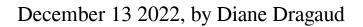
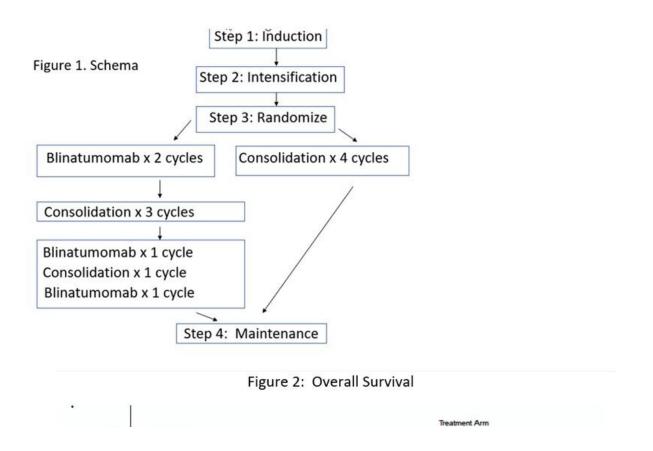


## **Trial demonstrates acute lymphoblastic leukemia treatment advance**





Credit: LBA-1 Consolidation Therapy with Blinatumomab Improves Overall Survival in Newly Diagnosed Adult Patients with B-Lineage Acute Lymphoblastic Leukemia in Measurable Residual Disease Negative Remission: Results from the ECOG-ACRIN E1910 Randomized Phase III National Cooperative Clinical Trials Network Trial (2022).



Late-breaking research reveals a major treatment advance for adults with newly diagnosed B lineage acute lymphoblastic leukemia (ALL). The randomized phase 3 study E1910 evaluated blinatumomab immunotherapy in patients with a good prognosis after an initial round of chemotherapy. After about 3.5 years of follow-up, 83% of the patients who went on to receive additional standard consolidation chemotherapy plus experimental blinatumomab were alive versus 65% of those who received chemotherapy only.

Lead researcher Mark R. Litzow, MD, presented the results of Abstract LBA-1 at the 64th American Society of Hematology (ASH) Annual Meeting and Exposition on Tuesday, December 13, 2022, at 9:00 AM Central Time. LBA-1 was the first of only six late-breaking abstracts at this meeting and was part of the official press program on Monday, December 12, at 8:30 AM CT.

"The addition of blinatumomab to consolidation chemotherapy represents a new standard of care for patients with newly diagnosed B lineage <u>acute lymphoblastic leukemia</u>, who are in <u>remission</u> and have no measurable residual disease after induction chemotherapy," said Dr. Litzow, a Professor of Medicine at the Mayo Clinic in Rochester, Minnesota.

Current treatments for newly-diagnosed ALL frequently lead to remission. Still, unfortunately, <u>relapses</u> often occur in patients, leading to poor survival rates even in those with no measurable residual disease (MRD) after induction chemotherapy. An MRD test looks for any <u>cancer cells</u> that were not killed by cancer treatments.

The goal of the E1910 trial was to further improve overall survival in patients with a better prognosis, defined as in complete remission and MRD negative (



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