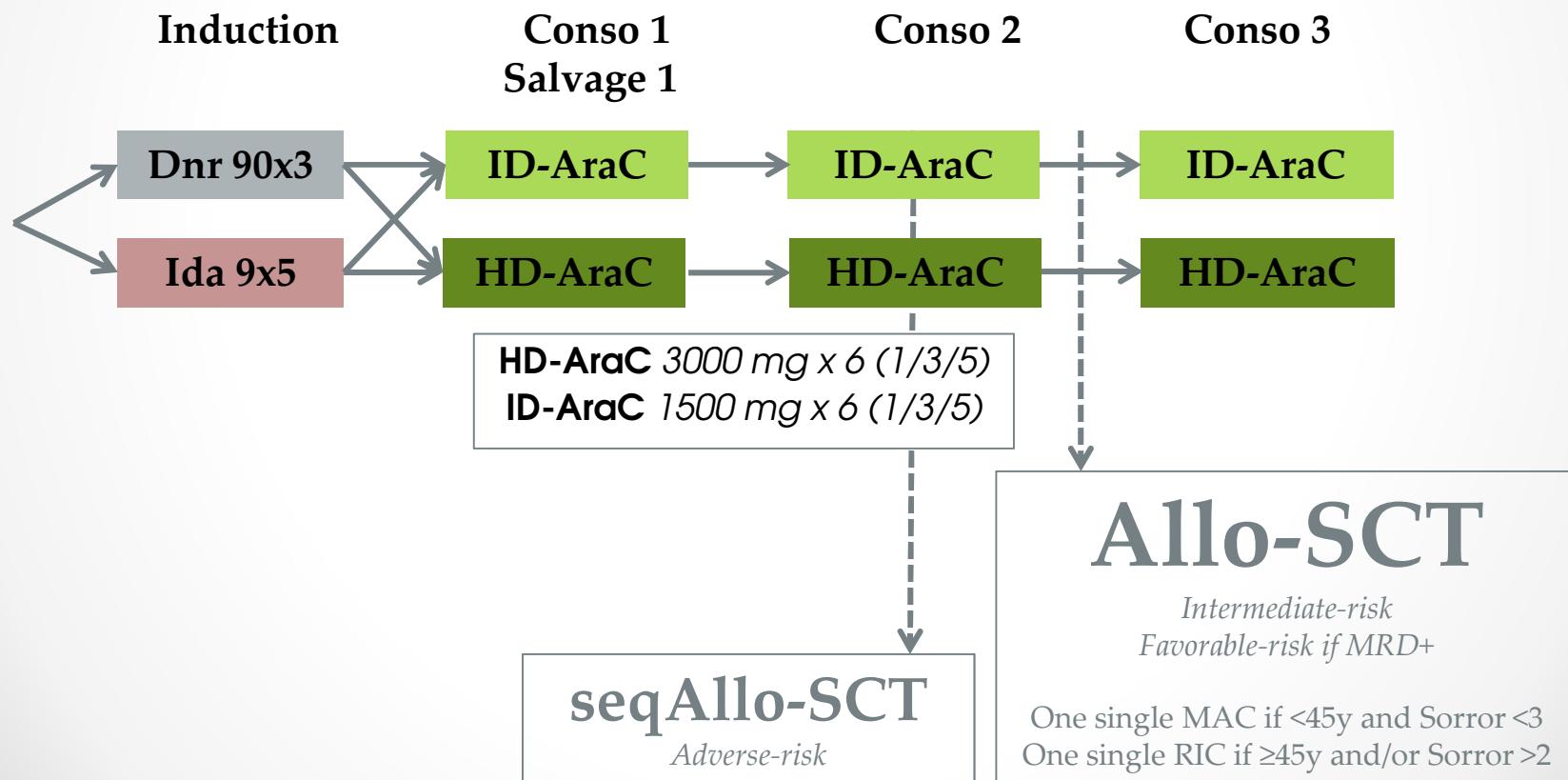


Common standard arm

- Five German cooperative groups

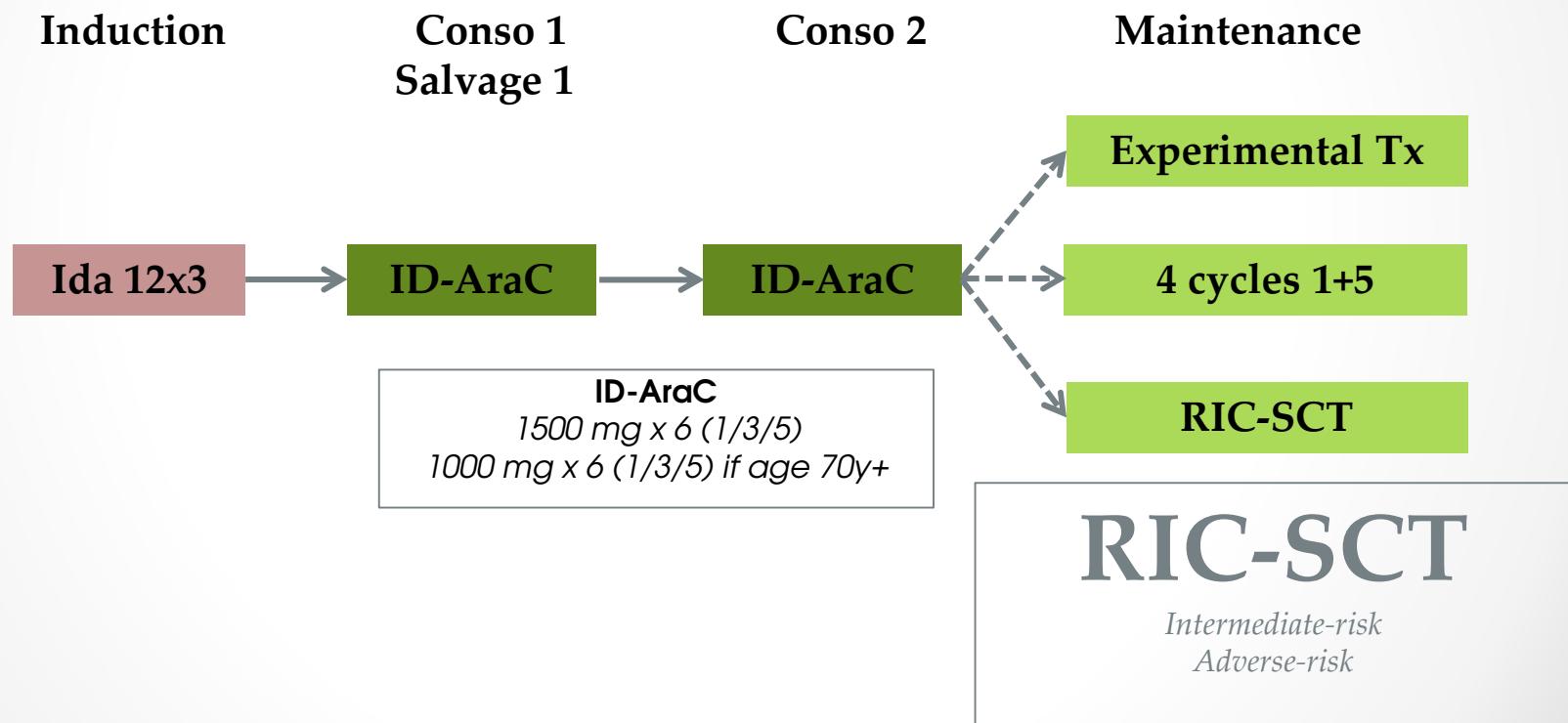


Backbone InterGroup (BIG) ALFA-GOELAMS



Backbone ALFA

Age 60+

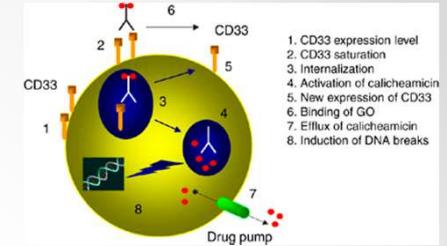


Adultes plus âgés

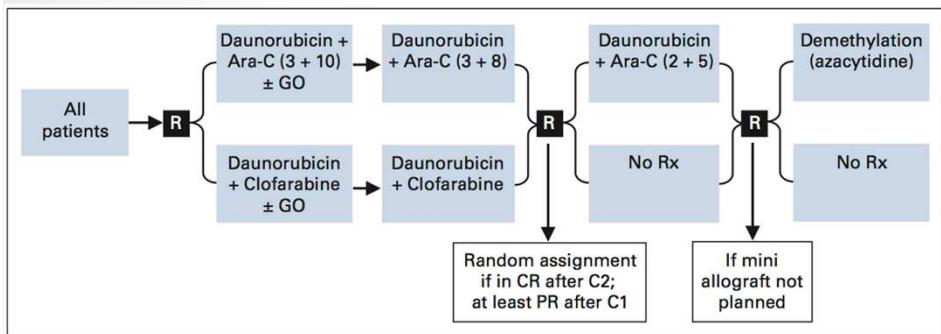
- *Essais ayant démontré un avantage significatif en survie, et pas seulement dans des sous-groupes de patients.*
 - **GO en induction**
 - NCRI AML16 (*Burnett et al. JCO 2012*)
 - **GO en induction/consolidation**
 - ALFA-0701 (*Castaigne et al. Lancet 2012*)
 - **ATRA**
 - AMLSG 07-04 (*Schlenk et al. Leukemia 2004*)

