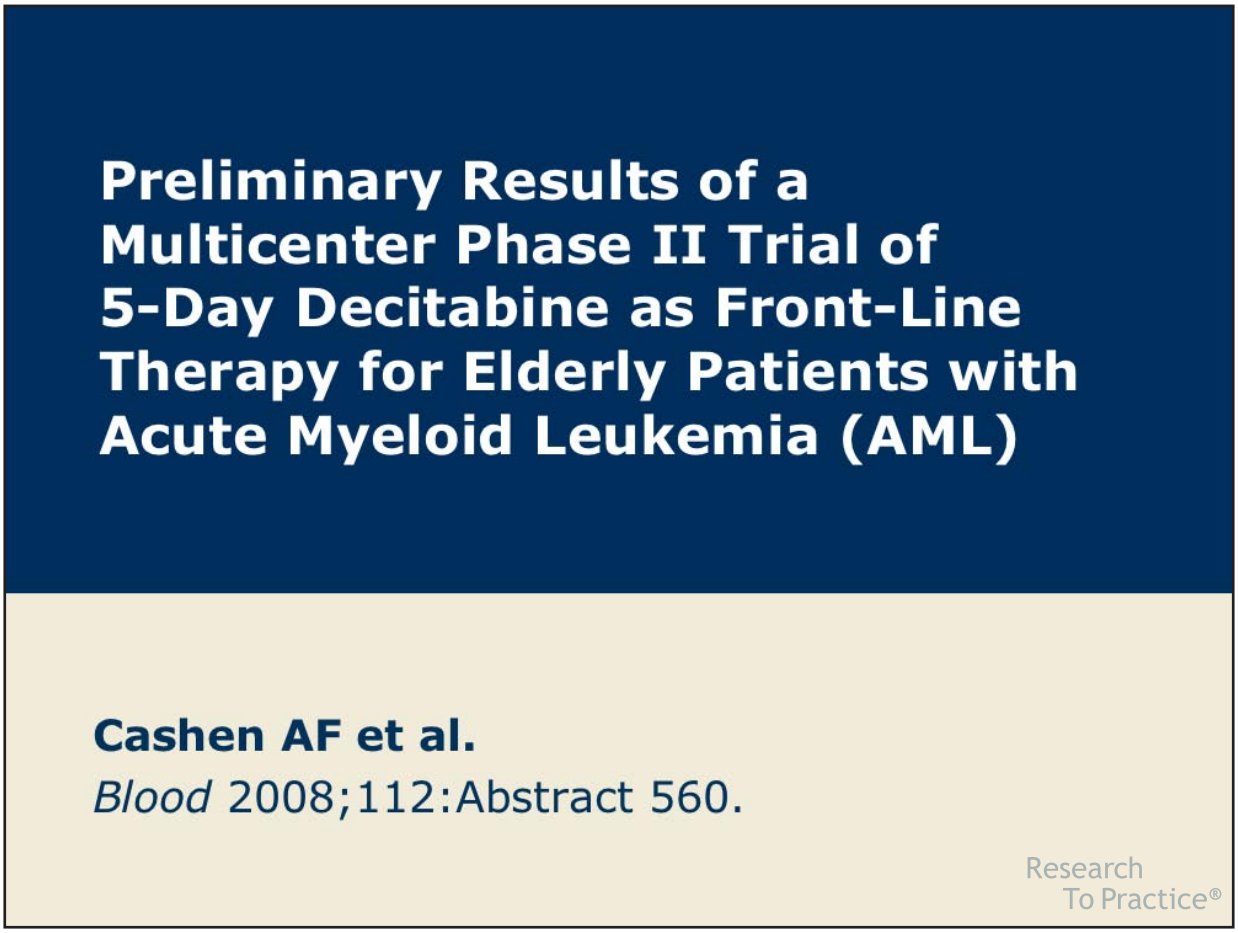
Five-Day Decitabine Therapy for Elderly Patients with Acute Myeloid Leukemia (AML)

Presentation discussed in this issue:

Cashen AF et al. **Preliminary results of a multicenter phase II trial of 5-day decitabine as front-line therapy for elderly patients with acute myeloid leukemia (AML).** *Blood* 2008;112:560. **Abstract**

Slides from a presentation at ASH 2008



Introduction

- Most patients with acute myelogenous leukemia (AML) are over 60 years of age.
- Treatment options for this patient subgroup are limited due to patient-related comorbidities and to high-risk disease features, such as complex cytogenetics and preceding myelodysplastic syndrome (MDS).
- Decitabine is used to treat patients with all French-American-British (FAB) subtypes of MDS and IPSS intermediate-1, intermediate-2 and high risk groups.
- Decitabine is a lower intensity therapy that may be better tolerated in this challenging, older patient population with AML.
- **Current study objectives (n=55):**
  - Establish the morphologic complete response rate (CR) in patients ≥60 years old with newly diagnosed, untreated AML who were treated with an alternative 5-day dosing regimen of decitabine.

Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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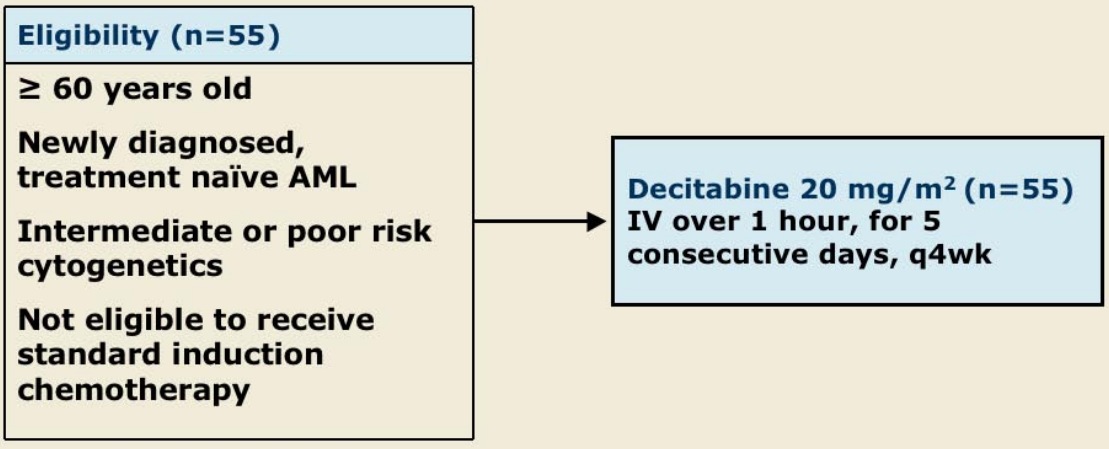
Phase II, Multicenter, Open-Label Trial of an Alternative 5-Day Decitabine Regimen in Elderly Patients with AML



Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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Patient Characteristics and Decitabine Treatment Courses

Patient Characteristics (n=55)	
Median age, n, (range)	74 years (61-87)
ECOG Performance Score 0 1 2	 47% 35% 18%
Cytogenetic risk Intermediate Poor	 53% 42%
Median number of decitabine cycles administered	3
Patients receiving ≥ 3 cycles of decitabine	64%

Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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Overall and Complete Response Rates in Elderly Patients Treated with 5-Day Decitabine Regimen

	CR	CRi	ORR
Overall, intent-to-treat (n=55)	24%	2%	26%
AML Diagnosis			
De novo (n=31)	23%	0%	23%
Transformation from MDS (n=19)	21%	5%	26%
Secondary to prior therapy (n=4)	50%	0%	50%
Other (n=1)	0%	0%	0%
Cytogenetic Risk			
Poor (n=23)	22%	0%	22%
Intermediate (n=29)	21%	3%	24%

CRi = incomplete CR, ORR = overall response rate.

Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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Adverse Events and Deaths

Adverse Event[a]/Deaths[b]	
Febrile neutropenia	24%
Fatigue	24%
Pneumonia	11%
Sepsis	9%
Dyspnea	9%
Bacteremia	7%
Deaths (n)	3
30-day mortality rate	7%

[a]Myelosuppression was also reported. [b]Deaths due to sepsis.

Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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Summary and Conclusions

- The preliminary results suggest that 5-day decitabine demonstrates efficacy in elderly patients with newly diagnosed AML.
  - Responses were the same in intermediate and poor cytogenetic risk groups.
- The alternative 5-day dosing regimen of decitabine was well tolerated in this elderly patient population.
  - The reported adverse events were as expected and manageable.
  - The mortality rate compared favorably to the rate seen in this patient population when treated with standard induction therapy (7% vs ~20% [*CA Cancer J Clin* 2002;52:363]).
- The study results support the investigation of the 5-day dosing regimen of decitabine therapy in elderly patients with AML in an ongoing Phase III trial (DACO-16, NCT00260832).

Source: Cashen AF et al. *Blood* 2008;112:Abstract 560.

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