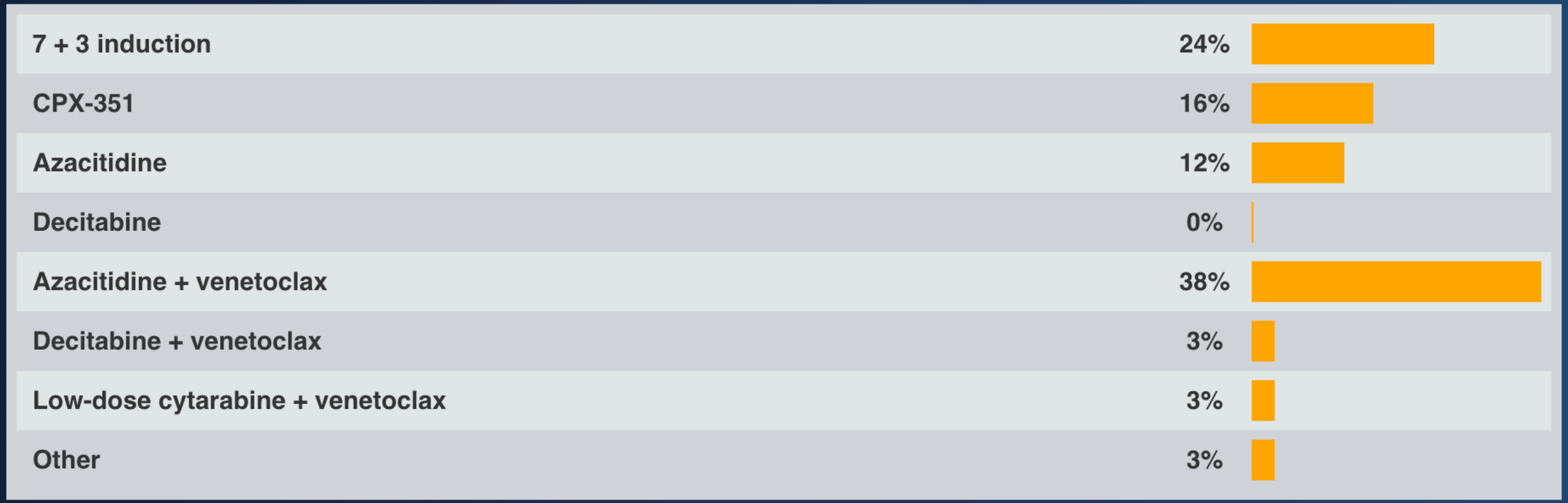
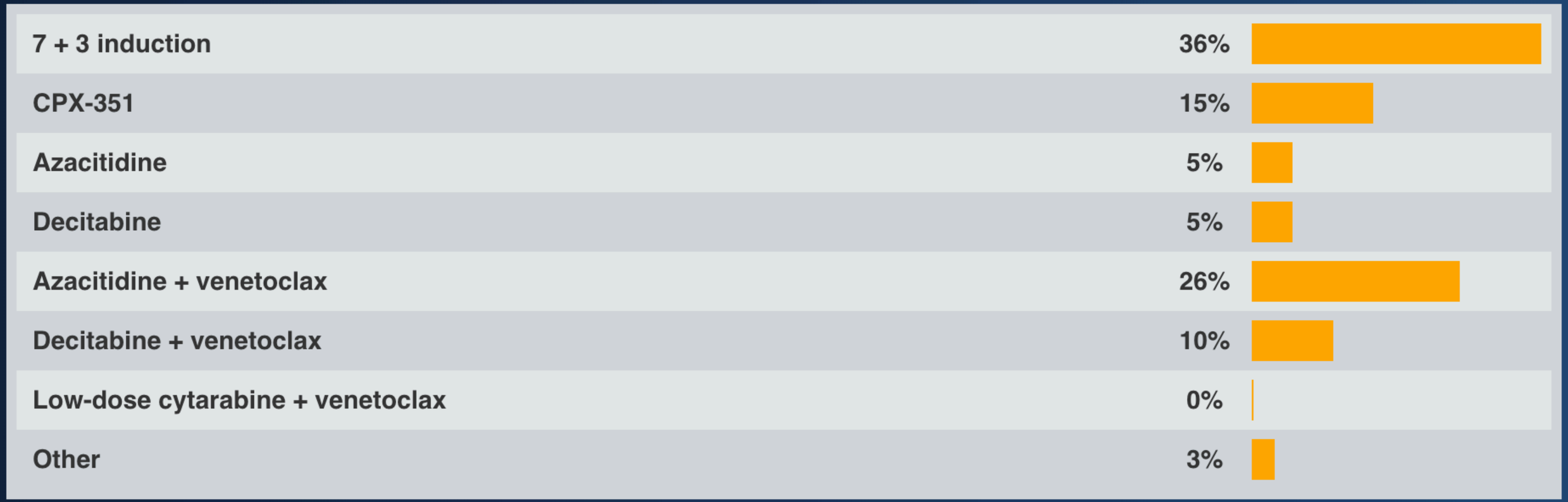
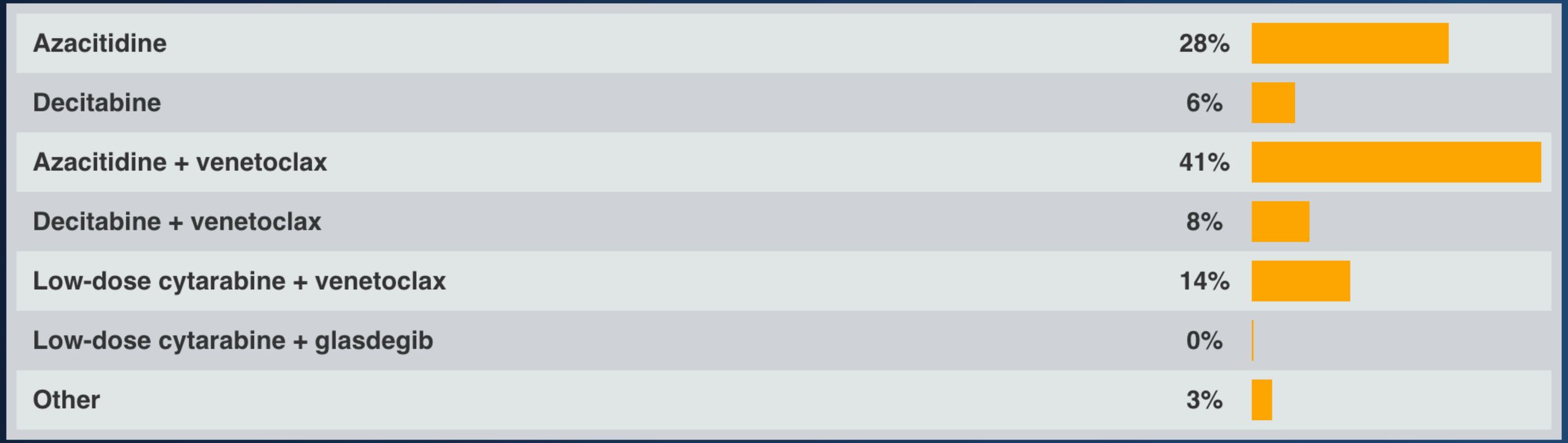
What initial treatment would you recommend for a 68-year-old woman with acute myeloid leukemia (AML) with a performance status (PS) of 2 and a history of hypertension, coronary artery disease, anemia for 2 years with unclear etiology and diabetes mellitus, assuming organ function is normal?



