

Financial disclosures: Dr. Pau Montesinos

No financial disclosures

A Personalized Medicine ex vivo test to predict clinical response to first line induction therapy with idarubicin and cytarabine in patients with acute myeloid leukemia

Pau Montesinos, Federico Moscardó, et al.

On behalf of the PETHEMA group

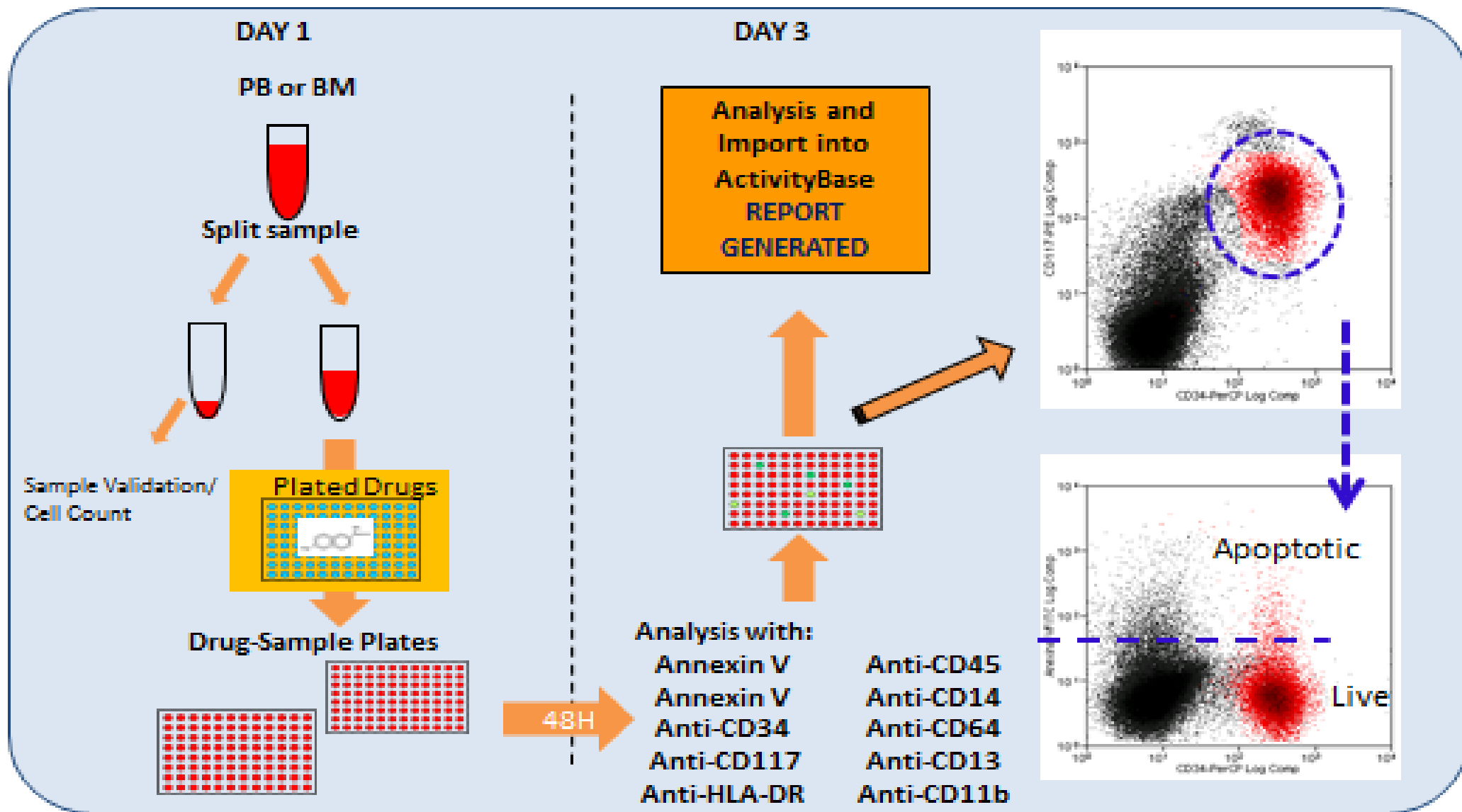
Background & objectives

- Complete remission (CR) after induction is the first treatment goal in AML patients
- Response to chemotherapy is the main prognostic factor
- There is no test accurately predicting the response to specific drug schedules
- The aim is to determine the ability of an ex-vivo drug sensitivity test to predict the clinical response to Ida+Ara-C (3+7) induction