GO

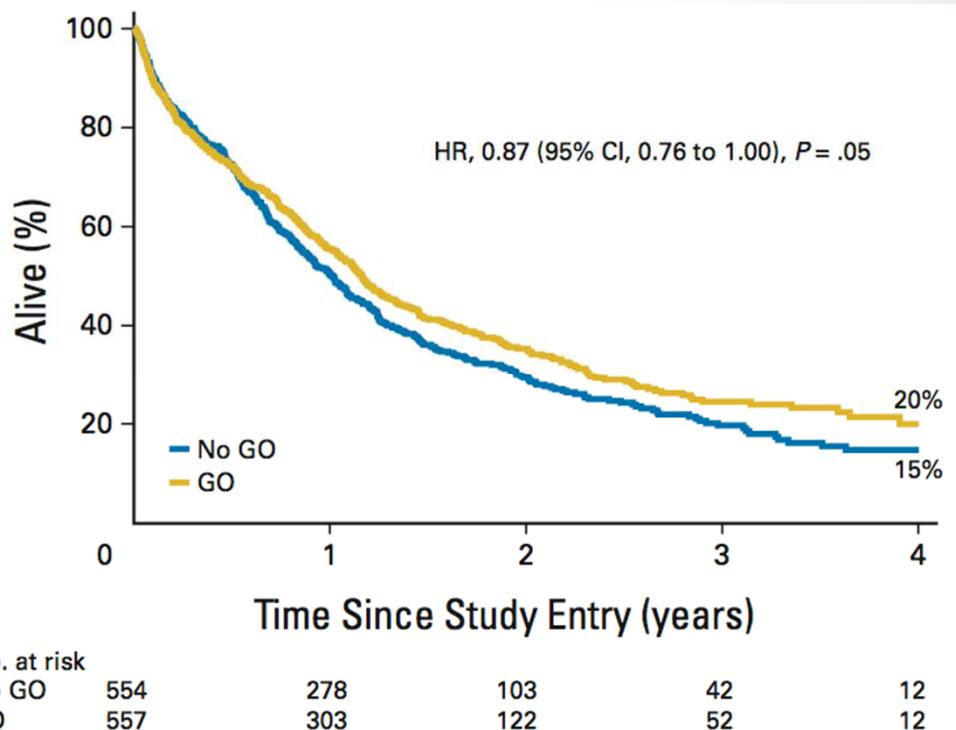
NCRI AML16-I



- *N= 1,115 patients*
- *Median age, 67 years (60+)*

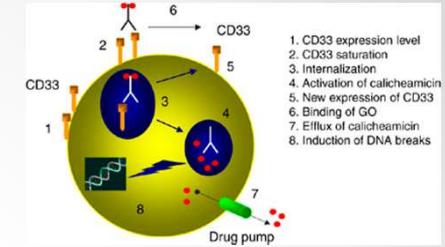


Burnett et al. JCO 2012

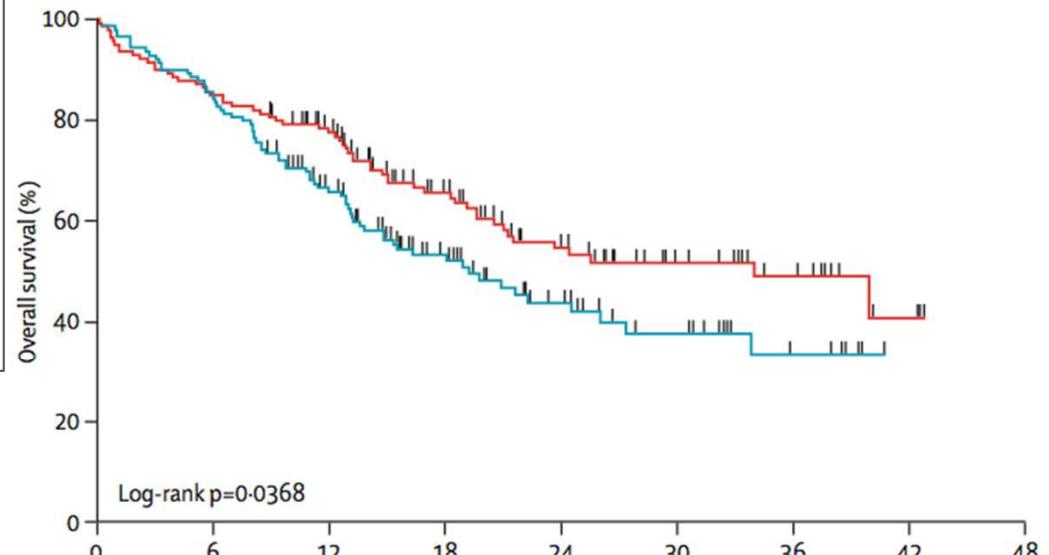
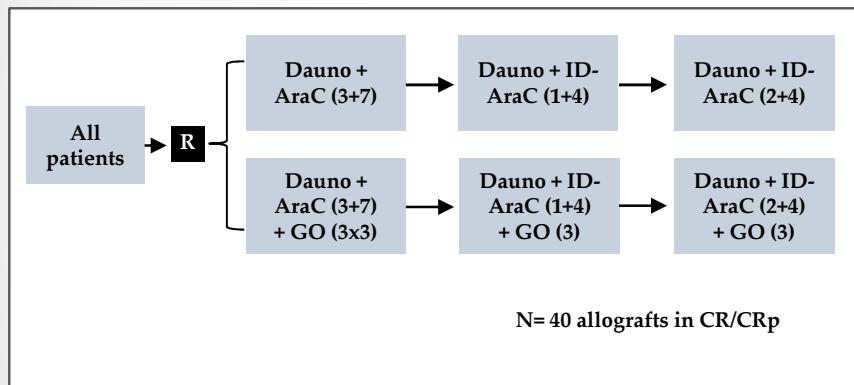


GO

ALFA-0701



- $N= 278$ patients
- Median age, 62 years (50-70)