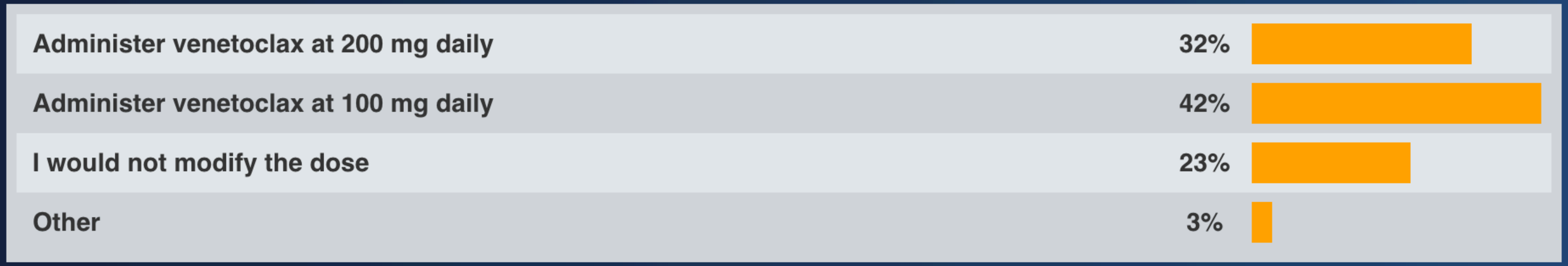
What initial treatment would you recommend for a 65-year-old man with AML with a PS of 1 and pancytopenia, 35% marrow myeloblasts, a complex karyotype and a TP53 mutation?



