



GIORNATE EMATOLOGICHE VICENTINE

XI edizione

9-10 Ottobre 2025

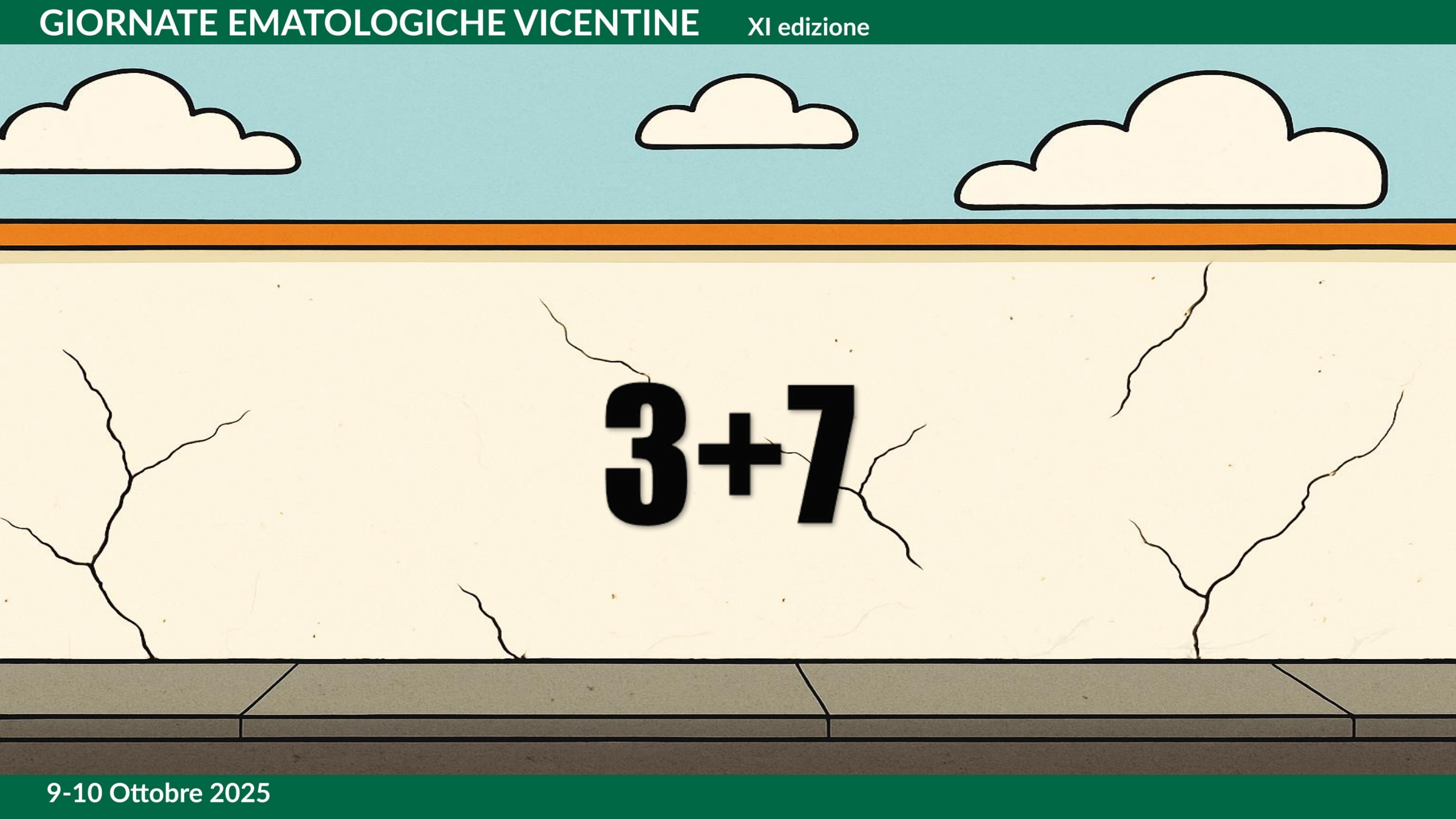
Palazzo Bonin Longare - Vicenza

**L'induzione nella AML: quando