

Azacitidine with reduced duration of venetoclax in AML



WHAT WAS THIS STUDY ABOUT?

- This early study (phase II) explored whether giving venetoclax for **fewer days** could work just as well while reducing **side effects** and **improving quality of life**

Study overview

- **152** patients with AML including newly diagnosed and people whose disease had come back (relapsed) or hadn't improved with other treatment (refractory)
- The average age was **71-76 years old** between the different AML groups

What treatments were used?

- **Azacitidine** (aza) and a reduced duration of **venetoclax** (ven)



How was the dose different to normal?

- In **standard treatment**, ven is usually given **daily** for most of each **28-day** treatment cycle

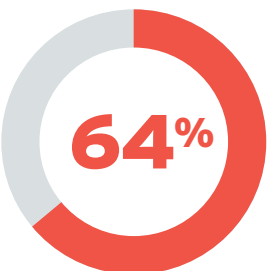
In this study, **ven** was given for **14 days** during the early cycles and then reduced further to **7 days** from cycle 4 onwards

How effective was treatment?

- **Had a complete remission** (no signs of cancer in blood or bone marrow)



Newly diagnosed AML

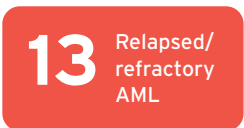


Relapsed/refractory AML

- **Months survived after treatment:**



Newly diagnosed AML



Relapsed/refractory AML

Key safety information

- Side effects were **similar**, or **slightly lower** than those seen with the standard treatment plan

The top 3 most common side effects were:



39%

had **fever** and **low white blood cell counts** (febrile neutropenia)



35%

had **low white blood cell counts** but no fever (neutropenia)



22%

had **low platelet counts** (thrombocytopenia)



WHAT DOES THIS MEAN FOR PEOPLE WITH AML?

- This study found that a **reduced duration of ven** was as effective as the standard treatment plan and **side effects were similar or slightly reduced**
- This approach may **improve quality of life**, **reduce treatment costs**, and help patients **remain on treatment for longer**
- A **tablet-only** version of ven/aza is being explored to see if it's more convenient and improves quality of life further

