Randomized Maintenance Therapy with Azacitidine (Vidaza) in Older Patients (≥ 60 years of age) with Acute Myeloid Leukemia (AML) and Refractory Anemia with Excess of Blasts (RAEB, RAEB-t). Results of the HOVON97 Phase III Randomized Multicentre Study (EudraCT 2008-001290-15)

Geert Huls, MD, PhD¹, Dana Chitu²*, Violaine Havelange, MD, PhD³*, Mojca Jongen-Lavrencic, MD, PhD⁴, et al.

The authors of the study conclude that:

Post-remission treatment with aza in older AML patients in CR/CRi after at least 2 cycles of intensive chemotherapy significantly improves DFS (p=0.005). When patients who received an allo HSCT were censored at time of transplant, the difference in OS between both arms was also significantly different (p=0.04), in favor of aza maintenance treatment.

Two Cycles of Consolidation Chemotherapy Are Associated with Similar Clinical Outcomes to Three Cycles in AML Patients with Favorable Risk Cytogenetics

Daniel Sawler, MD, BSc¹, David Sanford, MD², Joseph M. Brandwein, MD, FRCPC³, Irwindeep Sandhu, MD, FRCPC¹, et al.

The authors of the study conclude that:

These data suggest that the use of 2 chemotherapy consolidation cycles compared with 3 does not diminish
relapse-free survival or overall survival in patients with CBF-AML. Reduction in chemotherapy may provide both economic and quality of life benefits for patients. Larger prospective studies are necessary to confirm these findings.

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**Clofarabine-Based Consolidation Improves Relapse-Free Survival of Patients with Acute Myeloid Leukemia with Complex or Micro-Complex Karyotype: Results from the Randomized ALFA-0702 Study**

Laurène Fenwarth, MSc, MD1,2,3*, Nicolas Duployez, PharmD, PhD1,2,3*, Xavier Thomas, MD4,5, Nicolas Boissel, MD, PhD6,7, et al.

The authors of the study conclude that:

As compared to conventional cytogenetics, SNP-array represents a high-resolution approach to better characterize molecular profile of AML patients by pointing out cryptic molecular abnormalities. Our results suggest that clofarabine-based consolidation benefits both patients with complex karyotypes and micro-complex karyotypes defined by 4 and more SNP-Array abnormalities. Therefore by delineating micro-complex karyotypes in SNP-array, we have defined a new subset of AML patients that could potentially benefit from a clofarabine-based consolidation regimen (21 additional patients in comparison with complex karyotypes). SNP-array could thus help to improve AML management by refining adverse patient subgroups that could potentially benefit from new alternative consolidation regimen.

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**Role of Allogeneic Reduced Intensity Conditioning Stem Cell Transplantation (RIC-SCT) in Older Patients with Acute Myeloid Leukemia (AML): Analysis of the ALFA-1200 Study**

Claude Gardin1*, Cécile Pautas2*, Emilie Lemasle, MD3*, Jean-Henri Bourhis4, et al.
The authors of the study conclude that:

*In older AML patients, due to persistent high TRM and relapse incidence, RIC-SCT significantly prolongs survival in the adverse ELN-risk AML subset only. Even if a longer follow-up is needed, patients with intermediate ELN-risk AML do no seem to benefit from SCT in CR1 as compared to standard chemotherapy.*

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**Prognostic Impact of NPM1/FLT3-ITD genotypes from Randomized Patients with Acute Myeloid Leukemia (AML) Treated within the International Ratify Study**


The authors of the study conclude that:

*Data from this large randomized trial suggest the high prognostic value of the NPM1/FLT3-ITD genotypes considering the ITD mutant to wt allelic ratio. The study was not powered to show differential effects of M among genotypes; however, a beneficial effect of M on OS and EFS appeared most pronounced in the NPM1wt/FLT3-ITDhigh group. Multivariate analysis revealed NPM1/FLT3-ITD genotypes, treatment arm with M in favor to PBO, WBC, and alloHCT as independent prognostic factors for OS.*

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**Flow Cytometric Minimal Residual Disease As Risk Stratification Tool in Younger Adults with NPM1 Wild Type Standard Risk Acute Myeloid Leukemia**

**Sylvie D Freeman, MBChB, DPhil**, Robert K. Hills, DPhil, Paul Virgo, Naeem Khan, PhD, et al.

The authors of the study conclude that:
MRD status by MFC refines response criteria at induction time-points to differentiate NPM1 wild type standard risk patients with poor outcome and helps define a group of patients who may benefit from SCT in CR1.