ASH 2014 Coverage: Myelodysplastic Syndrome (MDS) and Acute Myeloid Leukemia (AML)

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Andrew Schorr:

Hello and welcome to Patient Power. I'm Andrew Schorr. This program is sponsored by the Seattle Cancer Care Alliance. I'm on location at the big American Society of Hematology meeting in San Francisco with Dr. Bart Scott. Welcome back to Patient Power.

Dr. Scott:

Thank you.

Andrew Schorr:

Dr. Scott is the Director of Hematologic Malignancies at the SCCA. Dr. Scott, so you have been presenting research and involved in research related to MDS.

Dr. Scott:

Correct.

Andrew Schorr:

And also we're gonna talk about AML in a minute. Let's talk about MDS. What have you been studying? What could bring hope for patients?

Dr. Scott:

I think the most interesting thing that we've seen in the past three years at ASH is the molecular profiling of MDS. So we're learning more about each individual patient and why they developed MDS. And more importantly, we're starting to target those specific molecular drivers. So there's a lot of literature coming out about azacitidine (Vidaza®) is more effective in patients with two mutations and more effective with DNMT3 mutations. So there [are] a lot of exciting areas in looking at molecular drivers in all malignancies but in particular MDS.

Andrew Schorr:

Okay. So at the SCCA you've been working on I guess what you call personalized oncology, precision oncology, the whole idea is the patient getting the medicine that's right for them.

Dr. Scott:

That's correct.

Andrew Schorr:

On their subtype, in this case of MDS.

Dr. Scott:

Correct.

Andrew Schorr:

Okay.

Dr. Scott:

That's absolutely right.

Andrew Schorr:

Now another condition that you have been studying is AML.

Dr. Scott:

Right.

Andrew Schorr:

AML leukemia. So what about that?

Dr. Scott:

Well, AML and MDS are very similar diseases. The difference is once you get 20 percent blast or greater you're said to have AML. Less than 20 percent you're said to have MDS, and we're learning more about the distinction between the diseases all the time. There are some abstracts being presented at this year's ASH from our center. One of them a combination called decitabine (Dacogen®) followed by mitoxantrone (Novantrone®), etoposide (Toposar®) and cytarabine (DepoCyt®), and the decitabine (DepoCyt) access a priming agent and it sensitizes the leukemia cells to the effect of the other chemotherapy, which is the mitoxantrone, etoposide, and cytarabine, and there [are] very promising results using that combination.

Andrew Schorr:

Okay. So, Dr. Scott, what do you want to say to patients who may be on this MDS AML spectrum as far as giving them hope?

Dr. Scott:

I think that we're learning information all the time. I think that there are a lot of clinical trials that are coming up, new drugs that are always being tested, so I am very hopeful of the future, and I think patients should be as well.

Andrew Schorr:

Okay. And the news has been breaking here. Dr. Scott has been part of it. He, of course, with Fred Hutchinson and the SCCA, University of Washington, is involved in that research. So people should always consider clinical trials, too.

Dr. Scott:

Yes.

Andrew Schorr:

To help move this forward.

Dr. Scott:

I'm a big proponent of clinical trials, and you and I have had these discussions before. Personally, I'm a survivor of cancer, and one of the reasons why I'm still alive today is because previous patients participated in clinical trials that led to discovery of new drugs. So I think it's very important to do that if you're able to.

Andrew Schorr:

Okay. We'll, you heard it from somebody who's benefitted from the trial and I have, too. Dr. Bart Scott, thank you so much for being with us.

Dr. Scott:

You're welcome.

Andrew Schorr:

Okay. On location in San Francisco at the American Society of Hematology meeting, I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.