Study design

- Non-interventional and prospective study
- Samples from adult patients diagnosed with de novo AML in centres from the PETHEMA group
- CR/CRi were classified as responders (vs. PR/resistance)
- Induction death → non-evaluable
- 91 patient samples to calculate the dose response curves for Ara-C alone, Ida alone, and Ara-C plus Ida
- For clinical correlation, 37 patients (median age 53 years)

Screening Setup and Workflow



- Phenotypic analysis by flow cytometry to identify AML blast population and viability using Annexin V-FITC.

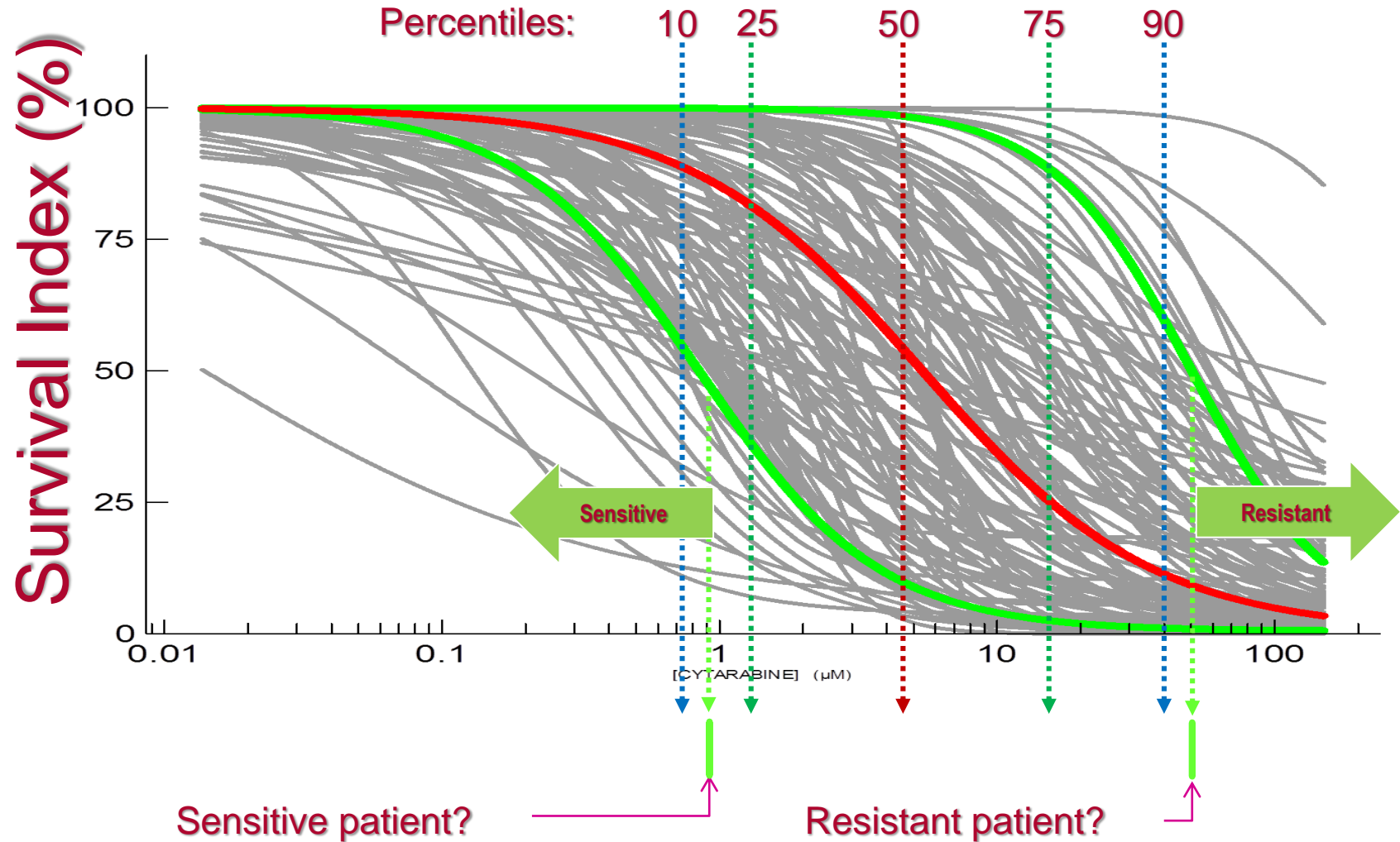
PLATE SETUP

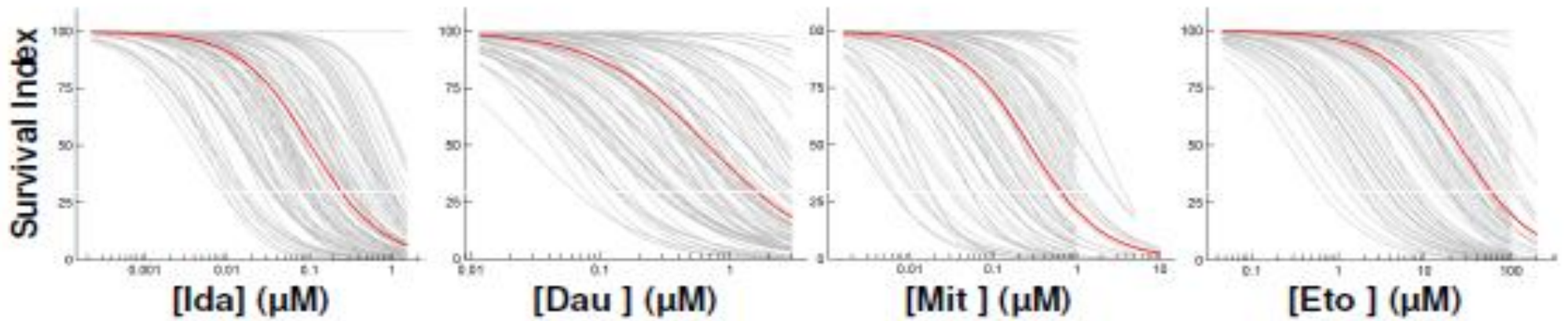
	1	2	3	4	5	6	7	8	9	10	11	12
