



ASH 2014 Coverage: The Evolving ABT-199 Story

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Andrew Schorr:

Hello and welcome to Patient Power on location in San Francisco at a big meeting of hematologists from around the world. With me is Dr. Constantine Tam, who is from Melbourne, Australia. Thank you for being with us, Dr. Tam.

Dr. Tam:

Thank you for the invitation.

Andrew Schorr:

Dr. Tam, at your center in Melbourne, you've done a lot of research on what many think is very promising drug for CLL, ABT-199. Maybe you could give us an update on where that stands now and its promise.

Dr. Tam:

Sure. So ABT-199, as you know, has generated a lot of excitement in the last two meetings. At the moment, we have completed the Phase I study, and there is a second Phase I, which combines ABT-199 with rituximab, and we presented an update of that study at this meeting.

Andrew Schorr:

Okay. And could you tell us about that?

Dr. Tam:

Yes. So we know that ABT-199 by itself works really well in patients where other therapies have failed and also in patients with really bad prognostic features like 17p deletion. So we were hoping that it would work even better when we add the antibody rituximab, or Rituxan®, for the U.S. markets into the regiment. So we treated 49 patients with the combination. It's a Phase IB study, so the ABT-199 dose was on an increasing slope, and that study has shown a very high response rate. So we have a response rate of 88 percent...

Andrew Schorr:

Wow.

Dr. Tam:

...in patients where basically everything else has failed. And probably most impressive is the fact that 31 percent, so one in three patients, ended into a complete remission.

Andrew Schorr:

Wow.

Dr. Tam:

And this is a complete remission in the setting of disease that has failed chemotherapy and other treatment in the past.

Andrew Schorr:

Dr. Tam, I would like to ask you about something that I got a little glimmer of with Dr. Seymour a few months ago, and that is he said that there was some thought that maybe down the road—whether with combination therapy or not—some patients with CLL might take ABT and at some point be able to stop therapy. And you know we've seen that, of course in CML leukemia. People take a drug, the illness is knocked down low enough, and they go forward. Any update on that?

Dr. Tam:

Indeed. And that is the other exciting bit of the data. So to stop therapy you have to make sure that the leukemia is truly gone. So sometimes when we can't see leukemia on scans or the microscope we can still find leukemia on the test called flow cytometry, and this is what we call minimal residual disease.

Now, the exciting thing about the ABT plus rituximab combination is that a very large proportion of patients actually have no detectable...

Andrew Schorr:

Wow.

Dr. Tam:

...minimal residual disease. And, in fact, five patients have now stopped drug, because the disease is undetectable. They've elected to stop drugs. Other patients have continued, but five very brave souls have elected to stop drugs. And they have been—three of them have been off-drug for longer than when they were taking the drug, and they're still in remission, with the longest person being about 18 months out and still in remission.

So there's a real hope here that we can give an oral therapy that can eradicate minimal residual disease and allow the patient to come off all treatment altogether and go back to their normal lives.

Andrew Schorr:

Wow. Now, this is all very early, we should tell people, and this is certainly all investigational, but for you, specializing in this field, I think you're pretty upbeat, aren't you?

Dr. Tam:

Oh, well, clearly it's been a new—it's a new age in chronic lymphocytic leukemia. Five years ago, we could not have seen all these highly active and extremely well tolerated oral agents with—you know, we were not even dreaming about having one. Now we've got several.

We've got the new immune strategies with high T cells and even more exciting immune strategies coming up. So we're looking at a world where not only are we looking at controlling leukemia, hopefully without having to go to chemotherapy, we're looking at a world where we can maybe hopefully even cure leukemia without using chemotherapy. So the future is a very interesting time to be treating CLL.

Andrew Schorr:

Well, being a CLL patient, believe me, I'm hanging on every word you say. We should tell everyone that the meeting of doctors from around the world specifically in CLL is called the IWCLL, and it's not too far from you, one hour I guess, in Sydney, Australia, in the fall of 2015. We're planning to be there, so I'll see you again there, okay?

Dr. Tam:

I'll see you there.

Andrew Schorr:

All right. Well, thank you so much for being with us, Dr. Tam. All the best to Dr. Seymour, your colleague in Melbourne and the research you're doing that sounds so exciting. Thank you very much.

Dr. Tam:

Of course. And thank you. And we must give the credit to Professor Andrew Roberts, who was in many ways the driving force behind ABT-199 and who presented the data at this conference.

Andrew Schorr:

Okay.

Dr. Tam:

Thank you for the invitation.

Andrew Schorr:

Yes. Thank you.

Andrew Schorr on location with Dr. Tam in San Francisco. Be sure to be signed up for alerts on our website, so you'll know whenever we post something new. Remember, knowledge can be the best medicine of all.

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