What initial treatment would you generally recommend for an 80-year-old woman with AML with intermediate-risk cytogenetics?

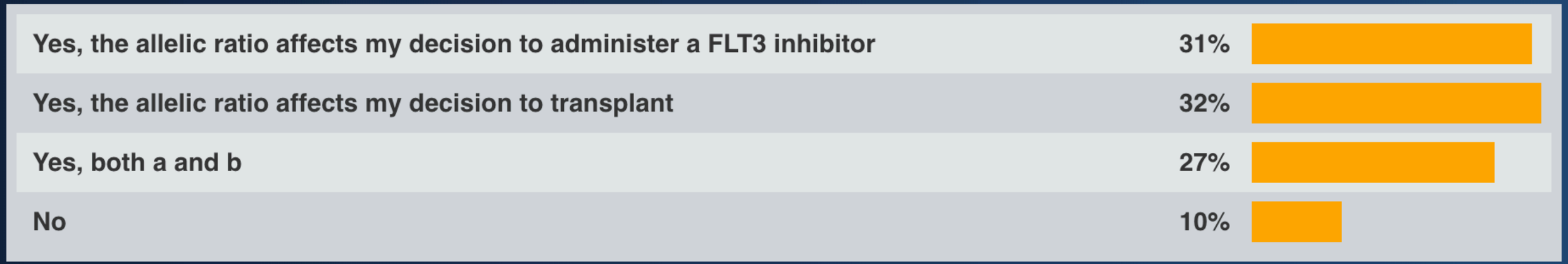


How, if at all, would you modify your approach to venetoclax dosing for a patient who is receiving fluconazole?



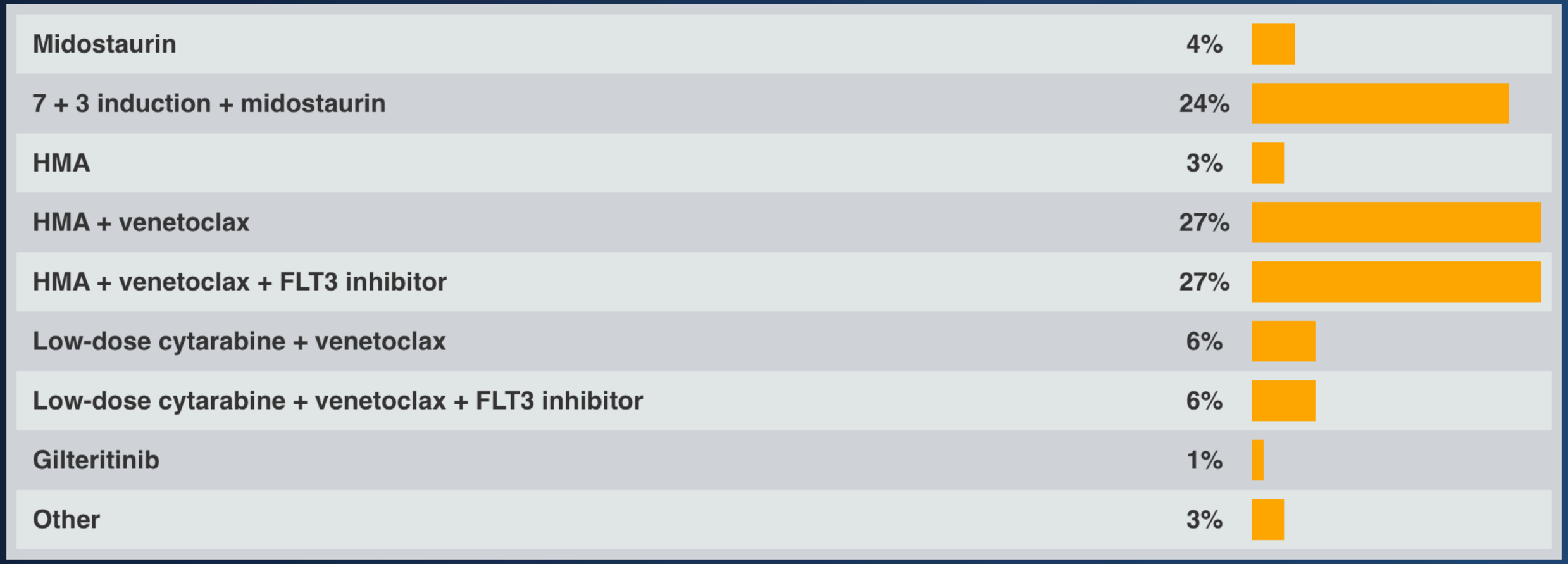
All patients with AML who are receiving venetoclax in combination with an HMA should be admitted to the hospital regardless of disease burden or performance status.

