

Low dose decitabine + Ven in elderly AML patients

Raport preliminar

Introduction

Acute myeloid leukemia – (Cluj, Romania)

Median overall survival: 8.6 months

Hypomethylating agents: 10 months

AML-085 Best supportive care: 3.4 months

Real-World Treatment Patterns and Clinical Outcomes in Romanian Patients With AML Unfit for First-Line Intensive Chemotherapy

Ciprian Tomuleasa MD

Iuliu Hatieganu University, Cluj Napoca, Romania. Ion Chiricuta Oncology Institute, Cluj Napoca, Romania

bjh short report

Extended experience with a non-cytotoxic DNMT1-targeting regimen of decitabine to treat myeloid malignancies

Hassan Awada,¹ Reda Z. Mahfouz,¹ Ashwin Kishtagari,^{1,2}

Teodora Kuzmanovic,¹ Jibran Durrani,¹ Cassandra M. Kerr,¹ Bhumika J. Patel,^{1,2} Valeria Visconte,¹ Tomas Radivoyevitch,³ Alan Lichtin,² Hetty E. Carraway,² Jaroslaw P. Maciejewski^{1,2} and Yogen Saunthararajah^{1,2}

¹Department of Translational Hematology & Oncology Research, Tausig Cancer

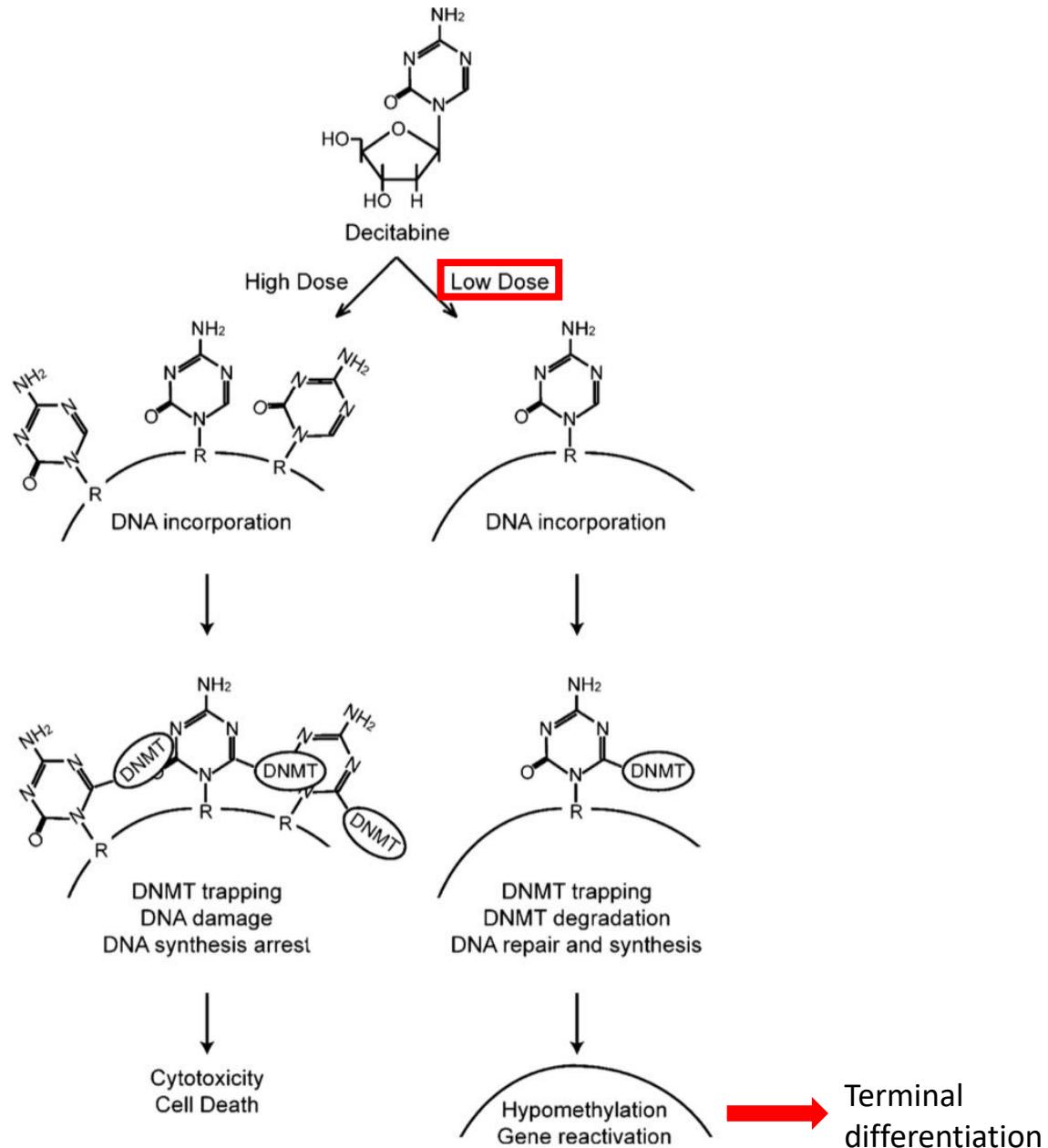
Institute, Cleveland Clinic, ²Department of Hematology and Medical Oncology,

