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POSTER ABSTRACTS

634.MYELOPROLIFERATIVE SYNDROMES: CLINICAL AND EPIDEMIOLOGICAL

Association of Hypomethylating Agents + Venetoclax in the Real-Life Treatment of Myeloproliferative Neoplasms in Blastic Phase

Roberto Latagliata[1], *Gianluca Cristiano, MD*[2], *Dorela Lame, MD*[3], *Alda Strazimiri, MD*[4], *Fabrizio Cavalca*[5], *Lorenzo Rizzo, MD*[6], *Giulia De Luca, MD*[7], *Simone Zoletto, MD*[8], *Vincenzo Federico, MD*[9], *Daniele Cattaneo, MD*[10], *Annalisa Biagi, MD*[11], *Monica Crugnola, MD*[12], *Pasquale Niscola, MD*[13], *Raffaele Palmieri, MD*[14], *Anna Lina Piccioni, MD*[15], *Olga Mulas, MD*[16], *Beatrice Esposito Vangone, MD*[17], *Michelina Santopietro, MD*[18], *Ida Carmosino, MD*[19], *Alessandra Iurlo, MD PhD*[20], *Nicola Di Rienzo, MD*[21], *Gianni Binotto, MD*[22], *Prassede Salutari, MD*[23], *Marta Riva, MD*[24], *Massimiliano Bonifacio, MD*[25], *Elena Maria Elli, MD*[26], *Antonio Curti, MD PhD*[27], *Antonella Poloni, MD*[28]

[1] Hematology, Belcolle Hospital, Rome, Italy
[2] Department of Medical and Surgical Sciences, Institute of Hematology "L. and A. Seràgnoli", University of Bologna, Bologna, Italy
[3] Hematology, AOU Marche - Politecnic University Marche, Ancona, Italy
[4] Department of Engineering for Innovation Medicine, Section of Innovation Biomedicine, Hematology Area, University of Verona, Verona, Italy
[5] Hematology Department, San Gerardo Hospital, Monza, Italy
[6] Department of Hematology and Oncology, Niguarda Cancer Center, ASST Ospedale Nig, Milan, ITA
[7] UOC Ematologia Clinica, Ospedale Civile "Santo Spirito", Pescara, Italy
[8] Hematology Unit, Department of Medicine, University of Padova, Padova, Italy
[9] Hematology, Vito Fazzi Hospital, Lecce, Italy
[10] Hematology, Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy
[11] S.M. Goretti Hospital - Polo Pontino "Sapienza" University - Latina, Latina, Italy
[12] Hematology Unit and BMT, University Hospital of Parma, Parma, Italy
[13] Hematology Unit, Sant'Eugenio Hospital, Rome, Italy
[14] Department of Onco-Hematology, Fondazione Policlinico Tor Vergata, Rome, Italy
[15] Dipartimento di Ematologia, Azienda Ospedaliera San Giovanni Addolorata, Rome, Italy
[16] Department of Medical Sciences and Public Health, University of Cagliari, Businco Hospital, Cagliari, Italy
[17] UOC Ematologia, Azienda ospedaliero-universitaria Senese, Siena, Italy
[18] Hematology and Hematopoietic Stem Cells Transplant Unit, AO San Camillo-Forlanini, Rome, Italy
[19] Hematology, Department of Translational and Precision Medicine, Azienda Ospedaliera Policlinico Umberto I, Sapienza University of Rome, Rome, Italy
[20] Hematology Division, Foundation IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milano, Italy
[21] UO EMATOLOGIA, ASL LECCE, OSPEDALE V. FAZZI, Lecce, Italy
[22] Department of Medicine, Hematology and Clinical Immunology, University of Padua, Padua, Italy
[23] Department of Hematology, Ospedale Civile Spirito Santo, Pescara, Pescara, Italy
[24] Department of Hematology, ASST Grande Ospedale Metropolitano Niguarda Cancer Center, Milano, Italy
[25] Department of Medicine, Azienda Ospedaliera Universitaria Integrata di Verona, Verona, Italy
[26] Fondazione IRCCS, San Gerardo dei Tintori, Monza, Monza, Italy
[27] IRCCS Azienda Ospedaliero-Universitaria di Bologna, Istituto di Ematologia "Seràgnoli", Bologna, Italy
[28] Hematology, AOU Marche - Politecnic University Marche - Ancona, Ancona, ITA

Background Association of hypomethylating agents (HMA) and venetoclax (VEN) is widely used in elderly patients (pts) with de novo Acute Myeloid Leukemia not eligible for intensive chemotherapy, with improvement of survival. However, very few data are available in pts with Myeloproliferative Neoplasms evolved in blastic phase (MPN-BP). In this setting, the survival is dismal and at present no therapy seems to have a role.

Methods Data of 54 pts with MPN-BP treated frontline with HMA+VEN in 19 hematologic Centers in Italy outside clinical trials from 11/2018 to 3/2023 were retrospectively collected and analysed. Composite overall response rate [ORR; complete remission (CR) + CR with incomplete hematologic recovery (iCR) + partial remission (PR) + hematologic improvement (HI)], duration of response and overall survival (OS) were assessed.