A 32-year-old man is diagnosed with AML after evaluation at an urgent care for respiratory symptoms and petechiae. WBC is 55K with circulating blasts. Bone marrow demonstrates 80% CD33+ blasts with NPM1 and FLT3-ITD mutation. Does the FLT3-ITD allelic ratio affect your treatment decisions?

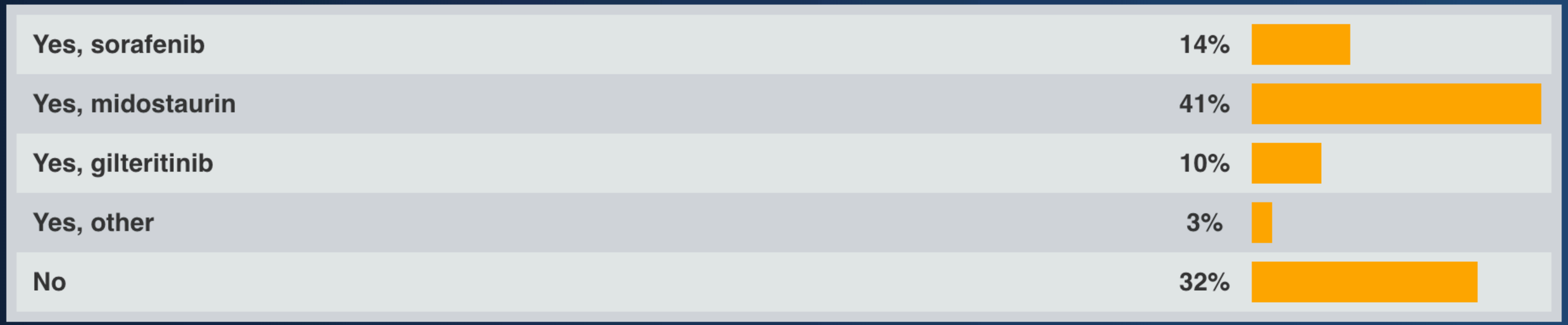


A 32-year-old man is diagnosed with AML after evaluation at an urgent care for respiratory symptoms and petechiae. WBC is 55K with circulating blasts. Bone marrow demonstrates 80% CD33+ blasts with NPM1 and FLT3-ITD mutation with an allelic ratio of 0.2. What treatment would you recommend?