A												
B		DMSO 0.47%	CYTARABINE							150 μ M	DMSO 0.47%	
C			IDARUBICIN							1.5 μ M		
D			FLUDARABINE							127.5 μ M		
E			MITOXANTRONE							10 μ M		
F			CLOFARABINE							74.8 μ M		
G			PANOBINOSTAT							30 μ M		
H												

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B		DMSO 0.47%	DAUNORUBICIN							3 μ M	DMSO 0.47%	
C			ETOPOSIDE							225 μ M		
D			AMSACRINE							49.5 μ M		
E			CYCLOPHASPHAMIDE							100 μ M		
F			MELPHALAN							15 μ M		
G												
H												

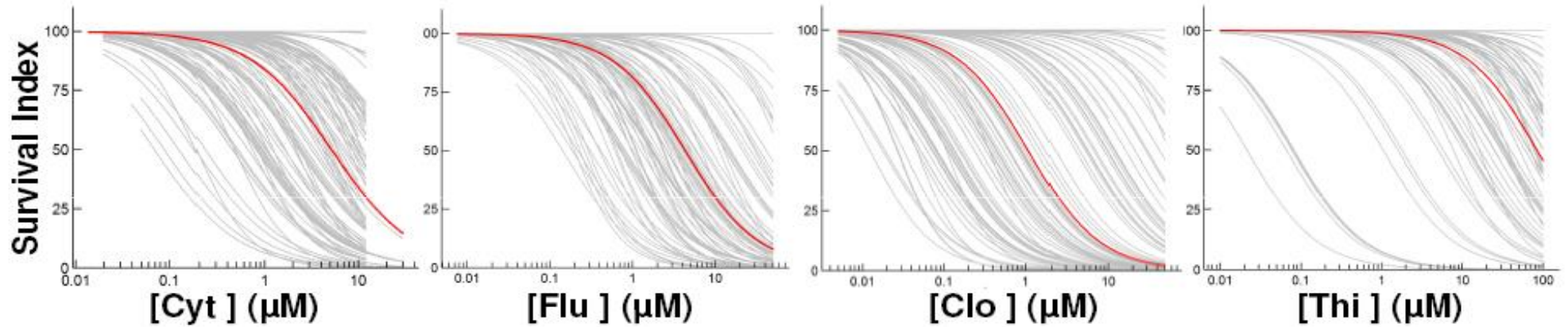
Eight different concentrations of each drug or drug combination is run for the used treatment protocols. The max concentration used is listed