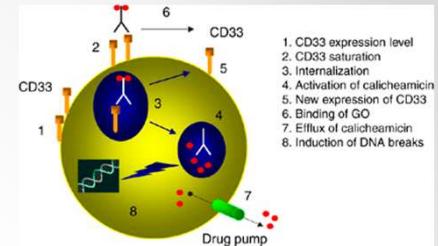


Castaigne et al. Lancet 2012

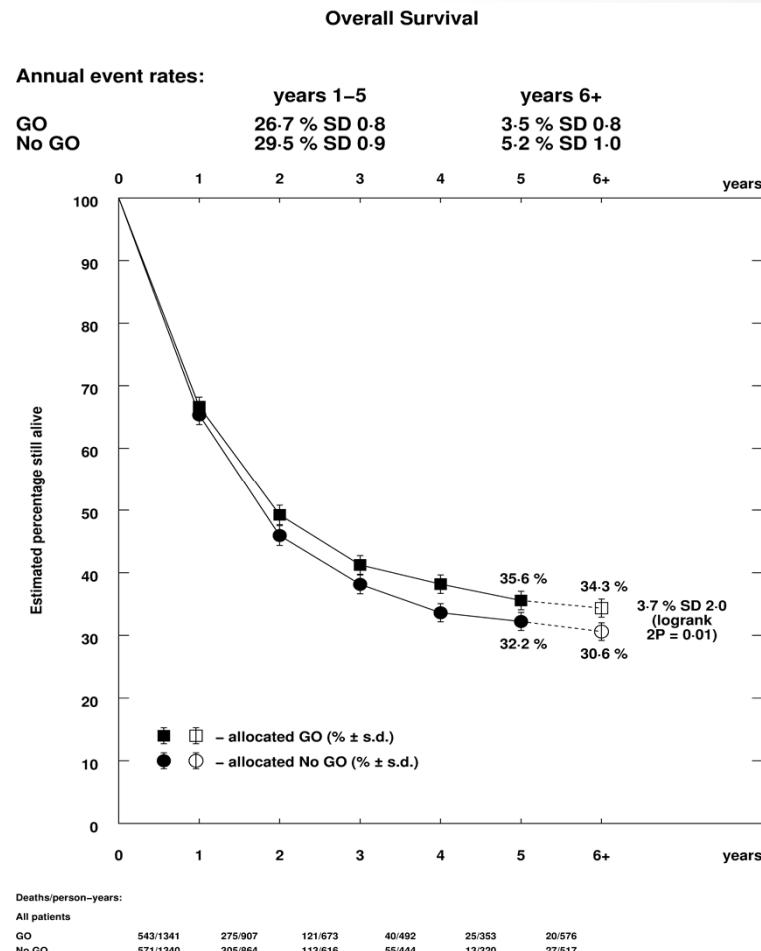
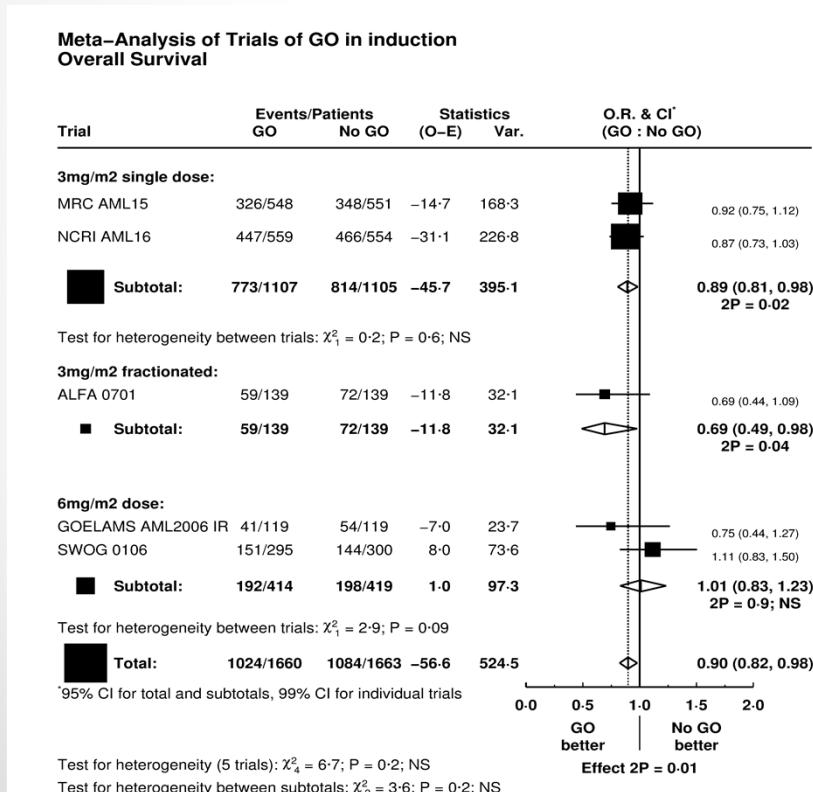
Number at risk

Control	139	117	82	45	26	16	6	0	0
Gemtuzumab ozogamicin	139	118	98	66	43	25	16	4	0

GO Meta-analyse

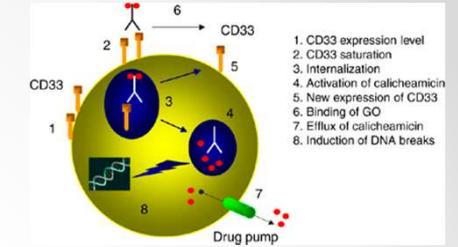


- $N= 3,325$ patients



GO

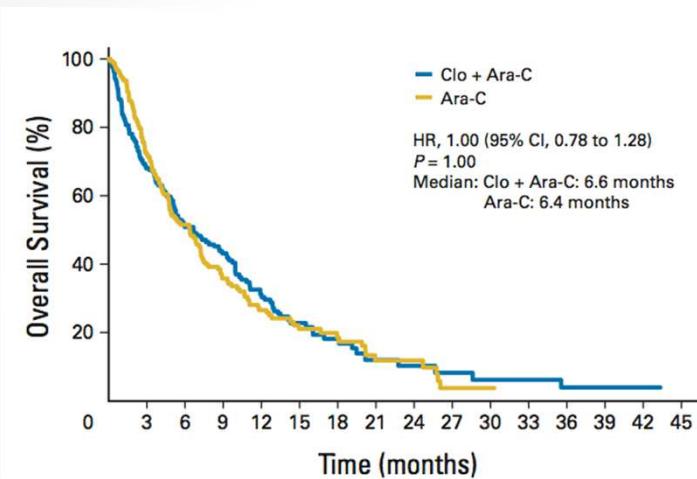
Observations



- Toxicités :
 - Hépatique
 - Plaquettaire
- Sous-groupes cytogénétiques et moléculaires
 - Effet important dans les LAM-CBF
 - Effet important dans les LAM *NPM1+* et *FLT3-ITD+*
 - Pas d'effet dans les LAM à caryotype défavorable
- Niveau d'expression de l'antigène CD33
 - Pas établi
 - Effet important si > 70% blastes positifs ?

Clofarabine

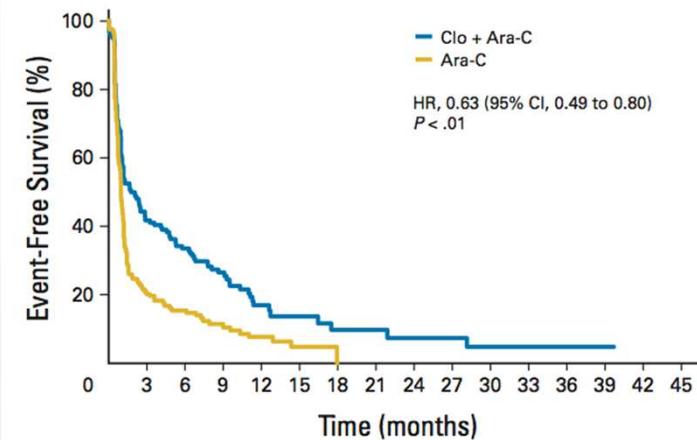
- **Essai CLASSIC I**



Ara-C
1 g/m²
for 5 days

±

Clofarabine/Placebo
40 mg/m²
for 5 days



Faderl et al. JCO 2012

Sujets âgés (unfit)

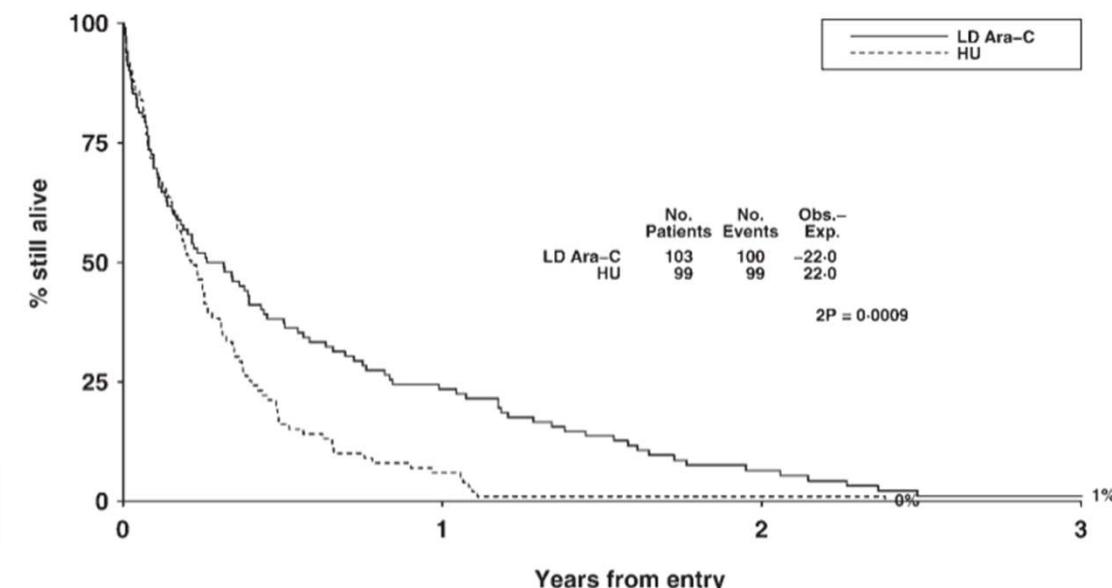
- *Essais ayant démontré un avantage significatif en survie, et pas seulement dans des sous-groupes de patients.*
 - **LD-AraC**
 - NCRI AML16 (Burnett et al. Cancer 2007)
 - **Decitabine**
 - ALFA-0701 (Kantarjian et al. JCO 2012)
 - **Azacitidine ?**
 - AZA AML001 (Dombret et al. EHA 2014)