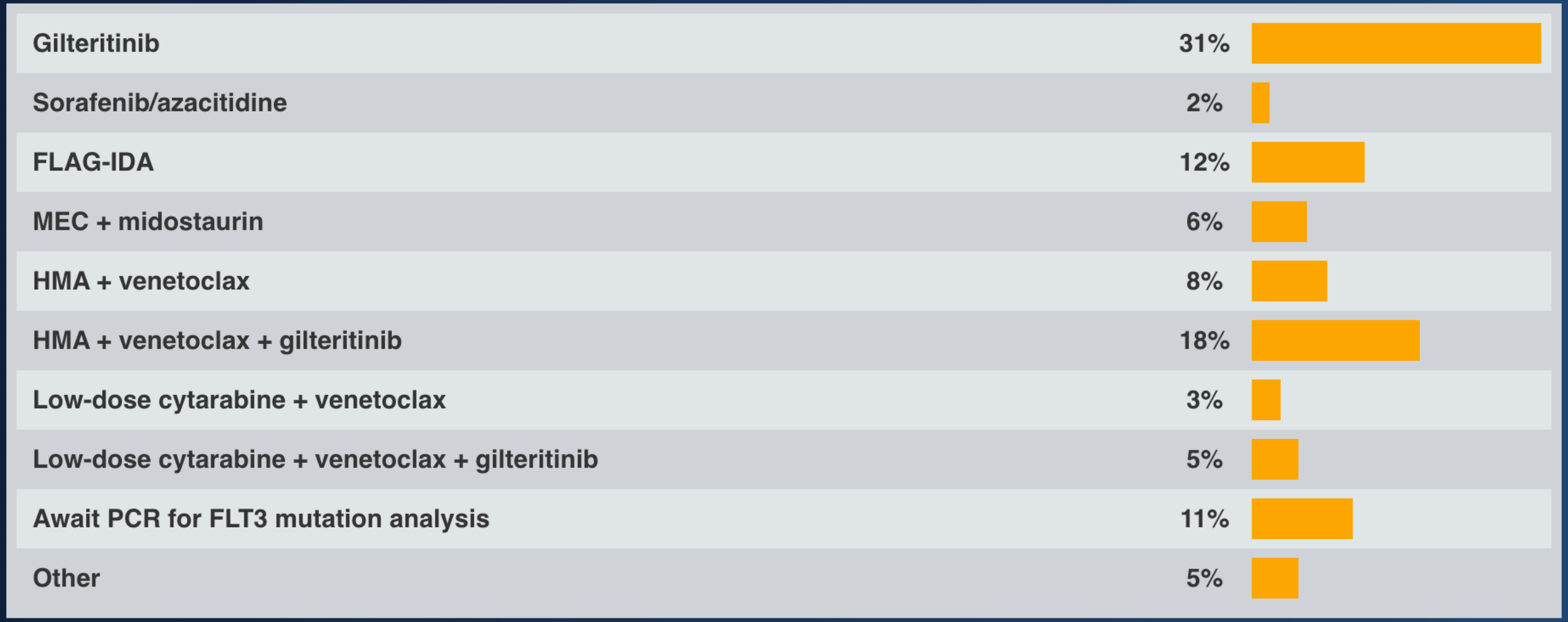
A 76-year-old otherwise healthy woman presents with mildly symptomatic AML with normal karyotype, WBC = 20K with 50% blasts, HCT = 28 and PLT = 42. A FLT3-ITD mutation is detected by PCR with an allelic burden of 0.07. What initial therapy would you recommend?



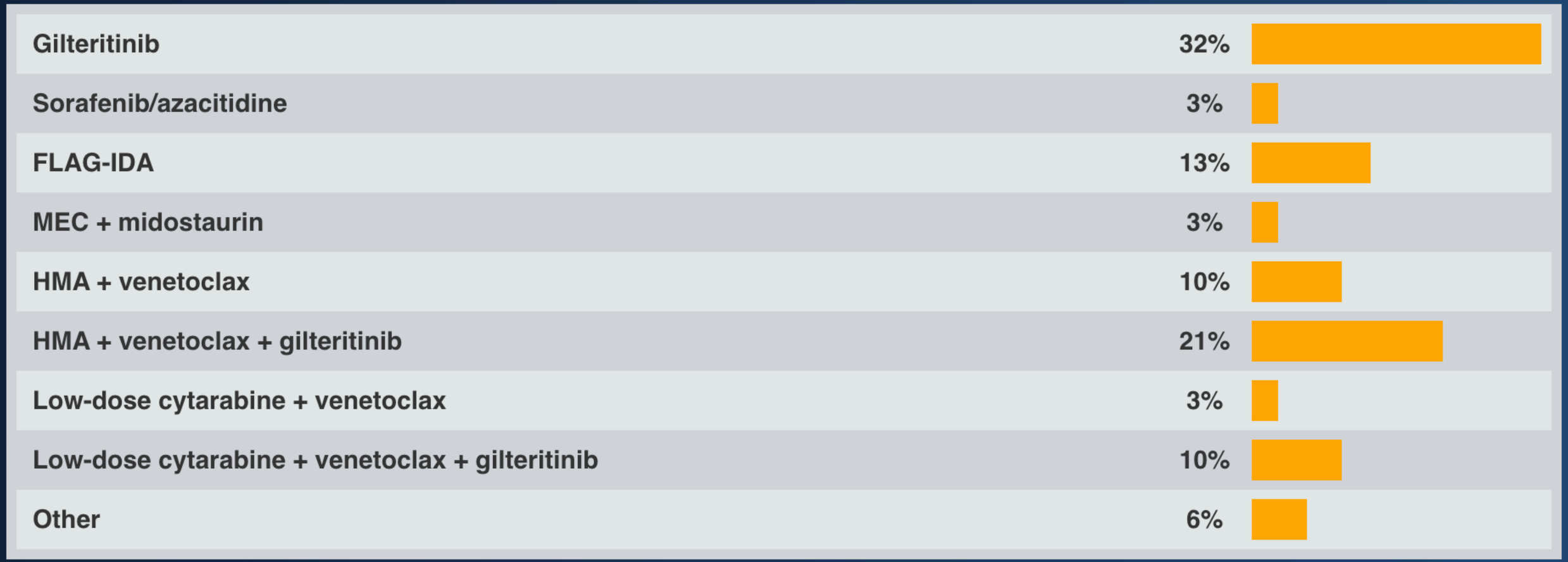
In your patients with AML with a FLT3-ITD mutation who proceed to transplant, do you generally administer maintenance therapy with a FLT3 inhibitor?