preferisco l'inibitore di
BCL2 alla chemioterapia standard**

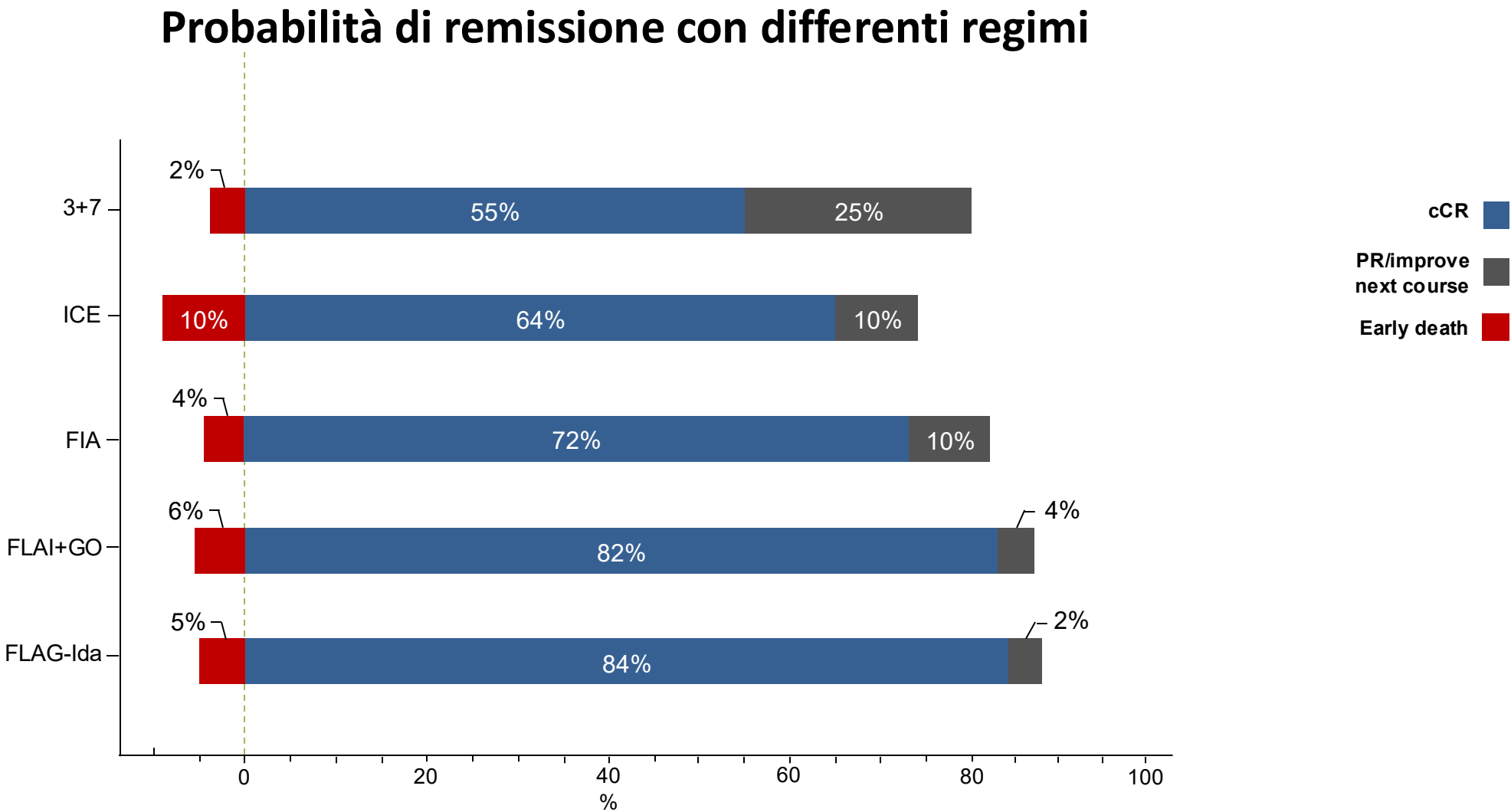
Giovanni Marconi – UO Ematologia, UniBO, Ospedale S. Maria delle Croci, Ravenna

