Abstract: S149

Title: MINI-CONSOLIDATIONS VERSUS INTERMEDIATE-DOSE CYTARABINE (IDAC) FOR THE POST-REMISSION THERAPY OF AML PATIENTS OVER 60. A STUDY FROM THE DATAML AND SAL REGISTRIES.

Abstract Type: Oral Presentation

Session Title: Acute myeloid leukemia - Clinical 4

Background:

In AML patients over 60 years who have achieved a first complete remission (CR) after intensive chemotherapy, the ELN22 guidelines propose a consolidation with intermediate-dose cytarabine (Cyt) (IDAC, 500-1000 mg/m²/12h, D1-3, for 3-4 cycles). However, there are no randomized studies supporting the use of IDAC over lower-intensity regimens such as standard doses of Cyt combined with a dose of anthracycline (mini-consolidation). A recent study comparing the two approaches showed similar efficacy, but less toxicity and consumption of care with mini-consolidation, resulting in a reduction of treatment costs of up to 30,000 euros per patient (Galtier J et al, Blood Cancer J. 2021; Mounie M et al, Blood Cancer J. 2023).

Aims:

The aim of this study is to compare, in a larger series of patients, the efficacy of IDAC used routinely by the German SAL group and the mini-consolidations used in the French DATAML registry.

Methods:

The inclusion criteria for this study were: newly diagnosed AML between 01/01/2010 and 12/31/2019, age > 60 years, first CR (CR1) after one or two "3+7" induction cycles, consolidation treatment with at least 1 cycle of mini-consolidation or IDAC. Mini-consolidation schema: Cyt s.c 50 mg/m²/12h D1-5 and idarubicin 8 mg/m² D1 performed on an outpatient basis (up to 6 cycles). Patients who had received both types of consolidation were excluded. The primary objective was overall survival (OS).

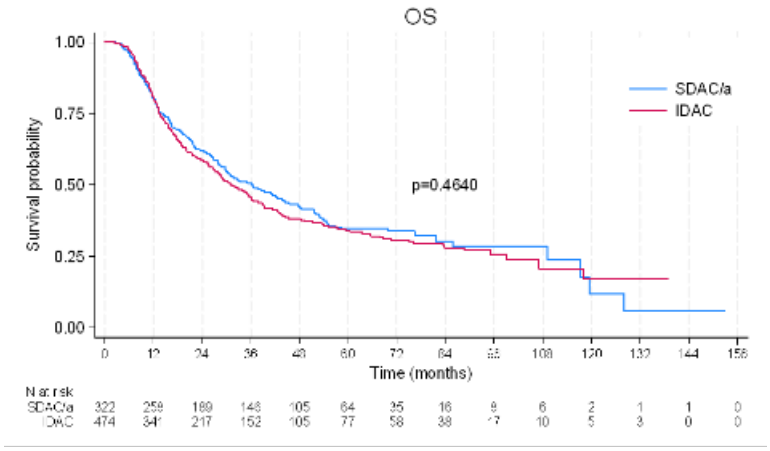
Results:

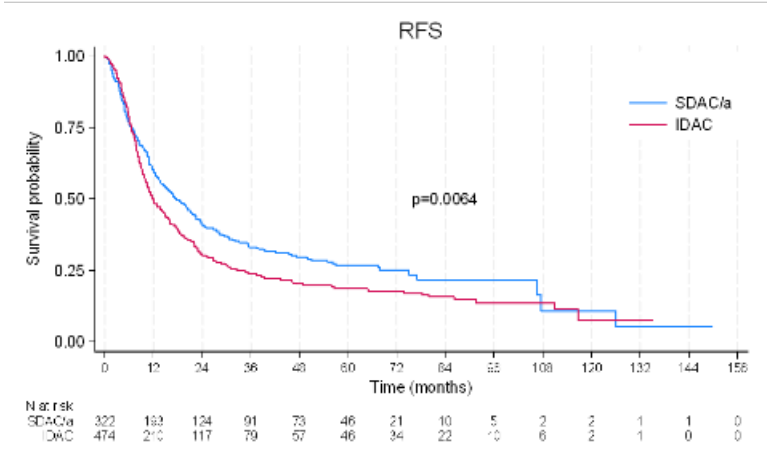
322 patients received mini-consolidations and 474 received IDAC. Compared to IDAC patients, mini-consolidation patients were slightly older (48% >70 years vs. 40%), more often had de novo AML (81% vs. 75%) and an unfavorable ELN17 risk (22% vs. 12%). There were no differences in terms of gender, performance status at diagnosis (PS), white blood cell (WBC) count, FLT3-ITD, NPM1, CEBPA or TP53 mutations. Induction therapy consisted of idarubicin-cytarabine-lomustine (76%) in the mini-consolidation group and daunorubicin-cytarabine (96%) in the IDAC group. The median number of consolidation cycles was 4 (IQR, 2-6) with mini-consolidations and 2 (IQR, 1-3) with IDAC (p<0.0001). The rate of allo-SCT was higher in the IDAC group both in first CR (18% vs. 12%, p=0.019) and after relapse (31% vs. 10%, p<0.0001). Median OS was 36 months (IQR, 14-109) with mini-consolidations and 31 months (IQR, 14-99) with IDAC (p=0.46). In multivariate analysis, age >70y, PS>1, WBC and ELN2017 risk but not consolidation type or allo-SCT were significantly associated with OS. Median relapse-free survival (RFS) was 18 months (IQR, 7-75) with mini-consolidations and 12 months (IQR, 7-33) with IDAC (p=0.0064). In multivariate analysis, the risk of relapse or death was significantly and independently higher with IDAC (adjusted HR, 1.29; 95%IC 1.1-1.5, p=0.004). Other factors associated with RFS were WBC, ELN2017 risk, NPM1 mutations and allo-SCT. No interaction between known prognostic factors and consolidation treatment was found for OS and RFS. The cumulative incidence of relapse (but not death) was significantly and independently higher with IDAC (adjusted HR, 1.30; 95%IC 1.1-1.6, p=0.006).

Summary/Conclusion:

In AML patients > 60y who are in first CR after induction chemotherapy, the post-remission therapy with mini-

consolidations represents a valuable alternative to IDAC regardless of patient subgroups.





Keywords: Cost effectiveness, AML, Cytarabine, Consolidation