Tausig Cancer Institute, Cleveland Clinic and ³Department of Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH, USA

Summary

The nucleoside analogue decitabine can deplete the epigenetic regulator DNA methyltransferase 1 (DNMT1), an effect that occurs, and is saturated at, low concentrations/doses. A reason to pursue this molecular-targeted effect instead of the DNA damage/cytotoxicity produced with high concentrations/doses, is that non-cytotoxic DNMT1-depletion can cytoreduce even p53-null myeloid malignancies while sparing normal hematopoiesis. We thus identified minimum doses of decitabine (0.1–0.2 mg/kg) that deplete DNMT1 without off-target anti-metabolite effects/cytotoxicity, and then administered these well-tolerated doses frequently 1–2X/week to increase S-phase dependent DNMT1-depletion, and used a Myeloid Malignancy Registry to evaluate long-term outcomes in 69 patients treated this way. Consistent with the scientific rationale, treatment was well-tolerated and durable responses were produced (~40%) in genetically heterogeneous disease and the very elderly.

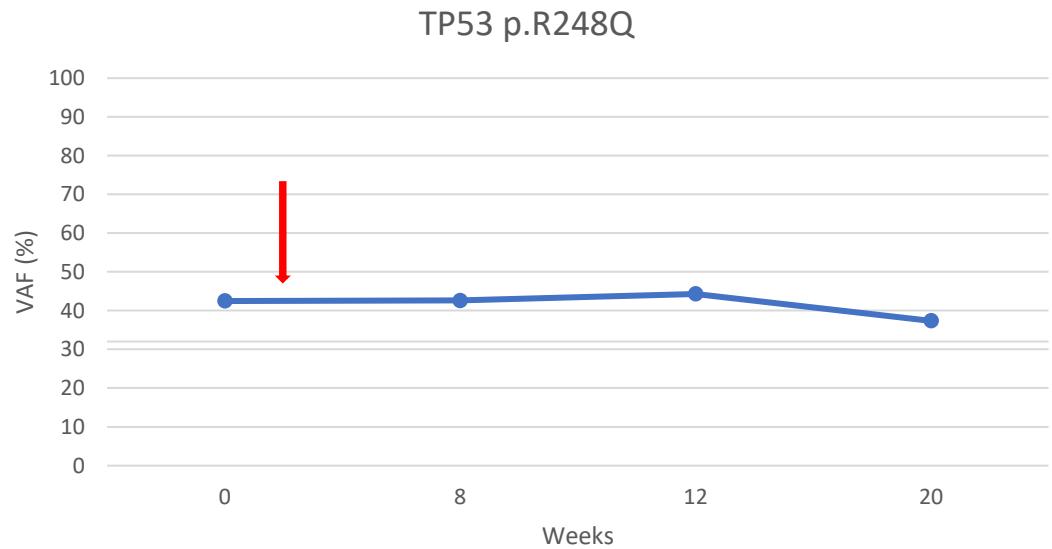
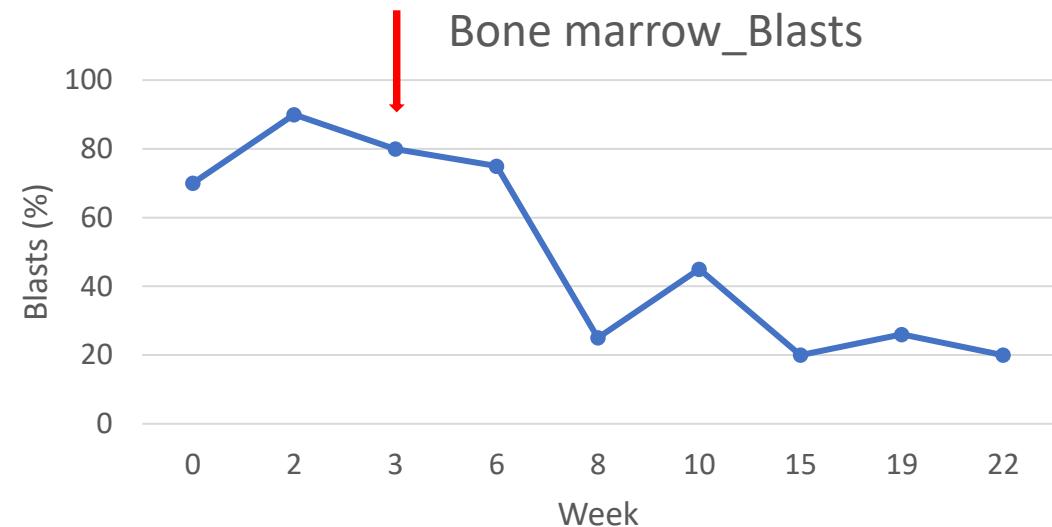
Keywords: myeloid neoplasms, decitabine, noncytotoxic DNMT1 depletion.



