



How to utilize and sequence new drugs in the treatment of AML

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The important thing to know about acute myeloid leukemia is that it's not simple anymore. It used to be when I went into this business, about 10 years ago, that when you saw a patient with acute myeloid leukemia, whether it was newly diagnosed or relapsed and refractory, your treatment options were pretty limited. So, in a newly diagnosed patient, you could decide to give them induction chemotherapy; you can give them a hypomethylating agent if they were unfit for induction chemotherapy; or if they were really unfit for anything, you would give them best supportive care with transfusions and antibiotics, and that unfortunately didn't last very long for our patients. In relapsed and refractory AML, really the only real options we had were to give reinduction chemotherapy, which of course has a lot of toxicity. You know, these days AML have become complicated. It is becoming complicated I think the way, myeloma became complicated a number of years ago, and that's because we have all sorts of new drugs that target specific genetic mutations. We have drugs that are modifications of previous chemotherapies or standard 7+3 chemotherapy. We have combinations like azacitidine and venetoclax, which is a very, very potent and good combination, but the nuances of how you give and when you hold and how many doses to give, and do you give 14 days or 21 days or 28 days of venetoclax, are actually really complicated. I think the most important thing for community providers is that really to educate yourselves, and the way to do that is to listen to CME videos and attend CME events where people who are thought leaders in the field can really teach you and give guidance to how we're managing this whole new panoply of drugs that we have. Even for those of us who treat AML every day, and that's all we treat, and that's all I do, me and my colleagues are still finding our way through how we're going to use all these new drugs, how we're going to sequence all these new drugs, what do we do about the toxicities of all these new drugs. On the one hand, it's complicated and hard. But on the other hand, I think it's a really exciting time to be an AML physician, because we now have things we can do that are going to improve our patients' quality and quantity of life.

Thank you very much.