PS06 Učinkovitost venetoklaksa u liječenju relapsirajuće i refraktorne akutne mijeloične leukemije

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Ključne riječi: akutna mijeloična leukemija; haploidentična transplantacija; venetoklaks

UVOD: Najčešća leukemija u odraslih je akutna mijeloična leukemija (AML) i poglavito se liječi citarabinom i antraciklinima. Iako je ova kombinacija lijekova učinkovita za većinu pacijenata, neki od njih dožive relaps i zahtijevaju nove strategije. U posljednje vrijeme je venetoklaks, lijek koji blokira B-stanični limfom-2 (Bcl-2) protein i vodi u programiranu staničnu smrt, odobren za liječenje AML-a. U ovom prikazu, prezentiramo pacijenta s relapsom AML-a nakon transplantacije alogenih hematopoetskih matičnih stanica koji je uspješno liječen venetoklaksom.
PRIKAZ SLUČAJA: 68-godišnjem pacijentu je dijagnosticirana AML 2016.godine nakon što je nađena teška trombocitopenija u kompletnoj krvnoj slici. Liječenje je započeto protokolom koji sadržava daunorubicin i postigao je kompletnu remisiju. Sedam mjeseci kasnije, bolest je relapsirala i liječenje je nastavljeno azacitidinom. Nakon što je postignuta kompletna remisija, učinjena je haploidentična transplantacija. Međutim, postotak donorovih stanica u primateljevoj krvi (kimerizam) vremenom se počeo smanjivati i četiri godine kasnije dogodio se novi relaps usprkos infuzijama donorovih limfocita i liječenju azacitidinom. Počeo je uzimati venetoklaks i azacitidin. Nakon prvog ciklusa liječenja, u punktatu koštane srži nisu pronađene zloćudne stanice i ubrzo nakon toga kimerizam je dosegnuo 100% donorovih stanica. Pacijent je sada u kompletnoj remisiji i nastavlja liječenje u smanjenoj dozi.
ZAKLJUČAK: Korištenje novih lijekova kao što je venetoklaks u liječenju AML-a predstavlja potencijalnu terapijsku mogućnost za pacijente s relapsirajućom ili refraktornom bolesti. Venetoklaks kombiniran s hipometilirajućim agensima ima odličan protuleukemijski učinak i može biti korišten kod pacijenata koji su iscrpili druge mogućnosti.

The efficacy of venetoclax in relapsed and treatment-refractory acute myeloid leukemia

Keywords: acute myeloid leukemia; haploidentical transplantation; venetoclax

INTRODUCTION: The most common acute leukemia in adults is acute myeloid leukemia (AML) and it is mainly treated with cytarabine and anthracyclines. Although this combination of drugs is effective for most patients, some of them experience relapse and require new strategies. Recently venetoclax, a drug that blocks B-cell lymphoma-2 (Bcl-2) protein and leads to programmed cell death, was approved for use in the treatment of AML. Here we present a patient with relapsed AML after allogeneic hematopoietic stem cell transplantation (HSCT) who was successfully treated with venetoclax.
CASE REPORT: A 68-year-old male patient was diagnosed with AML in 2016 after a complete blood count revealed severe thrombocytopenia. His treatment was initiated with a daunorubicin-containing protocol and he achieved complete remission. Seven months later, the patient's disease relapsed and treatment was continued with azacitidine. After reaching complete remission, haploidentical transplantation was done. However, the percentage of donor cells in the recipient's blood (chimerism) started decreasing over time and four years later another relapse happened despite donor lymphocyte infusions and azacitidine treatment. He was started on venetoclax and azacitidine. After the first cycle of treatment, no leukemia cells were found in bone marrow aspiration and soon thereafter, chimerism reached 100% donor cells. The patient is now in complete remission, continuing treatment with reduced doses.
CONCLUSION: The use of new drugs such as venetoclax in the treatment of AML represents a potential treatment option for patients with relapsed or refractory disease. Venetoclax combined with hypomethylating agents has a great anti-leukemic effect and can be used in patients with no other treatment options.