LD-AraC

NCRI AML14

Response

Variable	Ara-C, %	HU, %	OR (95% CI)*	P
No. of patients with data available	102	99		
Response				
Induction death	26	26	1.01 (0.54–1.89)	1.0
Resistant disease	56	73	0.48 (0.27–0.86)	.01
CR	18	1	0.15 (0.06–0.37)	.00006



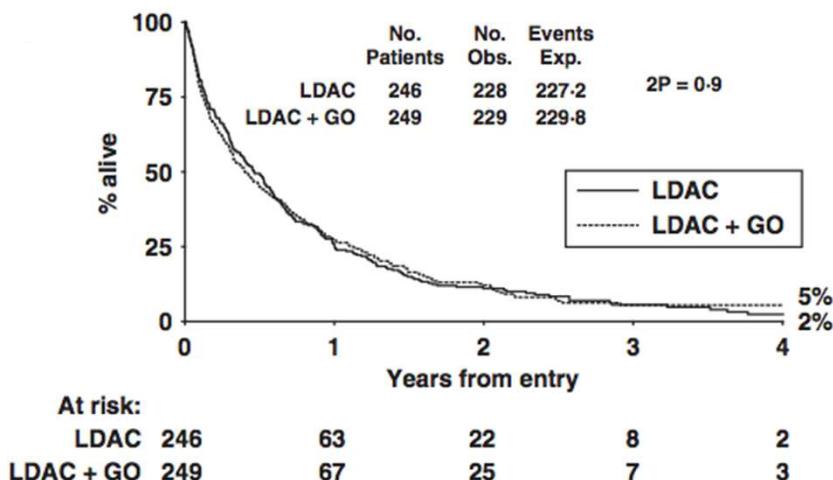
Pick-a-Winner-1 study

Control arm	Study arm	Drug	Short-term endpoint (CR or OS)	Long-term endpoint (OS)
LD-AraC	LD-AraC + tipifarnib	<i>Farnesyl-transferase inh.</i>		
LD-AraC	LD-AraC + ATO	<i>Arsenic trioxide</i>		
LD-AraC	LD-AraC + mylotarg	<i>Anti-CD33 immunoconjugate</i>	<i>Higher response rate</i>	<i>Similar OS</i>
LD-AraC	LD-clofarabine	<i>Nucleoside analogue</i>	<i>Higher response rate</i>	<i>Similar OS</i>

PaW-1 – GO

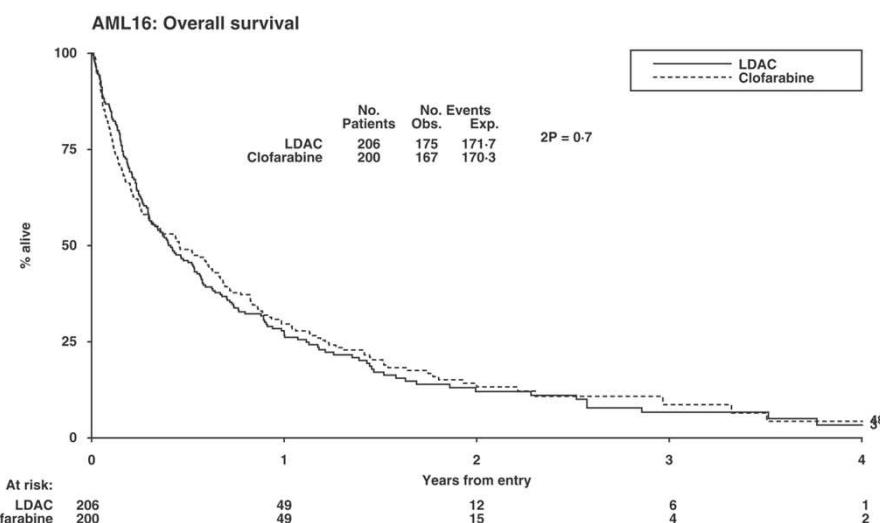
Table 3. Response and 12-month outcome

	CR	CRi	ORR (CR + CRi)	30-day mortality	8-week mortality	12-month overall survival	12-month relapse-free survival	12-month survival from CR
LDAC	11%	6%	17%	16%	27%	25%	40%	62%
LDAC + GO	21%	9%	30%	18%	29%	27%	31%	55%
OR/HR & 95% CI	0.46 (0.29–0.75)		0.48 (0.32–0.73)			0.99 (0.83–1.16)	1.11 (0.73–1.67)	1.31 (0.86–2.01)
P-value	0.002		0.006			0.9	0.6	0.2



PaW-1 – Clofarabine

	LDAC	Clo	HR/OR (95% CI)	P value
CR	12%	22%	0.47 (0.28-0.79)	.005
CRI	8%	16%		
ORR (CR + CRI)	19%	38%	0.41 (0.26-0.62)	<.0001
Resistant disease	67%	44%	0.39 (0.27-0.58)	<.0001
Induction death	13%	18%	1.42 (0.83-2.44)	.2
30-d mortality	13%	18%		
60-d mortality	26%	32%		
2-y survival	12%	13%	0.96 (0.78-1.19)	.7
2-y RFS	8%	20%	0.76 (0.49-1.19)	.2
2-y survival from CR	44%	26%	1.19 (0.74-1.91)	.5
2-y survival from relapse	8%	0%	1.91 (1.10-3.31)	.02
2-y survival for non-CR	4%	3%	1.37 (1.06-1.76)	.02



Low-Intensity-1 study

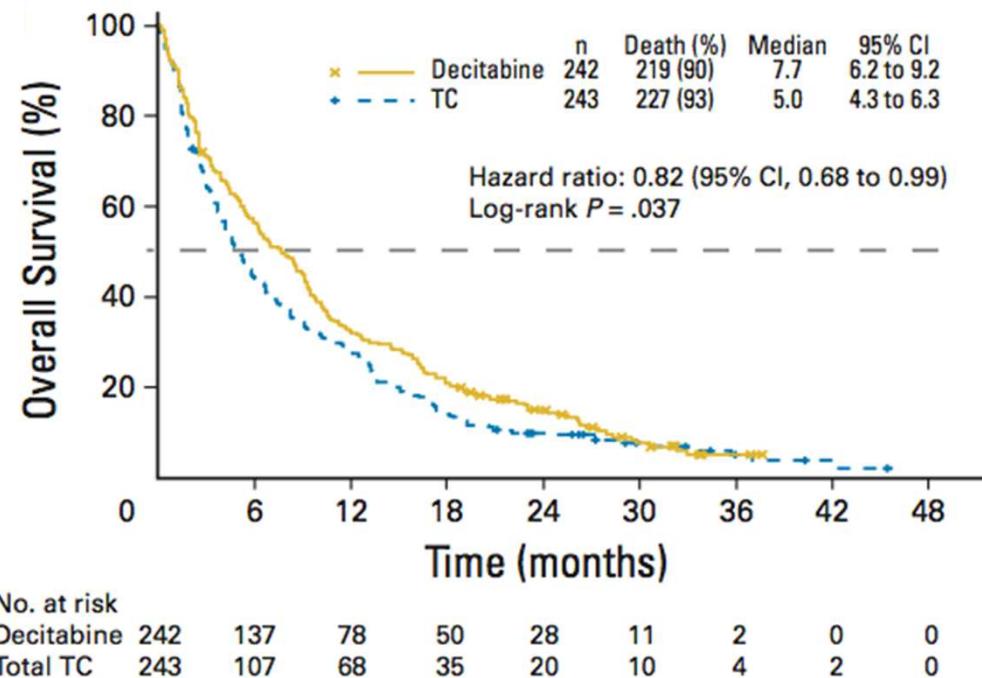
Control arm	Study arm	Drug	Short-term endpoint (CR or OS)	Long-term endpoint (OS)
LD-AraC	Sapacitabine	<i>Nucleoside analogue</i>		
LD-AraC	Vosaroxin	<i>Quinolone derivative</i>		
LD-AraC	LD-AraC + vosaroxin	<i>Quinolone derivative</i>	<i>Higher response rate, but more early deaths</i>	
LD-AraC	LD-AraC + quizartinib	<i>TKI (anti-FLT3)</i>	<i>ongoing</i>	
LD-AraC	LD-AraC + ganetespib	<i>Hsp90 inhibitor</i>	<i>ongoing</i>	
LD-AraC	LD-AraC + tosedostat	<i>Metalloenzyme inhibitor</i>	<i>ongoing</i>	
LD-AraC	LD-AraC + selinexor	<i>Nuclear export inhibitor</i>	<i>ongoing</i>	
LD-AraC	LD-AraC + PLKA-937	<i>Polo-like Kinase inhibitor</i>	<i>awaiting</i>	