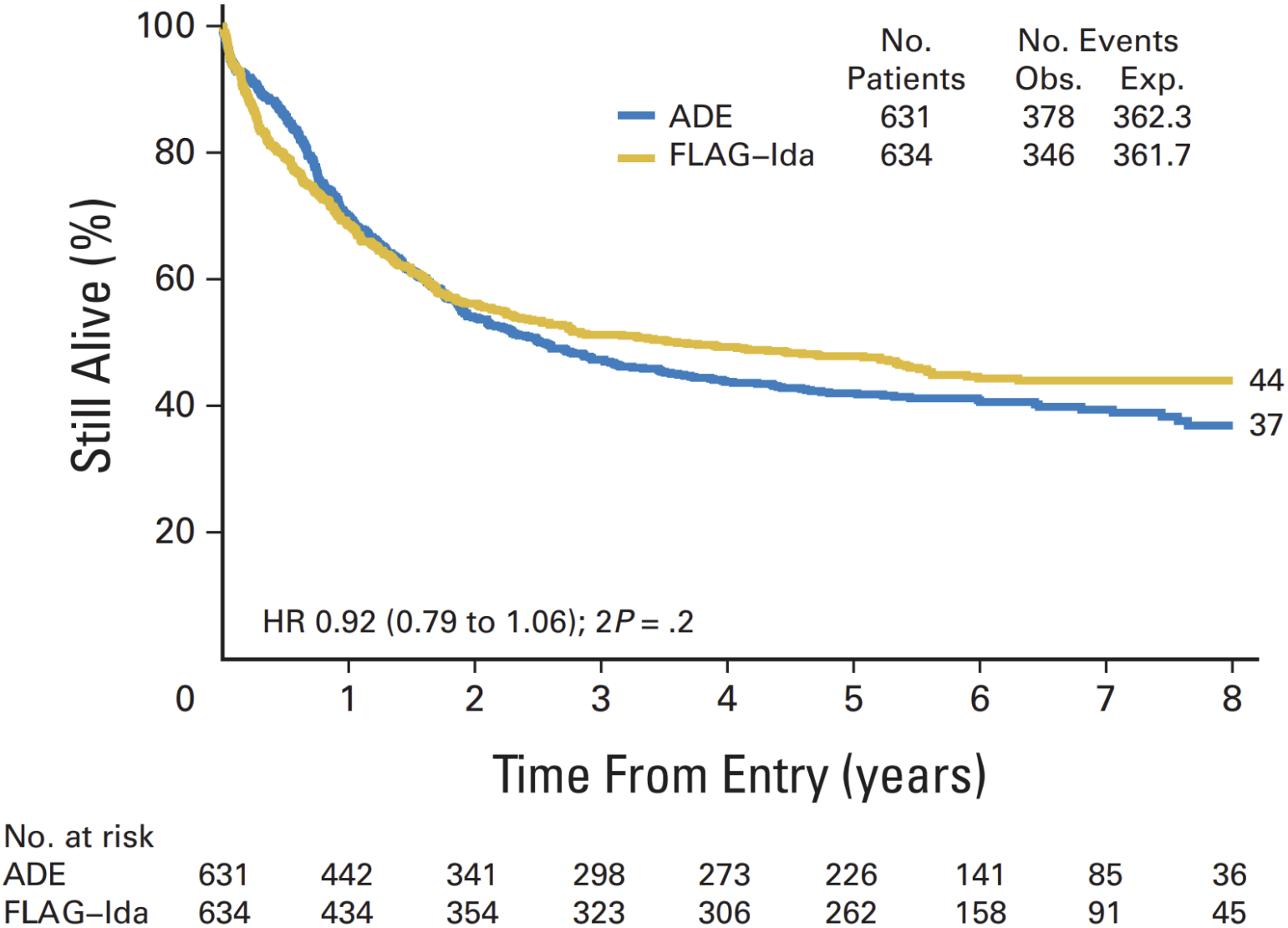
Disclosures

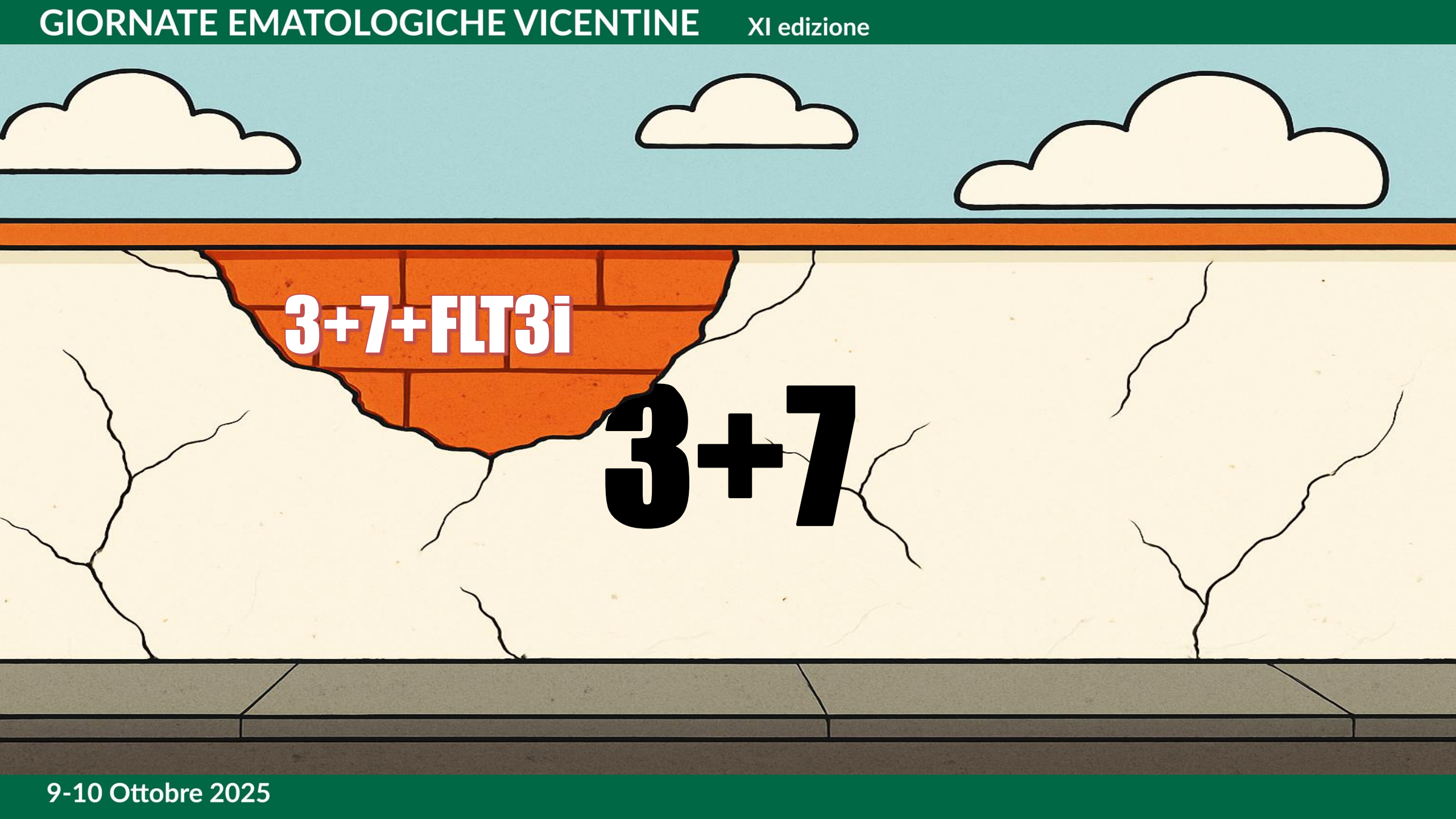
	Consultant	Speaker bureau	Research support
Abbvie	x	x	x
Astellas	x	x	x
Astrazeneca		x	x
Daiichi Sankyo			x
Enable lifescience	x		
Flow-view	x		
Immunogen	x		
Jansenn		x	
Jazz	x	x	
Menarini/Stemline	x	x	
Pfizer	x	x	x
Ryvu	x		
Servier	x	x	
Syros	x	x	x
Takeda		x	
UKNEQUAS		x	

The background is a stylized illustration. At the top, there is a light blue sky with three white, fluffy clouds. Below the sky is a thin orange horizontal band. The main part of the image is a light beige wall with several black cracks. In the center of the wall, the text '3+7' is written in a large, bold, black font. At the bottom of the wall is a dark grey base with some vertical lines.

