

For Chronic Myeloid Leukemia Patient Group Advocates

CML Advocates Network, EHA 2020



25th European Hematology Association Congress Highlights from sessions dedicated to Chronic Myeloid Leukemia

From June 11-21 2020, the European Hematology Association (EHA) held its 25th Congress as an interactive virtual edition.

Although it is the first time since 2010 that EHA Congress has not included a Patient Advocacy Track or any specific session on patient advocacy in the programme, many patients and patient organisations joined the virtual meeting thanks to a free access to the online platform provided by EHA.

Once again, the CML Advocates Network participated in this year's congress with the attendance of several CML patient advocates such as Jan Glasziou, Orona Sharf, Toni Montserrat, and Felice Bombard as well as the active involvement of the network's Executive Director Denis Costello and its Programme Manager Celia Marin. Moreover, the network was proud to have been selected to present one abstract and one poster about our TKI for CML patients' study.

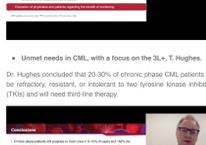
Below you can find a short summary of the chronic myeloid leukemia highlights presented during this year's congress.

Satellite Symposium sponsored by Novartis 11th June 2020

"Expert insights into CML and classical MPNs treatment intervention: the 'When' and the 'How'"

There were two interesting presentations on CML during this session:

- Monitoring to achieve treatment goals in CML, H. Erba. Dr Erba concluded that the education of both physicians and patients regarding the benefit of monitoring could improve the quality of the CML molecular monitoring management.



- Unmet needs in CML, with a focus on the 3L+, T. Hughes. Dr Hughes concluded that 20-30% of chronic phase CML patients will be refractory, resistant, or intolerant to two tyrosine kinase inhibitors (TKIs) and will need third-line therapy.



Best of Theme Session 19th June 2020

"Chronic myeloid neoplasms"

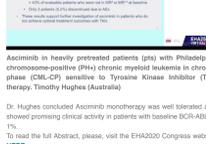
In this session, Drs. A. Almeida and C. Harrison conducted a review of what was presented at EHA25Virtual on chronic myeloid leukemia, showcasing the most relevant and innovative topics such as resistant disease, novel inhibitors, novel approaches to treat CML, including immunotherapy, management and adjustments of TKIs and combination therapies to better treat CML patients.



Oral Abstract Session 19th June 2020

"CML Clinical"

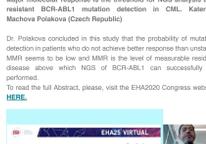
This stimulating session looked at innovation in the field of CML, with the following five Abstracts selected by the European Hematology Association.



Access to heavily pretreated patients (pp) with Philadelphia chromosome-positive (Ph+) chronic myeloid leukemia in chronic phase (CML-CP) sensitive to Tyrosine Kinase Inhibitor (TKI) therapy. Timothy Hughes (Australia)

Dr Hughes concluded Acute-inhibitor monotherapy was well tolerated and showed promising clinical activity in patients with baseline BCR-ABL1s 1%.

To read the full Abstract, please, visit the EHA2020 Congress website [HERE](#).



Major molecular response in the threshold in CML. Kateřina Machová Poláková (Czech Republic)

Dr Poláková concluded in this study that the probability of mutation detection in patients who do not achieve better response than unstable MMR seems to be low and MMR is the level of measurable residual disease above which NGS of BCR-ABL1 can successfully be performed.

To read the full Abstract, please, visit the EHA2020 Congress website [HERE](#).



Interim analysis from the OPTIC trial, a dose-ranging study of 3 starting doses of Ponatinib. Jorge Cortes (United States)

Dr Cortes explained how OPTIC IA demonstrates benefit with ponatinib in at 3 dosing regimens in the resistant chronic phase CML population: the optimal benefit-risk profile for ponatinib was achieved with a response-adjusted dosing regimen starting with 15mg/dose, followed by dose reduction to 15mg/d upon achieving s1% BCR-ABL1.

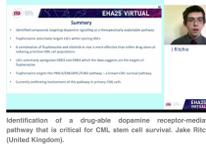
To read the full Abstract, please, visit the EHA2020 Congress website [HERE](#).