Decitabine

- Essai DACO-016

Table 2. Treatment Response (2009 clinical cutoff)

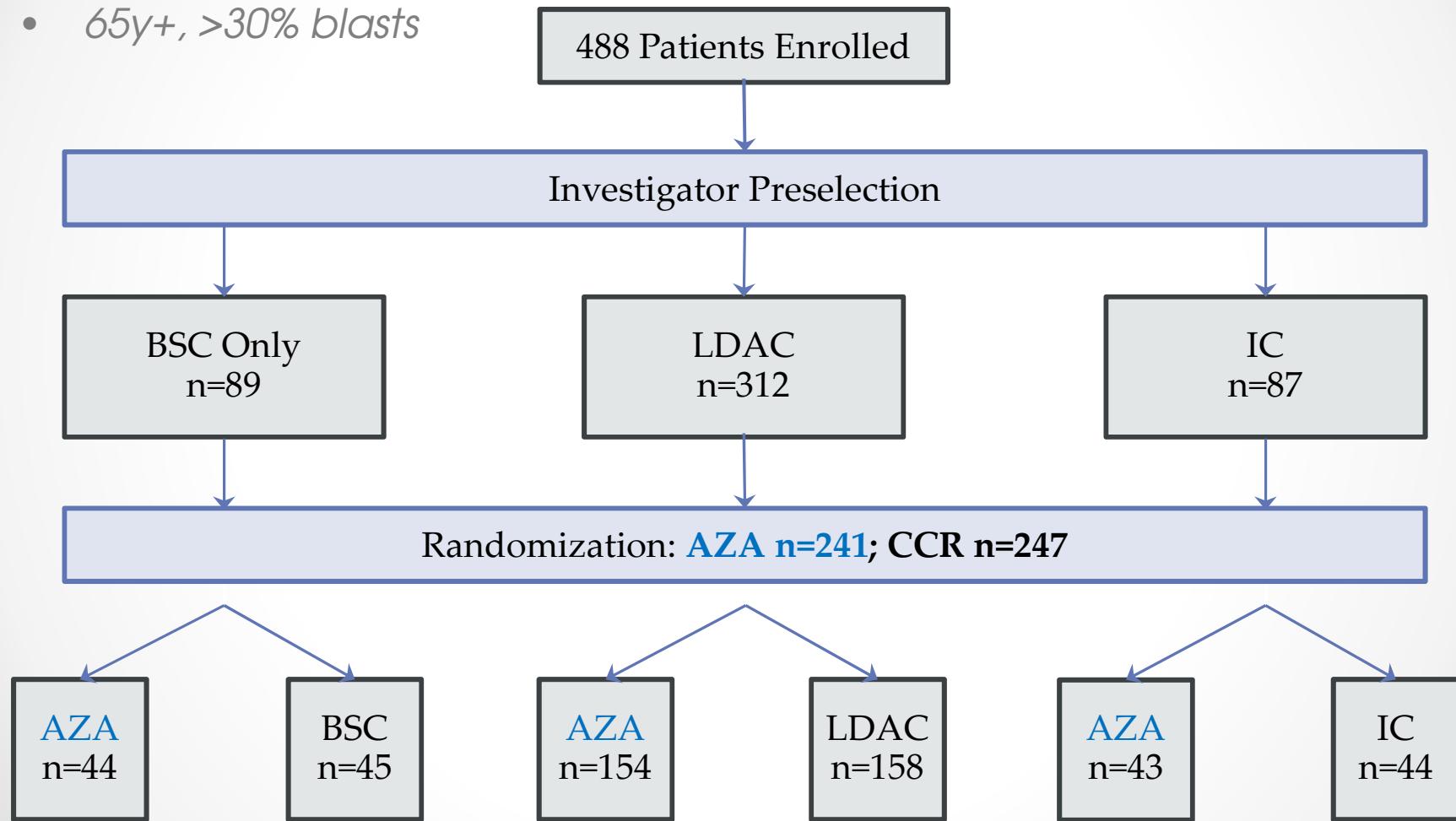
Response	TC							
	Supportive Care (n = 28)		Cytarabine (n = 215)		Total TC (n = 243)		Decitabine (n = 242)	
	No.	%	No.	%	No.	%	No.	%
CR	1	3.6	17	7.9	18	7.4	38	15.7
CRi	1	3.6	6	2.8	7	2.9	24	9.9
CRp	0	0	1	0.5	1	0.4	5	2.1
CR + CRp	1	3.6	18	8.4	19	7.8*	43	17.8*
Partial remission	1	3.6	8	3.7	9	3.7	6	2.5
Stable disease	3	10.7	52	24.2	55	22.6	67	27.7
Progressive disease	10	35.7	69	32.1	79	32.5	50	20.7
Not evaluable	12	42.9	63	29.3	75	30.9	57	23.6