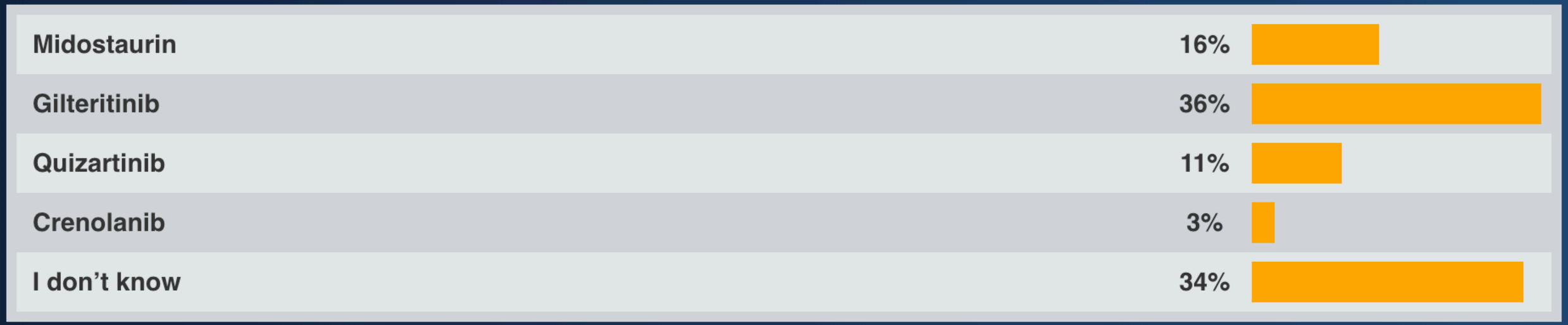
A 62-year-old otherwise healthy man with AML with a FLT3 mutation receives 7 + 3 induction and midostaurin, achieves remission and receives consolidation with 3 cycles of modified high-dose cytarabine and midostaurin. Four months after completion of therapy, he experiences disease progression. What would you recommend?



A 66-year-old otherwise healthy man with AML with a FLT3 mutation receives 7 + 3 induction and midostaurin, achieves remission and receives consolidation with 3 cycles of modified high-dose cytarabine and midostaurin. Four months after completion of therapy, he experiences disease progression and a FLT3-ITD mutation (allelic burden of 0.4) is found. What would you recommend?



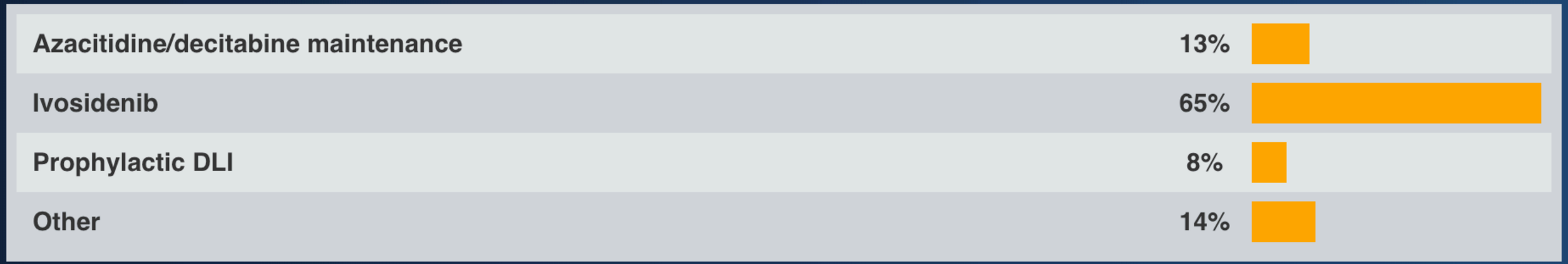
Which of the following FLT3 inhibitors has demonstrated the highest level of potency in vivo in AML studies to date?