Results: Baseline features at evolution and starting treatment are reported in the Table. Median interval from initial MPN diagnosis to evolution was 38.4 months [interquartile range (IQR) 15.4-124.5]. Pts were treated for a median of 3 courses (IQR 2-7): HMA were administered at standard dosage, VEN daily doses in the 1 st cycle are reported in the Table. On the whole, 40 pts (74.1%) had at least one hematologic toxicity of grade 3-4: in particular, severe neutropenia (PMN $< 0.5 \times 10^{9}$/l) was reported in 37 pts (68.5%). Thirty pts (55.5%) had at least one infective episode during the treatment: pulmonary infections were reported in 13 pts (24.0%). Response to treatment is shown in the Table: ORR was 62.7%, with a median response duration of 9.4 months (95%CI 5.8-12.9). After a median follow-up of 6.7 months (IQR 3.2-12.1), 35 pts (64.8%) died, 2 (3.7%) were lost to follow-up and 17 (31.5%) were alive. Median OS of the whole cohort was 10.6 months (95%CI 5.8-15.3), Pts with any response to HMA+VEN had a significantly longer OS compared to pts with progressive/stable disease [11.6 (95%CI 9.4-13.7) versus 5.4 (95%CI 2.1-8.6) months, respectively (p=0.002)] (Figure).

Conclusions: Our real-life data confirm that HMA+ VEN combination could have a role in MPN-BP, with ORR > 50% in pts unfit for intensive approaches: however, this treatment is affected by severe hematologic and infective toxicities and the response duration is short, with a persistently poor median OS. Larger cohorts of pts and a longer follow-up are needed to assess factors predictive of CR/iCR achievement, while addition of other targeted therapies should be explored.

Disclosures Latagliata: *Celgene:* Honoraria; *Novartis:* Honoraria; *Janssen:* Honoraria; *BMS:* Honoraria. **Cattaneo:** *Novartis, Pfizer, Incyte, BMS, GSK:* Honoraria. **Palmieri:** *Pfizer:* Consultancy, Honoraria; *Janssen:* Consultancy, Honoraria; *Jazz:* Consultancy, Honoraria; *Abbvie:* Consultancy, Honoraria. **Iurlo:** *Novartis, Pfizer, Incyte, BMS, GSK, AOP Health:* Honoraria. **Bonifacio:** *BMS:* Membership on an entity's Board of Directors or advisory committees; *Pfizer:* Membership on an entity's Board of Directors or advisory committees; *Novartis:* Membership on an entity's Board of Directors or advisory committees; *Clinigen:* Membership on an entity's Board of Directors or advisory committees; *Incyte:* Membership on an entity's Board of Directors or advisory committees. **Elli:** *BMS:* Membership on an entity's Board of Directors or advisory committees; *Novartis:* Membership on an entity's Board of Directors or advisory committees. **Curti:** *Pfizer:* Membership on an entity's Board of Directors or advisory committees; *Abbvie:* Membership on an entity's Board of Directors or advisory committees; *Novartis:* Membership on an entity's Board of Directors or advisory committees.

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Table – Clinical features at evolution, type of treatment and treatment response

N° of patients	54
M/F, n° (%)	41/13 (75.9/24.1)
Median age, years (IQR)	72.4 (66.2 – 75.2)
Median Hb, g/dl (IQR)	9.1 (7.9 – 10.8)
Median WBC, x 10^9/l (IQR)	8.0 (2.8 – 21.6)
Median PMN, x 10^9/l (IQR)	1.9 (0.7 – 6.4)
Median PLTS, x 10^9/l (IQR)	94 (31 – 233)
Median marrow blasts, % (IQR)	30 (23 – 60)
Treatment, n° (%): Aza + VEN	34 (63.0)
Dac + VEN	20 (37.0)
VEN starting dose (1st cycle), n° (%):	
50 mg	10 (18.5)
100 mg	19 (35.2)
200 mg	4 (7.4)
400 mg	21 (38.9)
Type of response, n° (%):	
CR/iCR	16 (31.4)
PR	12 (23.5)
HI	4 (7.8)
SD	3 (5.9)
PD	13 (25.5)
ED	3 (5.9)
Too early	3

CR: complete remission – iCR: CR with incomplete recovery – PR: partial remission – HI: hematological improvement – SD: stable disease – PD: progressive disease – ED: early death (<30 days from treatment start)

Figure – Overall survival curves according to response

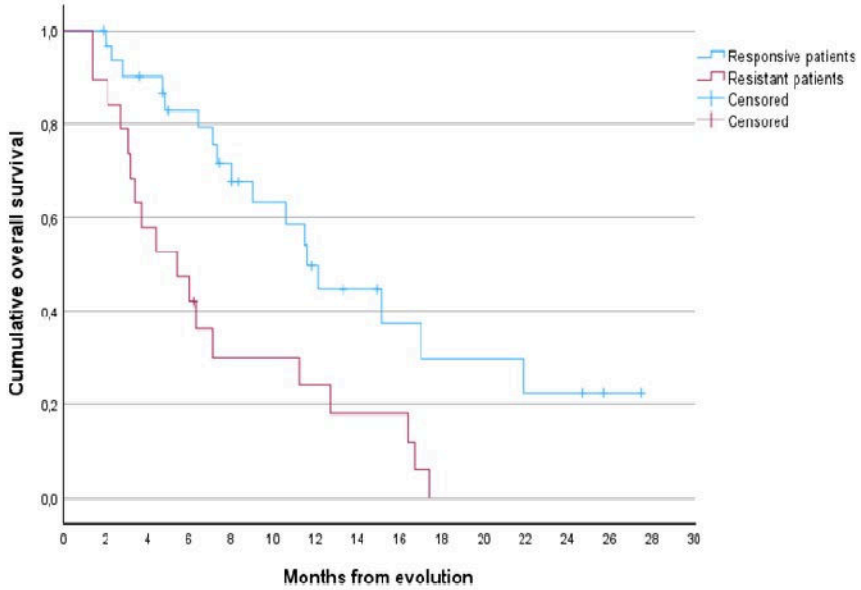

Figure 1