3+7

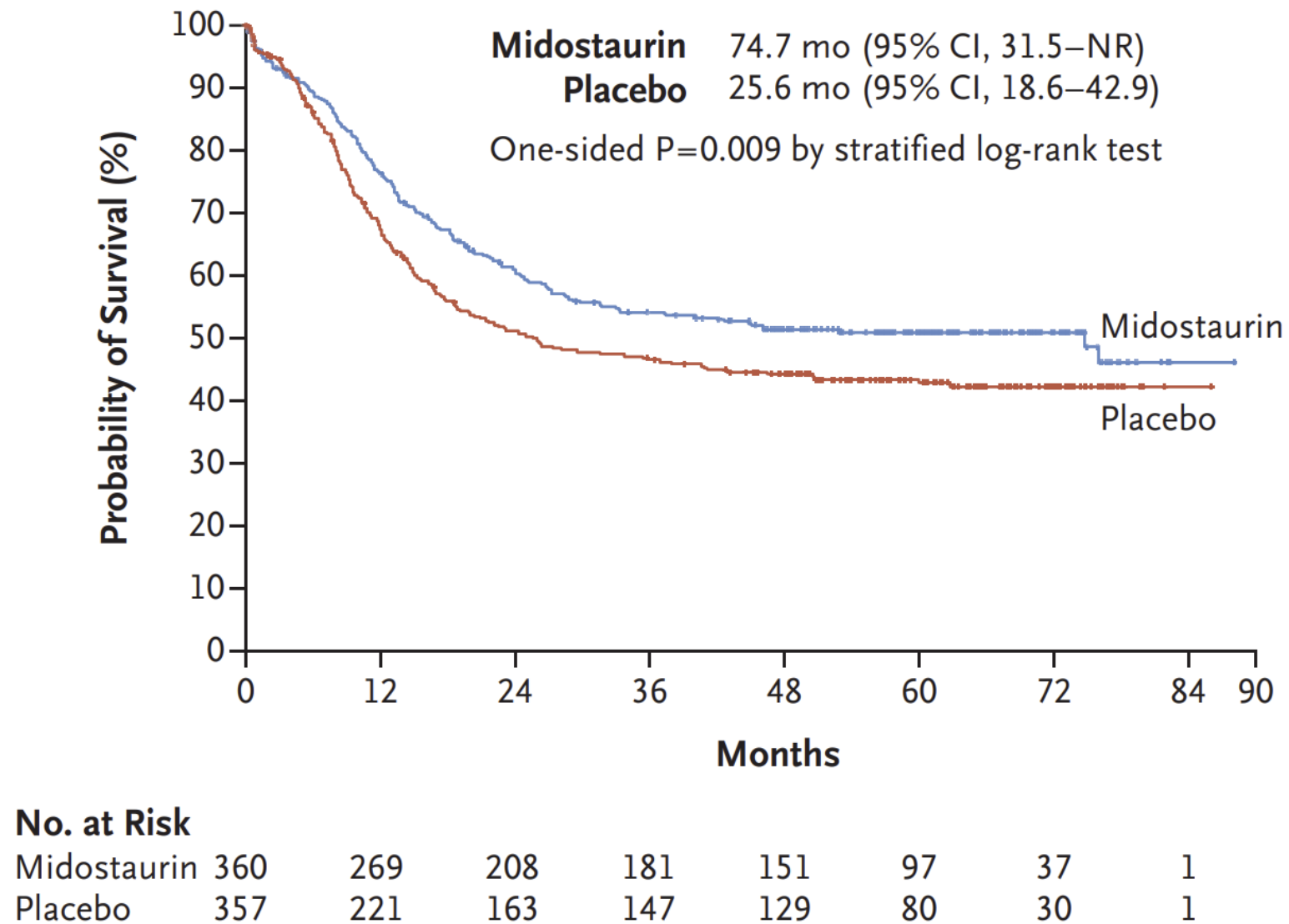


