

Chemotherapy-free treatment for adults with Philadelphia-positive B-ALL



STUDY OVERVIEW:

- This study (phase III) looked at whether adults newly diagnosed with Philadelphia-positive (Ph+) B-cell acute lymphoblastic leukemia (B-ALL) could be treated effectively without chemotherapy
- A **chemotherapy-free approach** was tested that combined ponatinib (a targeted tyrosine kinase inhibitor) and blinatumomab (an immunotherapy)
- This new approach was compared directly with the current standard treatment (imatinib with chemotherapy)

Who participated?

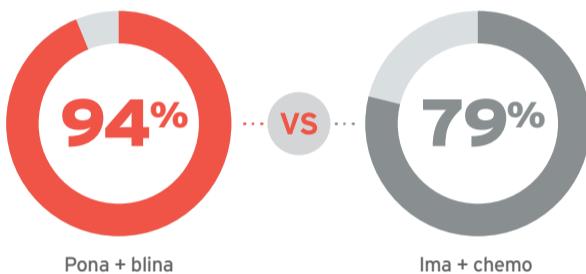
- 236 adults with Ph+ B-ALL
- 158 received ponatinib for the first 70 days, followed by ponatinib + blinatumomab (**pona + blina**); average age 57 years
- 78 received imatinib + chemotherapy (**ima + chemo**); average age 55 years



How effective was the treatment?

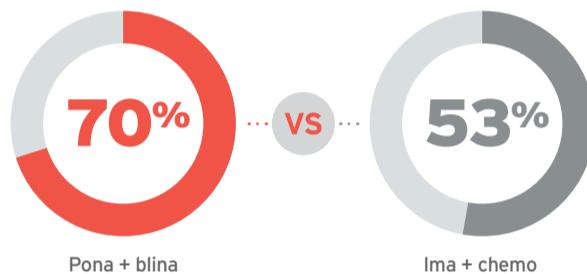
Complete hematological remission:

More participants on the chemotherapy-free treatment had less than 5% cancer cells in their bone marrow by day 70



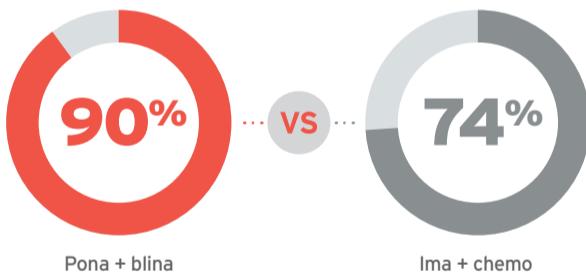
Complete molecular remission:

More participants on the chemotherapy-free treatment had no detectable cancer cells by day 133



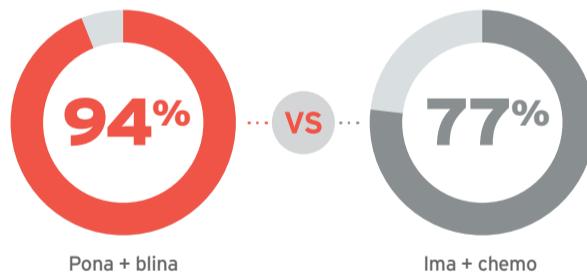
Event-free survival:

More participants on the chemotherapy-free treatment were alive without the cancer coming back (relapse) or growing after 2 years



Overall survival:

More participants on the chemotherapy-free treatment were alive after 2 years



What were the most common side effects?



Low blood counts



Infections



Problems with the digestive system or liver

With the chemotherapy-free treatment, serious side effects occurred but **fewer people died from treatment-related deaths** than with standard chemotherapy



WHAT DOES THIS MEAN FOR PEOPLE WITH Ph+ B-ALL?

- These results suggest that a chemotherapy-free combination of ponatinib and blinatumomab could become a new standard treatment option for adults with Ph+ B-ALL
- The chemotherapy-free combination offers deep, long-lasting remissions where cancer drops to very low or undetectable levels and stays controlled. This means higher chances of survival than traditional chemotherapy-based treatments and lower chance of relapse