Updates in CML From ASH 2016: Reducing Therapy Safely

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Mary Windishar:
Hello. I'm Mary Windishar, and welcome to ASH 2016 here in San Diego. I am with Dr. Mary Copland. She is with the University of Glasgow, and she is here to discuss decreasing TKI dosage to help manage the side effects for CML patients. We're very glad you're here and joined us today. What do you want CML patients and their caregivers to know about your study?

Dr. Copland:
I think I'd like CML patients and their caregivers to know that for patients that are optimally responding to their treatment there may now be an option for them to reduce their therapy safely. So within our study, we reduced the doses of the tyrosine kinase inhibitors in CML patients to 50 percent of the normal dose, and almost all patients did really well on that dose.

Mary Windishar:
15 percent of the normal dose.

Dr. Copland:
50 percent.

Mary Windishar:
Ah. 50 percent of the normal dose. Okay. And other studies have helped stable MR4 patients. With your work, who gets added to that study—or to that group?

Dr. Copland:
So within our study, we had two groups of patients. We had those patients who were in stable MR4 that the other studies have looked at, but we also took patients that were in major molecular response so still had some level of the detectable leukemia gene, BCR-ABL. And within that group of patients, we were able to show that the majority could also safely reduce the dose to 50 percent.

Mary Windishar:
So are you sure it's safe? How are you detecting whether they're a safe dosage anymore?

Dr. Copland:
So within the patients in the study, we monitored the BCR-ABL level, the leukemia gene, monthly. And if we saw any increase in the gene above 0.1 percent, we restarted full-dose treatment. In our study, 12 patients out of the 174 that were recruited had a BCR-ABL level that went above the 0.1 percent. All those patients responded to reintroduction of full-dose treatment within four months, so we know that it's safe. We had no patients that progressed to a more aggressive form of leukemia, and importantly the patients that were able to stay on the lower dose, they had reduced side effects compared to when they had been on full dose.

Mary Windishar:
So reduced side effects but increased hope. What does it feel like to offer that kind of hope to these patients?

Dr. Copland:
We feel really positive about the study. We now want to look at how we could extend the study potentially to other groups of patients, perhaps looking at reducing the dose of the drug sooner in patients, and we really need to understand if it's safe to do this at an earlier time point and if there are other groups of patients who we might be able to safely stop therapy in or reduce the dose of therapy in.

Mary Windishar:
Well, thank you for your work and thanks for joining us.

And thank you for joining us at ASH 2016.