Y, Aoki E, Issa JPJ. Decitabine—Bedside to bench. Crit Rev Oncol Hematol. 2007 Feb;61(2):140–52.

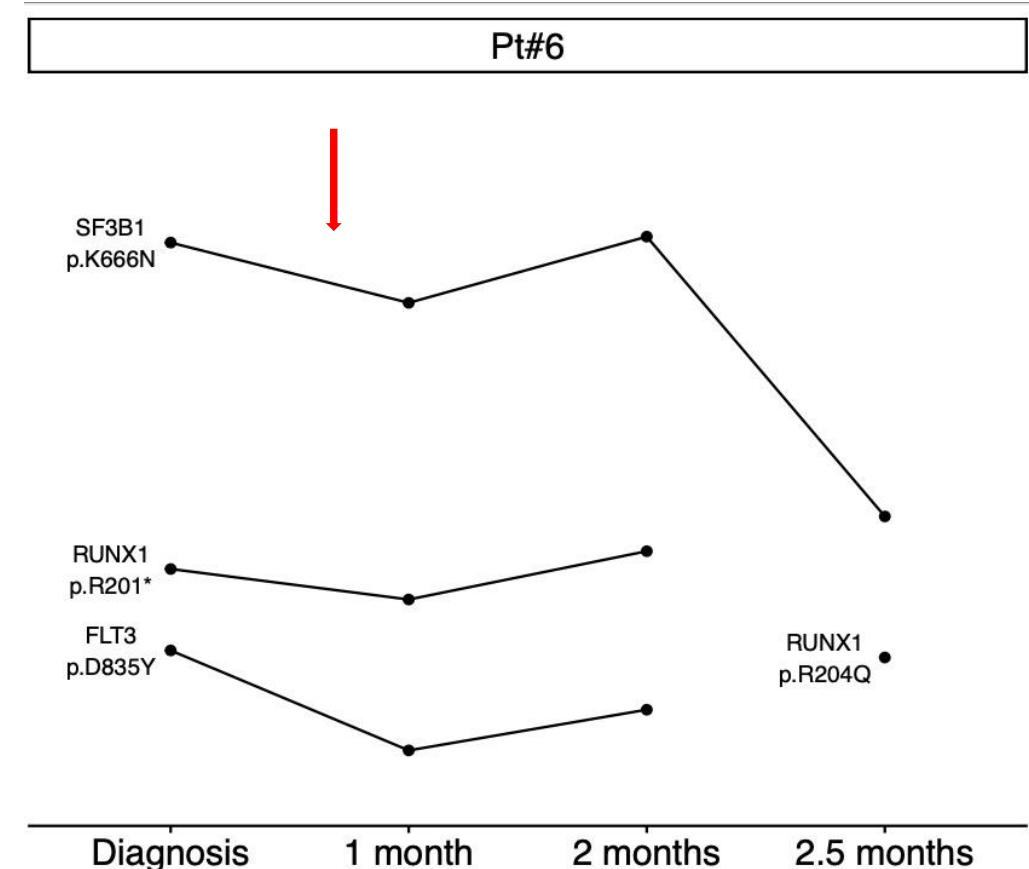
Patient 1

Cytogenetics	
at diagnosis	
Karyotype	abnormal 45,X[1]/46,XX,t(7;14)(p21;q22)[1]/46,XX[18]
Molecular genetics	
FLT3 TKD	negative
FLT3 ITD	negative
NPM1	negative
Seq	
TP53 p.R248Q	present



Patient 2

Cytogenetics		at diagnosis		
Karyotype		normal		
Molecular genetics				
FLT3 TKD		positive		
FLT3 ITD		positive		
NPM1		negative		
Seq				
SF3B1 p.K666N		present		
RUNX1 p.R201		present		
FLT3 p.D835Y		present		
RUNX1 p.R204Q		at 2,5 months		
VAF (%)	diagnosis	1 months	2 months	2,5 months
SF3B1 p.K666N	80,26	71,46	81,13	40,24
RUNX1 p.R201*	32,55	28,09	35,15	
RUNX1 p.R204Q				19,61
FLT3 p.D835Y	20,64	6,03	11,98	



Patient 3

Cytogenetics at diagnosis

Karyotype negative

Molecular genetics

FLT3 TKD negative

FLT3 ITD negative

NPM1 negative

Seq

SRSF2 p.P95H at diagnosis

NPM1 p.W288Cfs*12 at 5 months

Gene	Weeks	VAF (%)
SRSF2	0	40,21
SRSF2	8	42,22
SRSF2	20	10,68
NPM1	20	2,85

Pt#11