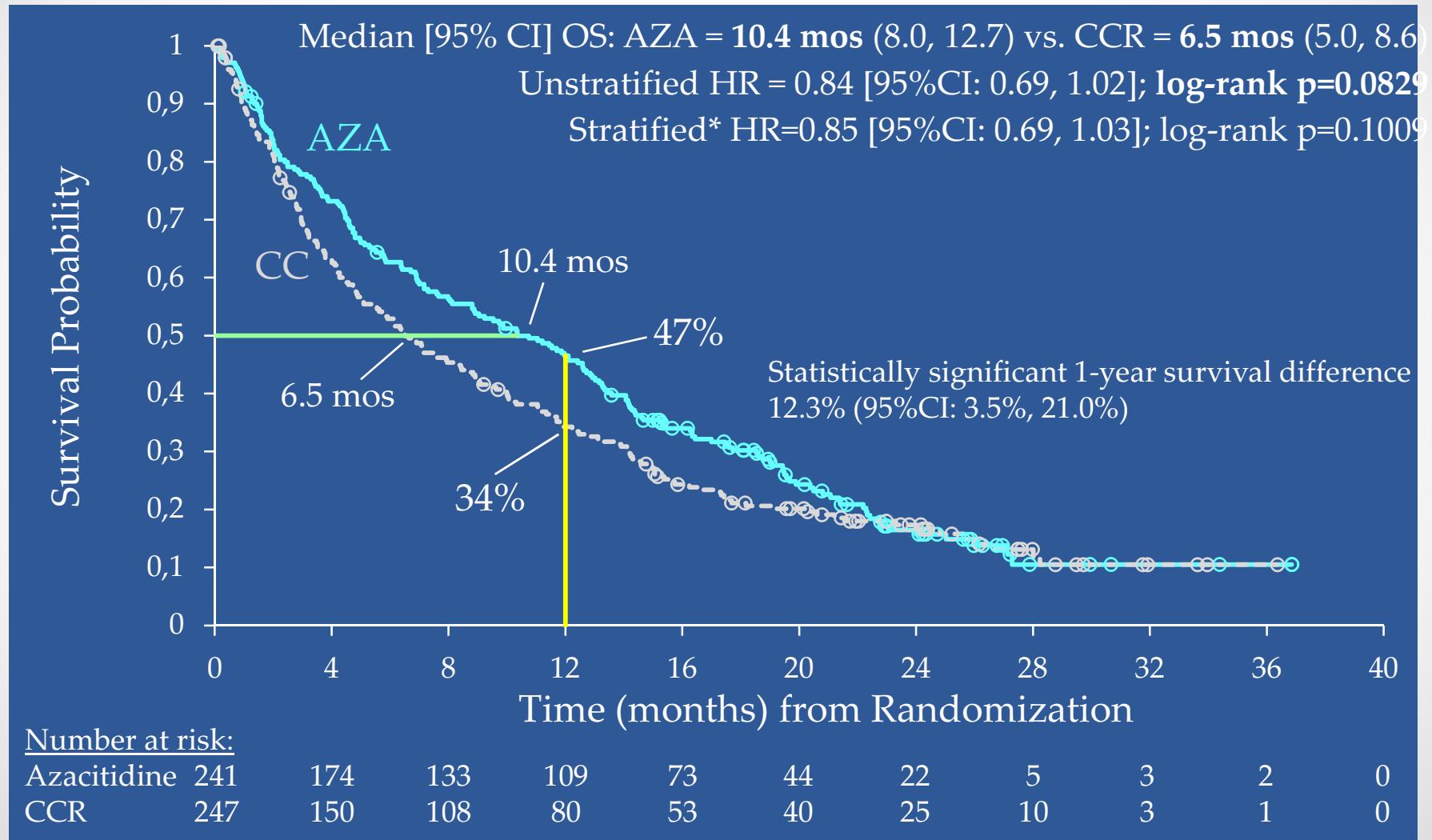
Azacitidine

AZA AML001

- 65y+, >30% blasts



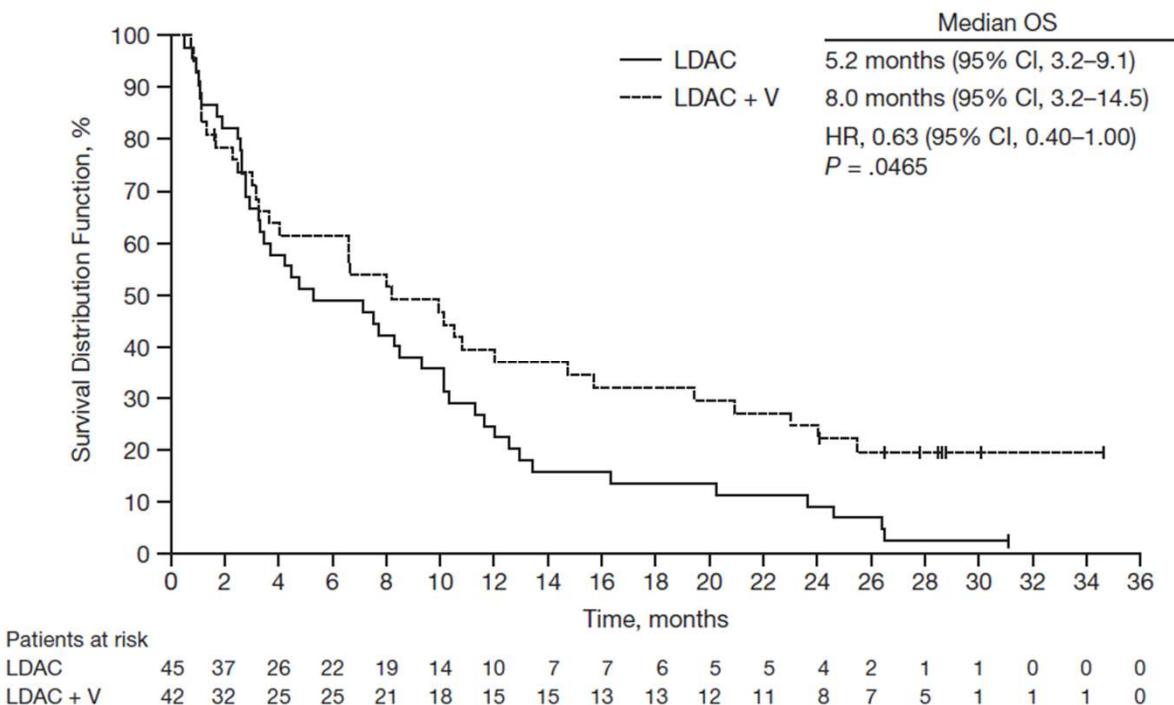
AZA AML001



Volasertib

- *Polo-like kinase inhibitor (Plk-1/5)*

- entry into mitosis regulation
- centrosome maturation
- assembly of the bipolar spindle
- sister chromatid separation

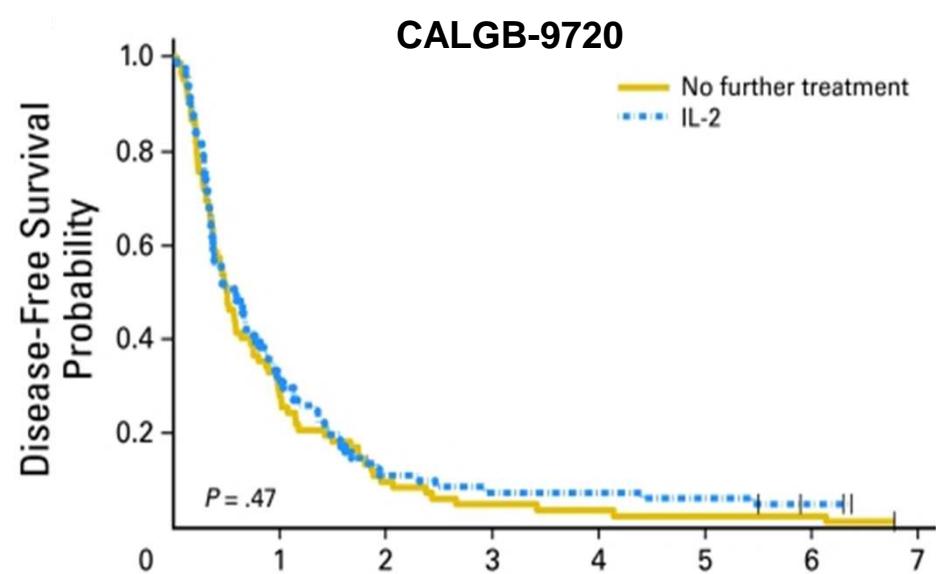
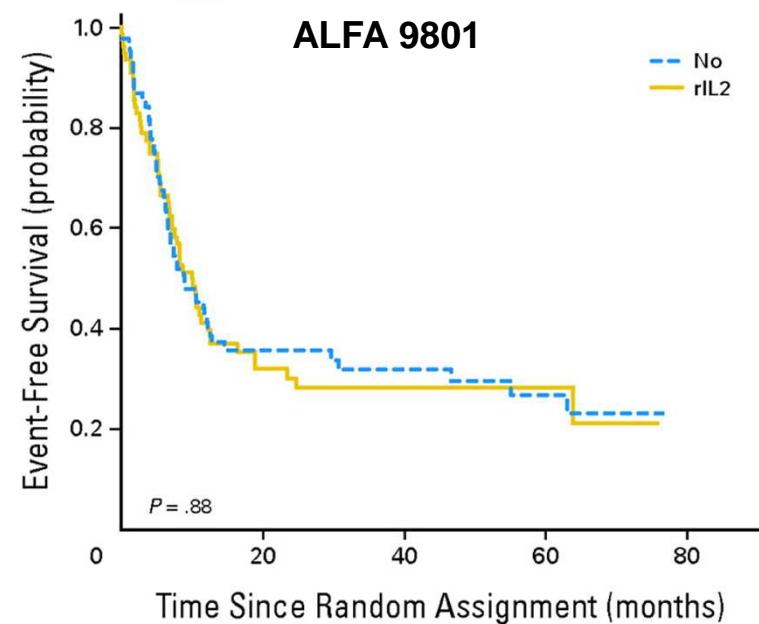


Immunothérapie ?

