An Expert Review of ASH 2018 CML News

Michael Mauro, MD
Leader, Myeloproliferative Diseases Program
Memorial Sloan Kettering Cancer Center

Lee Swanson:
Welcome to Patient Power. I'm Lee Swanson, and we're at the American Society of Hematology conference in San Diego. Right now I'm joined by Dr. Michael Mauro from Memorial Sloan Kettering in New York.

Chronic myeloid leukemia, CML, a lot of news coming out about that at this conference. What are you excited about?

Dr. Mauro:
Still a lot to be excited about. I think we've come a long way in CML, but we still have questions. We still have answers coming out of ASH. So a couple of things that were highlighted at the meeting, first are we're still evaluating newer treatment options.

Probably one of the most intriguing is combination treatment with TKIs, they are oral drugs for use like nilotinib (Tasigna), with interferon. There was a session that included a few trials combining nilotinib and interferon and looking at molecular response and probably the ability to move quickly towards more streamlined regimens and getting people to a treatment-free remission. So I think interferon has always been a good drug in myeloproliferative disease and still looks viable in CML, and I'm encouraged to see that we're still studying it. So I think with we need more time to follow those studies, but those combinations are still being investigated.

Probably the other thing on the same token is about how do we really characterize these deep remissions, and how can we better characterize who may or may not have success with treatment cessation, and better tools are always a good idea. So we have better techniques in PCR called digital PCR where instead of doing a reaction and trying to get as much information out of it as you possibly can you divide it into many, many reactions and then collate your responses and all the different reactions and it increases your sensitivity, and that may be a better predictor for patients who are beginning into a treatment-free remission stance and are about to stop treatment. What's the status of their digital PCR rather than their standard PCR to predict whether they may or may not relapse?

Lee Swanson:
And PCR, just…

Dr. Mauro:
…yes means polymerase chain reaction. It's the best way we have via blood sample or a bone marrow to measure the CML by evidence of the RNA or DNA that's in the cells causing CML. I'm hoping that PCR is a common buzzword for anybody with CML, those with loved ones with CML, and of course providers, but it's really our workhorse. So exciting news on combinations. Exciting news on I think or at least some intriguing news on monitoring.

And then for the tough cases where we have folks with resistance or intolerance to multiple medications, we still have issue with certain mutations such as T315i. And there's a new drug called asciminib, used to be known by the name ABL-

001, which is from Novartis, and they have been performing a Phase I trial which has been reported already showing that it's a safe drug, then we have a safe dose, and we're moving it forward into other trials.

But at this meeting we're seeing a report on how well does it perform in this T315i mutation setting, which isn't that uncommon and can happen after people have been exposed to multiple drugs. I think it's active and maybe will require higher doses of the drug asciminib, and a little bit more time is needed, but I think it's really encouraging that we now maybe are saying we might have something that is proving to be worthwhile in that setting. Because at the moment we have medications to prove like ponatinib, or Iclusig, but there's still safety concerns there.

So good stories, and I think novel approaches early on, better monitoring and even better things on the back end, if you will, when things get tough and we have certain mutations.

Lee Swanson:
So you touched on people who stopped treatment, in remission. Where are we on that? Can they get back into treatment if they need to, or what happens?

Dr. Mauro:
Sure. So it's pretty well established that the right patient with the right response over a period of time has very good odds of potentially stopping treatment, being monitored and not relapsing. It's not 100 percent. It's more like 50 percent, and it's not every patient, of course, that can get there, but if we follow the rules, which are in the NCCN, the European groups are building their guidelines, but it's pretty encouraging.

We'd like to see a higher number of people be able to get into the kind of remission we think is what we call a functional cure or potential functional cure, and we're really trying to think about what happens if that experiment fails. We have some trials that are opening in the U.S. in the CML consortium, and that group, which I'm part of, is really focused on treatment-free remission and maybe a second treatment-free remission even, so I think a lot of work to be done there too. But that's a nice chapter we're moving into, treatmen-?free remission. That's really where we want to be.

Lee Swanson:
That's a good place to be. Well, thank you for your time. We really appreciate you coming out this afternoon.

Dr. Mauro:
Always a pleasure. Thank you for having me.

Lee Swanson:
Thank you. We're at the American Society of Hematology conference in San Diego. I'm Lee Swanson.