Dasatinib plus peg-interferon Alpha 2b combination in newly diagnosed chronic myeloid leukemia: 48-months results of a phase 3 study on behalf of the French group of CML (pFLMG). Lydia Roy (France)

Dr Roy concluded high rates of sustained deep molecular response (DMR) after four years are promising in attempt to increase further rate of TFR.

To read the full Abstract, please, visit the EHA2020 Congress website [HERE](#).



High level of successful TKI discontinuation outside clinical trials - a population-based study from the Swedish CML registry. Hjalmar Flygt (Sweden)

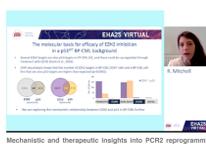
Median nine years from diagnosis, 24% of evaluable patients had stopped TKI treatment in CML, 70% outside clinical trials. Sustained the TFR is still only a reality for a small proportion of patients.

To read the full Abstract, please, visit the EHA2020 Congress website [HERE](#).

Oral Abstract Session 19th June 2020

"Mechanisms and strategies to address TKI resistance and stem cell persistence in CML"

The inspiring session was focused on the results of different studies about the key topics for CML patients' treatment, which are resistance to TKIs and stem cell persistence:



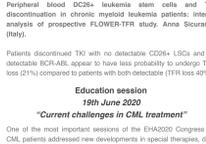
Identification of a drug-stable dopamine receptor-mediated pathway that is critical for CML stem cell survival. Jake Ritchie (United Kingdom)

Identified compounds targeting dopamine signaling at a therapeutically exploitable pathway. A combination of fluphenazine and risperidone in vivo is more effective than either drug alone at reducing chronic CML cell populations.



Model-based inference and classification of immunological control mechanisms from TKI cessation and dose reduction in CML patients. Ingmar Glauche (Germany)

The success of treatment cessation depends on the immunological configuration of CML patients. Dose alterations are informative to predict TFR.



Mechanistic insights into the inhibition of regulatory cells by Dasatinib in CML patients with clonal lymphocytes. Patrick Harrington (United Kingdom)

Findings may predict immunostimulatory effects seen in patients with CD8+ lymphocytosis and improved leukemia-related outcomes.



Peripheral blood CD25+ leukemic stem cells and TKI discontinuation in chronic myeloid leukemia patients: interim analysis of prospective FLOWER-TFR study. Anna Siccuranza (Italy)

Patients discontinued TKI with no detectable CD25+ LSCs and no detectable BCR-ABL1 appear to have less probability to undergo TFR loss (21%) compared to patients with both detectable (TFR loss 40%).

Education session 19th June 2020

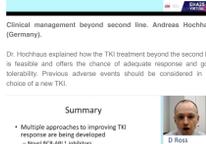
"Current challenges in CML treatment"

One of the most important sessions of the EHA2020 Congress for CML patients addressed new developments in special therapies, drug resistance, and the process of decision making to treat CML patients:



Biology and targeting of CML stem cells. Ravi Bhatia (United States)

Dr Bhatia explained the diverse mechanisms of CML leukemia stem cell resistance with potential redundancy.



Resistance to TKIs and new treatment targets. Simona Severini (Italy)

The power of genome-wide approaches might in the future enable the validation and application of integrated clinical- and genome-based risk stratification systems guiding CML treatment selection.



Which TKI and when?. Jane Apperley (United Kingdom)

Dr Apperley explained the algorithm for the management of CML, including first and second lines of treatments, TKIs generations, stem cell transplant, clinical trials and possible resistance, and waiting.

Hematology in Focus: "Treating resistance in chronic myeloid leukemia"

Through this session, the speakers explored possibilities of CML management beyond the second line of treatment as well as novel drugs and targets.



Novel drugs and targets. David Ross (Australia)

Dr Ross concluded there is still a lot of interest of improving immunological targeting and the greatest need is for those fractions of patients who have a suboptimal response or treatment failure with conventional TKIs.

Patient Advocacy Virtual during EHA 2020 Congress

Due to COVID19, the European Hematology Association modified and adapted its programme to the virtual setting and cancelled the Patient Advocacy Track previously included in the agenda.

Nonetheless, the patient advocacy community actively participated through the presence of many patient advocates and patient organisations. The patients' voice was unified under a specific hashtag on social media which served to increase patient advocate visibility and engage with the hematology community in order to bring to the forefront the patient's perspective on the content.



To find out more information about these results, please visit our website: [TFR results and resources](#).