- *Approches d'immunothérapie dans les LAM, développées en maintenance ou en traitement de rechute.*
 - **Immunomodulation**
 - *Cytokines*
 - *Anticorps*
 - **Anticorps monoclonaux**
 - *Conjugés*
 - *Bispécifiques*
 - **Immunothérapie adoptive**
 - **Vaccination**
-
-

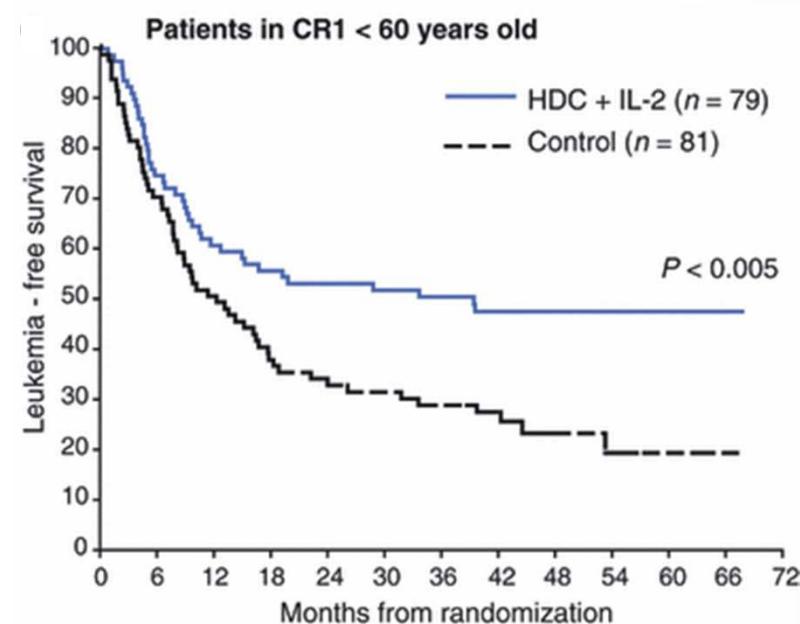
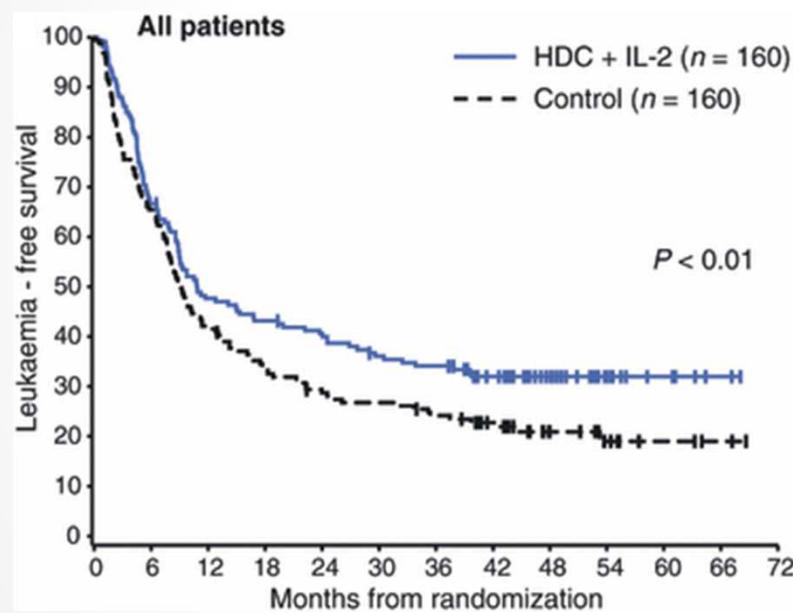
IL-2

- *IL-2 maintenance: two negative studies*
 - ALFA-9801
 - CALGB-9720

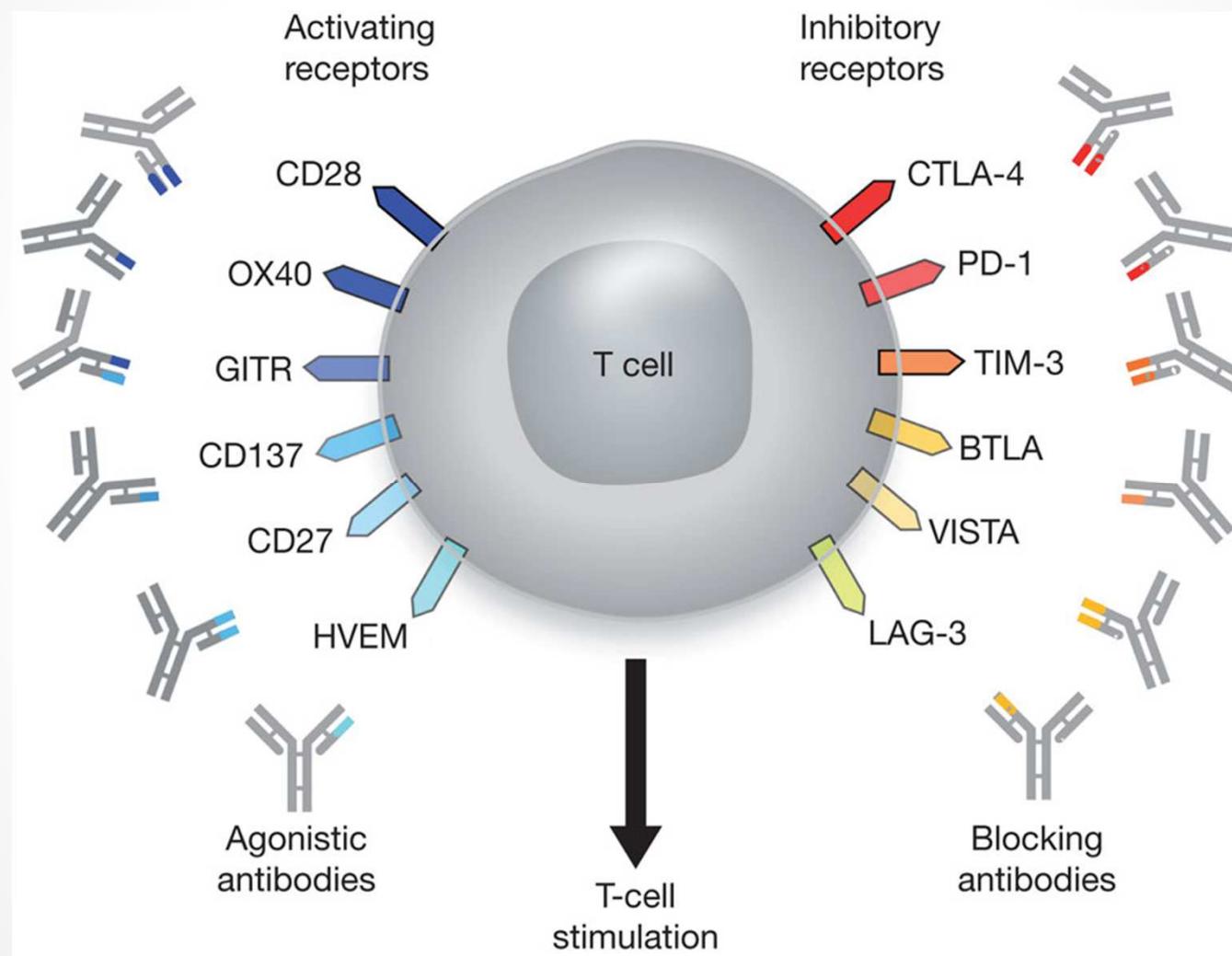


Histamine dihydrochloride

- *Ceplene®*

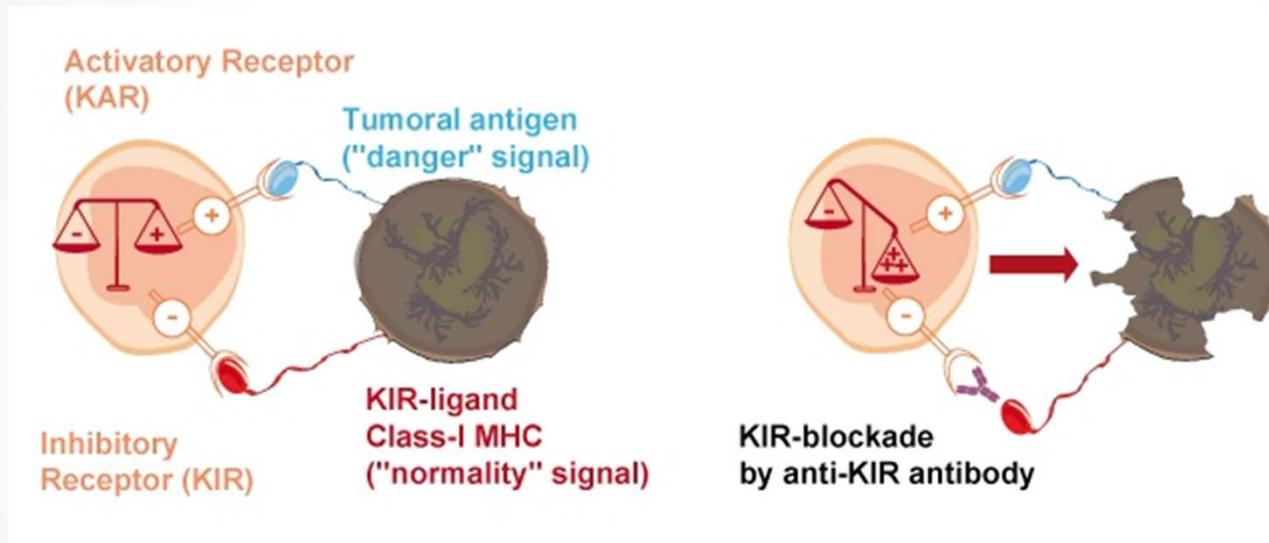


T-cell modulation



NK-cell modulation

Lirilumab (anti-KIR)