What initial treatment would you recommend for a 77-year-old woman with AML with an IDH1 mutation?

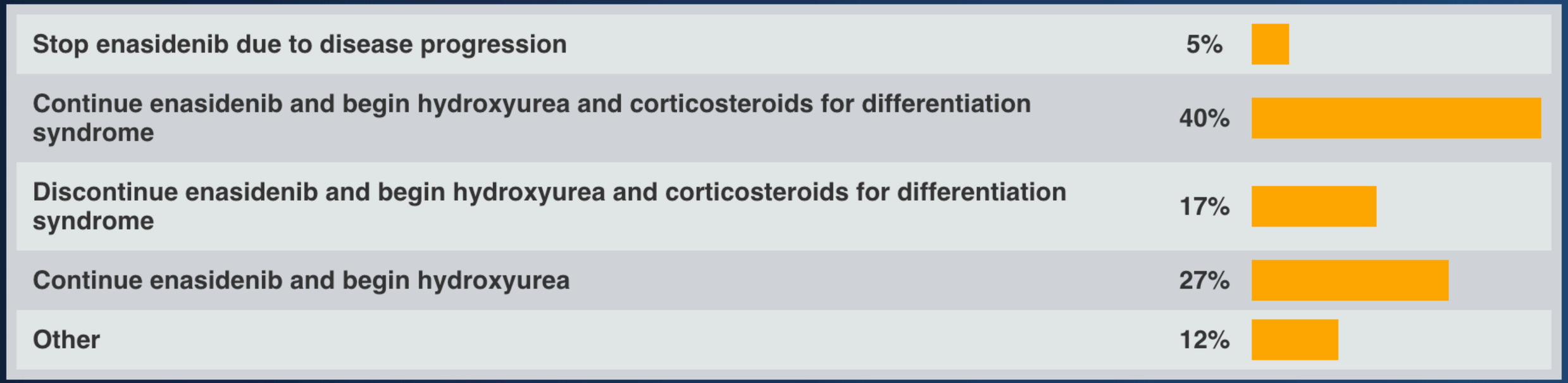
A 58-year-old patient with post-polycythemia vera myelofibrosis presents for management of AML and is found to have acquired an IDH1 mutation at the time of transformation. What would you recommend?

A 48-year-old patient with relapsed AML and an IDH1 mutation achieves a complete remission to ivosidenib and proceeds to allogeneic transplant. Upon engraftment, which of the following would you recommend to maintain remission?



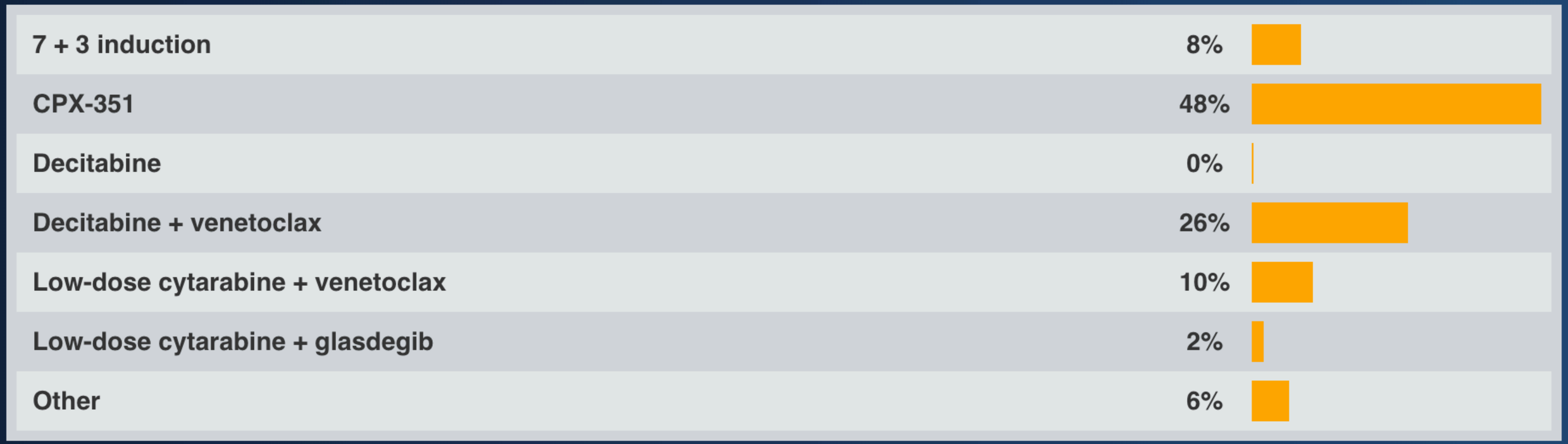
A 64-year-old patient presents with new-onset shortness of breath, hypoxemia and fever 3 weeks into therapy with ivosidenib for relapsed AML. Chest CT reveals diffuse ground glass infiltrates. The patient has an ANC of 600, 27% blasts in the blood and has been receiving prophylaxis with levofloxacin and acyclovir only. What would you recommend?