Conversion dose-response analysis to a pharmacologic profile of potential ex-vivo response to each drug





• Anthracyclins + Eto

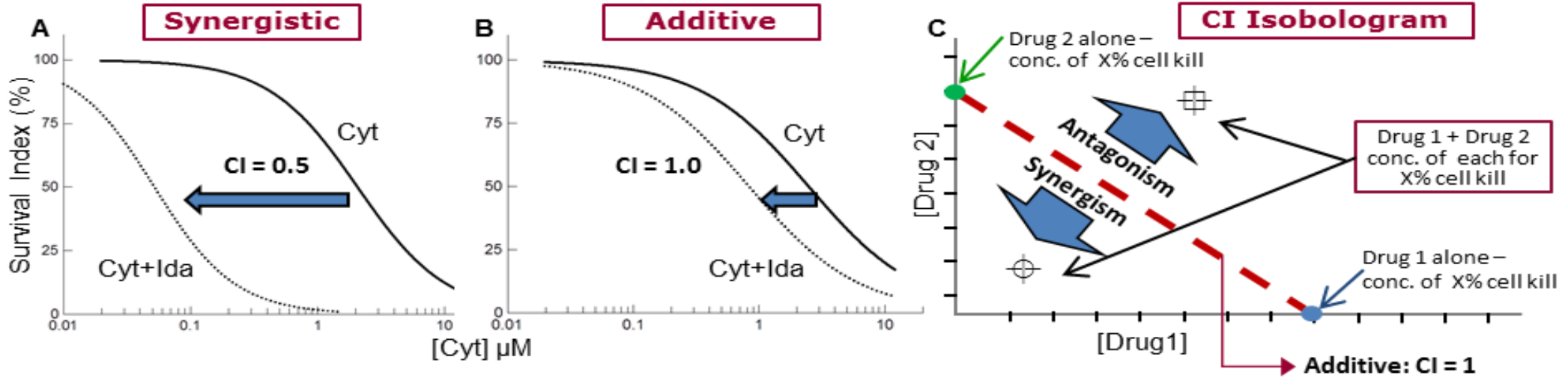


• Nucleosides

Median drug concentrations to kill 50% of blasts ex-vivo

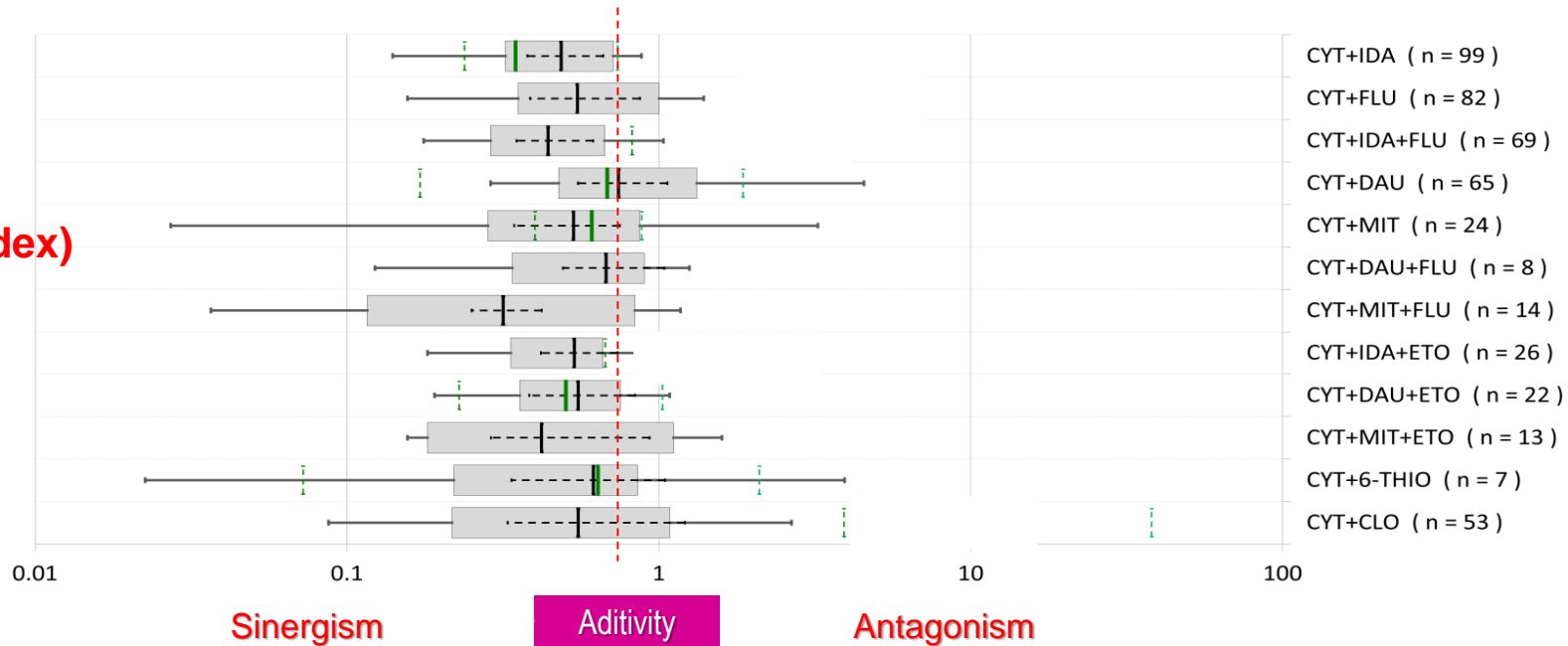
DRUG	N	Median EC50 (μM)
IDARUBICIN	91	0.08
MITOXANTRONE	82	0.24
DAUNORUBICIN	82	0.53
CYTARABINE	91	4.95
FLUDARABINE	92	3.37
CLOFARABINE	93	0.84
6-THIOGUANINE	79	79.32
ETOPOSIDE	83	14.66
PANOBINOSTAT	71	0.04
5-AZACYTIDINE	95	6.70
DECITABINE	83	512.78