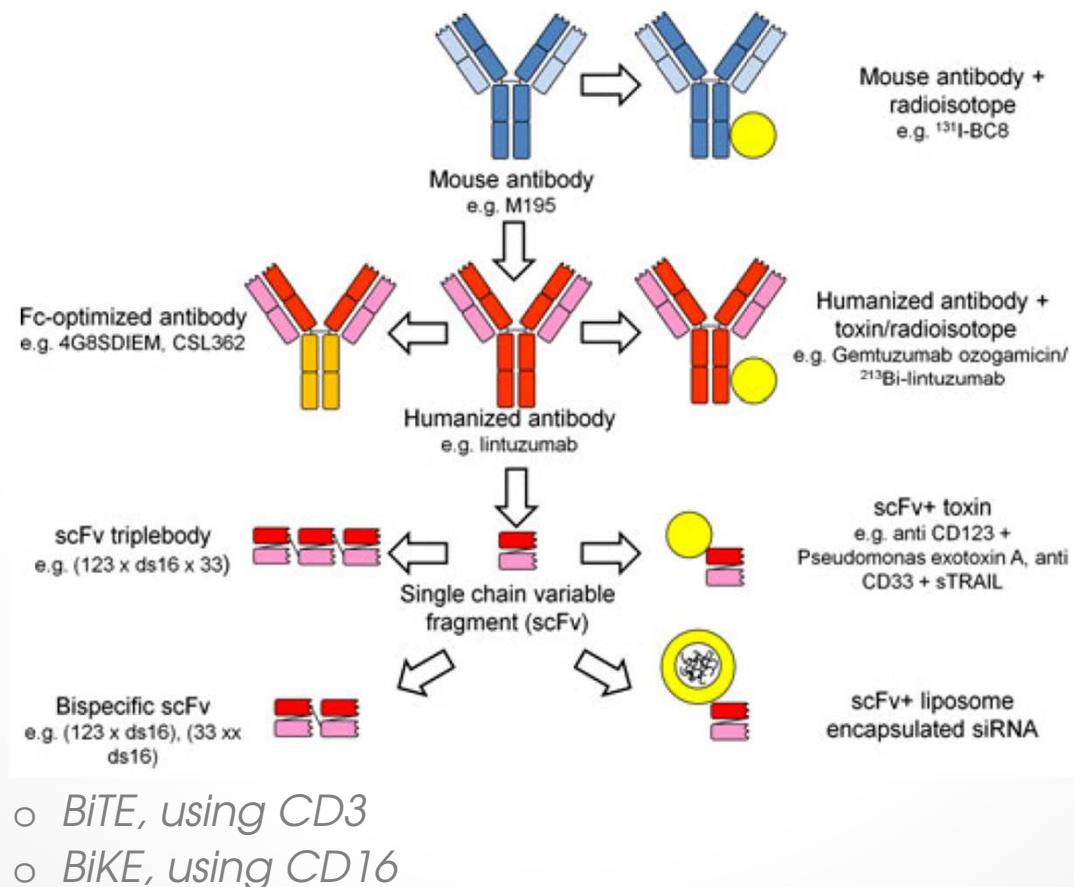
	High dose (1 or 3mg/kg)	Low dose (<1mg/kg)	Log rank test p-value
Median age	73 (63-76)	71 (61-79)	-
Median RFS	21.1 m	9.5 m	P=0.079
Median PFS	12.6 m	2.3 m	P=0.076
Median OS	29.7 m	11.8 m	P=0.034

Phase 3 ongoing

Vey, Blood 2012

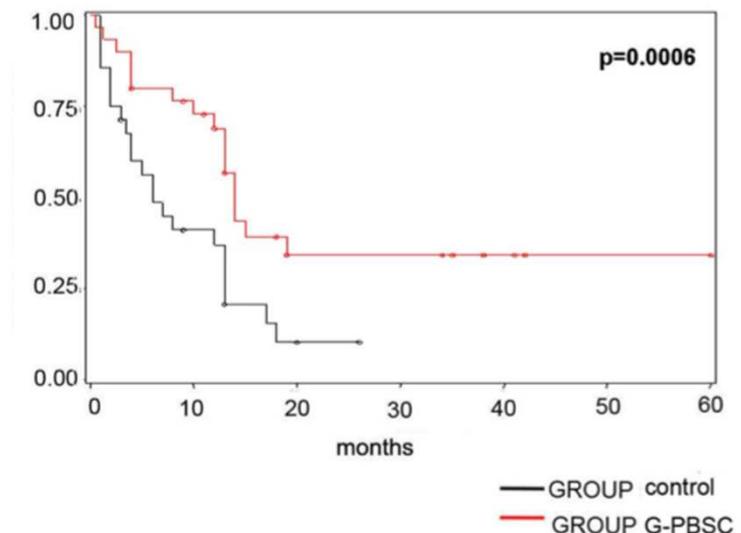
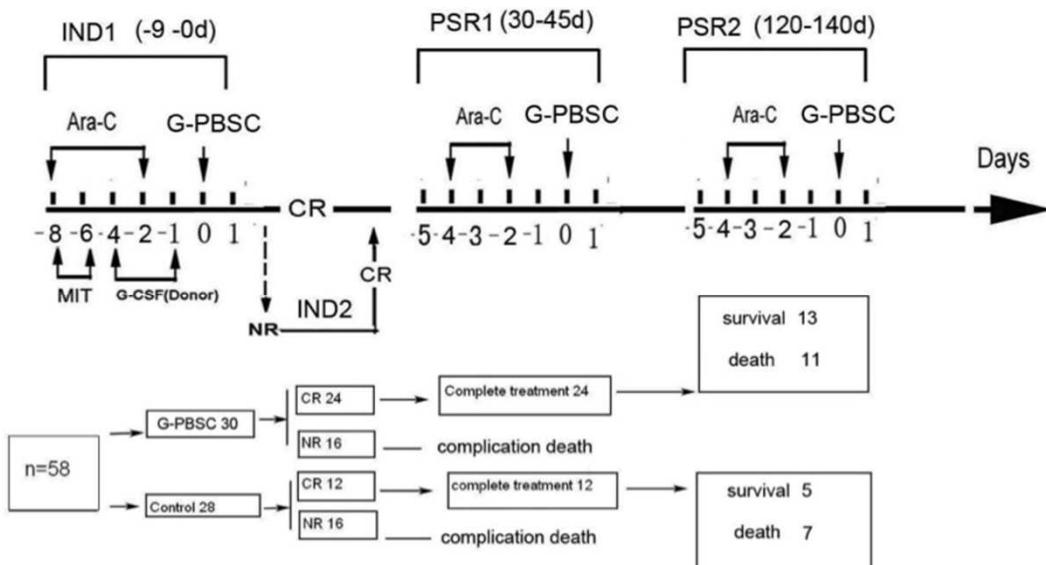
Monoclonal Abs & more

- *Against CD33, CD123... CD47, CD67, CD66, CD45*



Adoptive immunotherapy

- N= 30 pts received mistached G-PBSC from related donors (4 or 5/10 HLA loci) during induction and consolidation



- Role of donors with HLA-C^{Lys80} ?

Conclusions

- *Des progrès ont été accomplis du fait de l'augmentation des doses, rendue possible par de meilleurs soins de support (anti-infectieux).*
- *La limite semble atteinte, rendant nécessaire de nouvelles approches ciblées:*
 - *Ciblage thérapeutique*
 - *Ciblage immunologique*