A 65-year-old man with relapsed/refractory AML and an IDH2 R140 mutation presents with a WBC of 25K and 80% blasts and is started on enasidenib. After 3 weeks, his WBC has risen to 50K and the patient still has 80% blasts. He is clinically stable otherwise. What would you recommend?

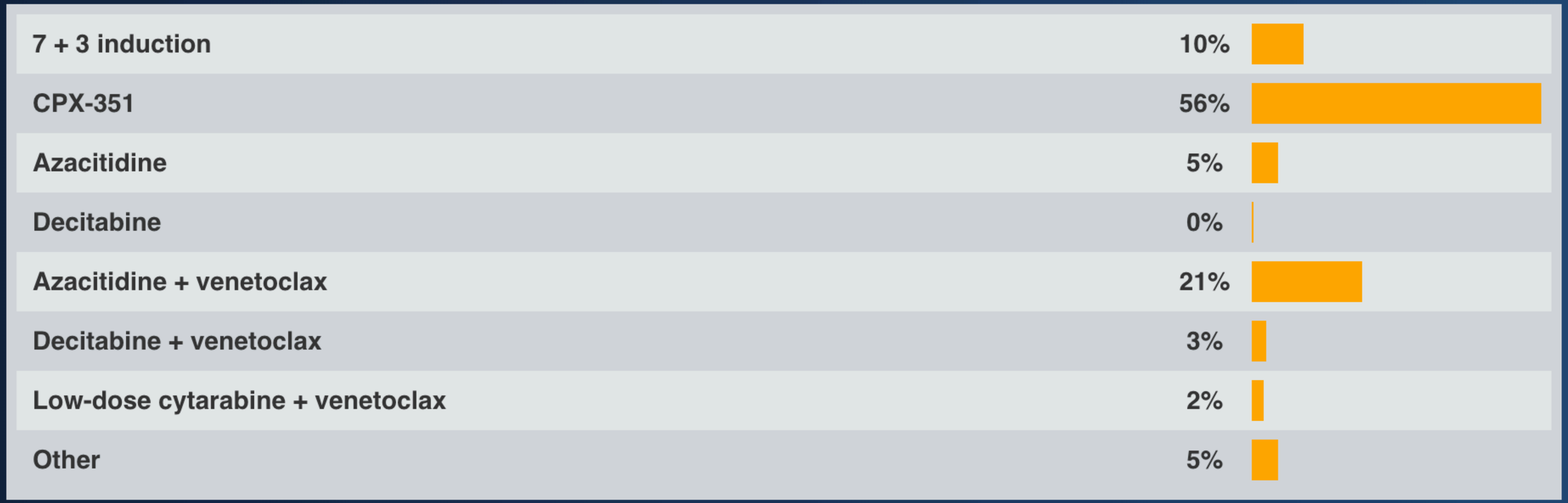


Based on the ASH 2019 abstract for the randomized Phase III QUAZAR AML-001 trial evaluating CC-486 (oral azacitidine) as maintenance therapy for patients with AML in first remission after induction chemotherapy, if you had access to this agent would you use it in this setting?

A 69-year-old woman with a history of myelodysplastic syndrome (MDS) treated with azacitidine for 10 months presents 1 year later with AML with 35% marrow blasts, trisomy 8 and ASXL1, NRAS and U2AF1 mutations (VAFs 45, 20 and 45, respectively). What would you recommend?



What initial treatment would you recommend for a 68-year-old woman with a history of breast cancer, for which she received adjuvant chemotherapy, who now presents with bone marrow findings consistent with therapy-related AML with MDS-related changes, del(20q) cytogenetics and a PS of 1?



In general, how do you or would you administer CPX-351 to medically stable patients with AML?

For which patients with AML do you routinely administer gemtuzumab ozogamicin?