Synergism Key Clinical Predictor Combination Index (CI) from Chou & Talalay



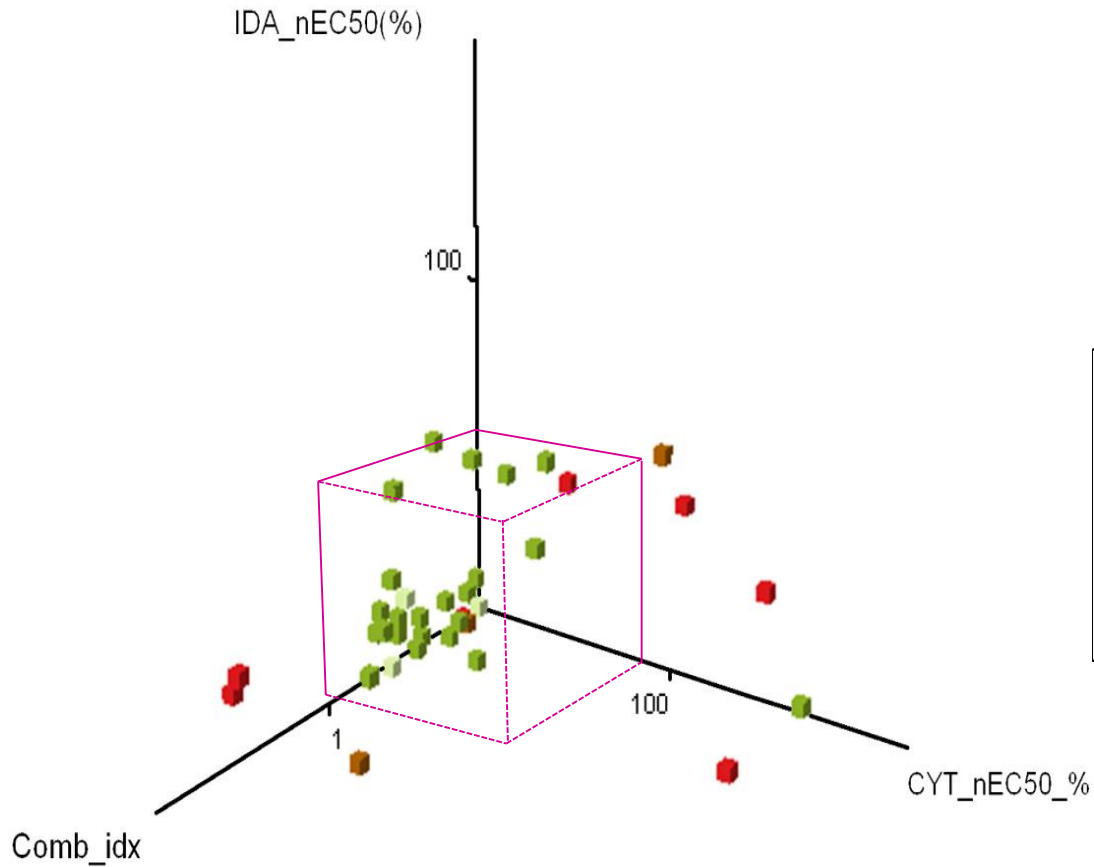
Sinergy (Combination Index)

- <1: Sinergism
- ~1: Aditivity response
- >1: Antagonism



Correlation results CYT-IDA

92% correct prediction



		Clinical outcome			Subtotal
		RESISTANT	SENSITIVE		
Ex vivo response	RESISTANT	8 21.6%	1 2.7%	88.89	9 24.3%
	SENSITIVE	2 5.4%	26 70.3%	92.86	28 75.7%
		Sensitivity %	Specificity %	Prediction rate %	
		80.00	96.30	91.89	
Subtotal		10 27.0%	27 73.0%		N 37 100.0%

Criteria for resistance:

CIT_EC50 > 80% or
IDA_EC50 > 70% or
CI > 1

- Sensitive patients towards zero axis (green)
- Resistant patients far out zero axis (red-yellow)

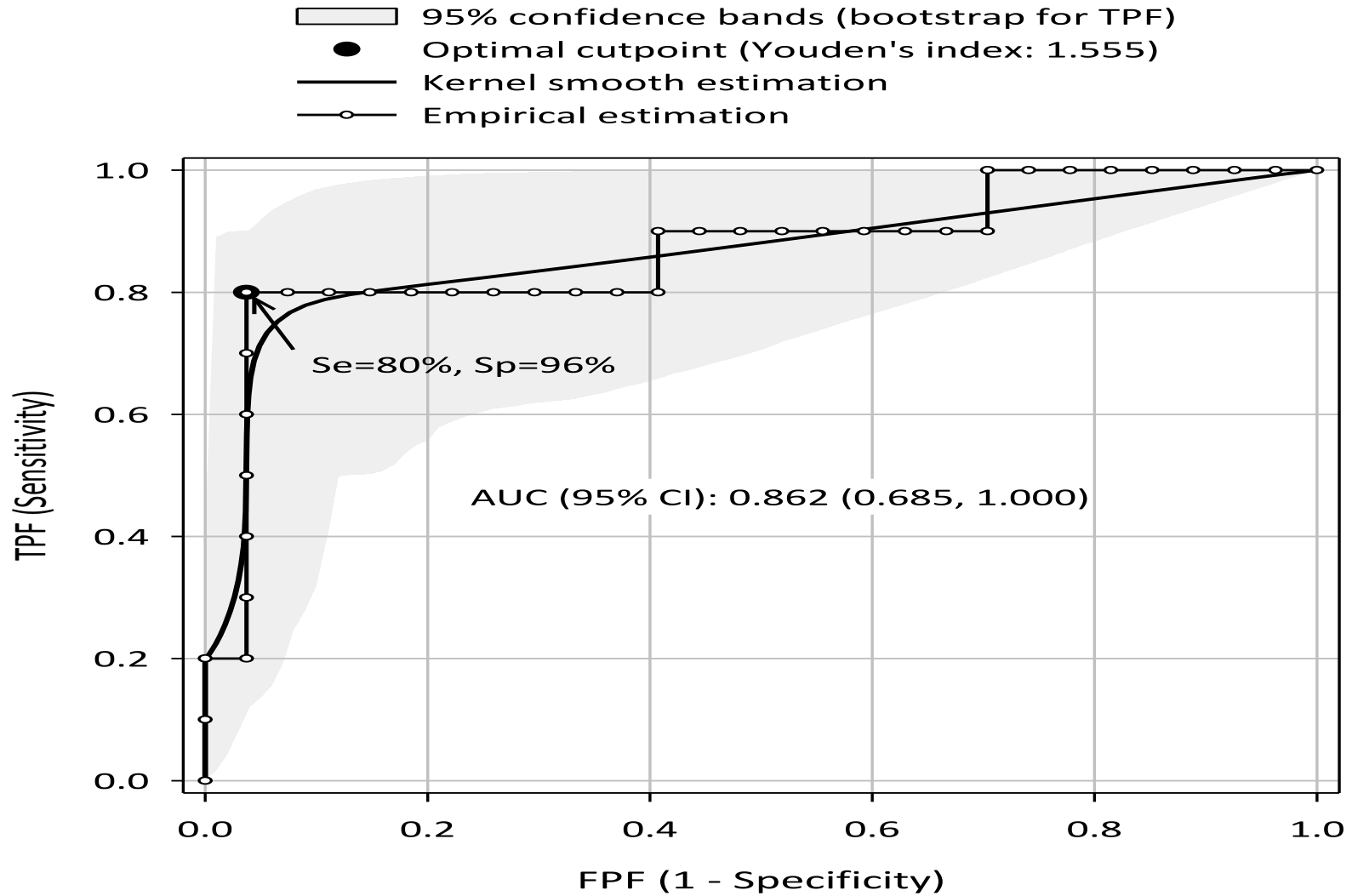
Logistic regression model using pharmacological variables

Run	Model	-2LL	Δ -2LL	p
1	No covariates (base model)	70.782	-	-
2	\sim CI _{80th}	70.388	-0.394	>0.05
3	\sim CI _{Average}	67.068	-3.714	>0.05
4	\sim IC ₅₀ _Idarabine	70.478	-0.304	>0.05
5	\sim IC ₅₀ _cytarabine	65.724	-5.058	<0.05
6	\sim Baseline (E ₀)	68.424	-2.358	>0.05
7	\sim IC ₅₀ _cytarabine + CI _{Average}	61.482	-4.242	<0.05
8	\sim IC ₅₀ _cytarabine + CI _{Average} + IC ₅₀ _Idarabine	61.476	-0.006	>0.05
9	\sim IC ₅₀ _cytarabine ^{θ} + CI _{Average} ^{θ}	54.630	-6.852	<0.01
10	\sim IC ₅₀ _cytarabine + CI _{Average} ^{θ}	54.644	-6.838	<0.01

Selected prognostic variable

$$0.053 \times \text{IC}_{50_cytarabine} + 0.00725 \times \text{CI}_{Average}$$

Logistical regression model: smooth ROC curve showing good prediction rate



Conclusions

- This novel personalized medicine test may be able to predict the clinical response to Ida+Ara-C
- Validation cohort is ongoing
- The test will be applied to other induction regimens frequently used by other European study groups
- Clinical trials demonstrating clinical benefits by using a personalized medicine test-adapted therapy are needed

Thanks for your attention