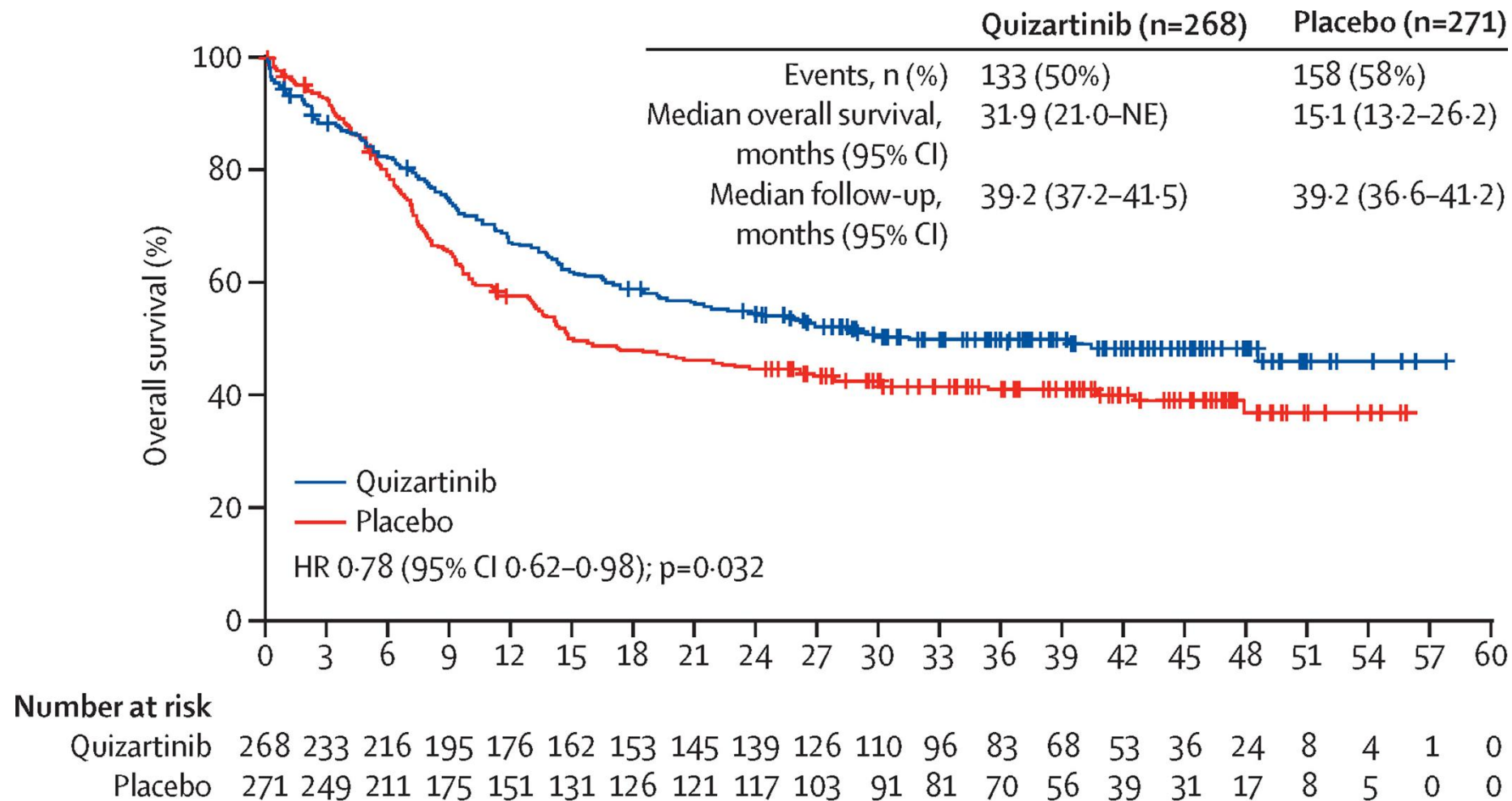


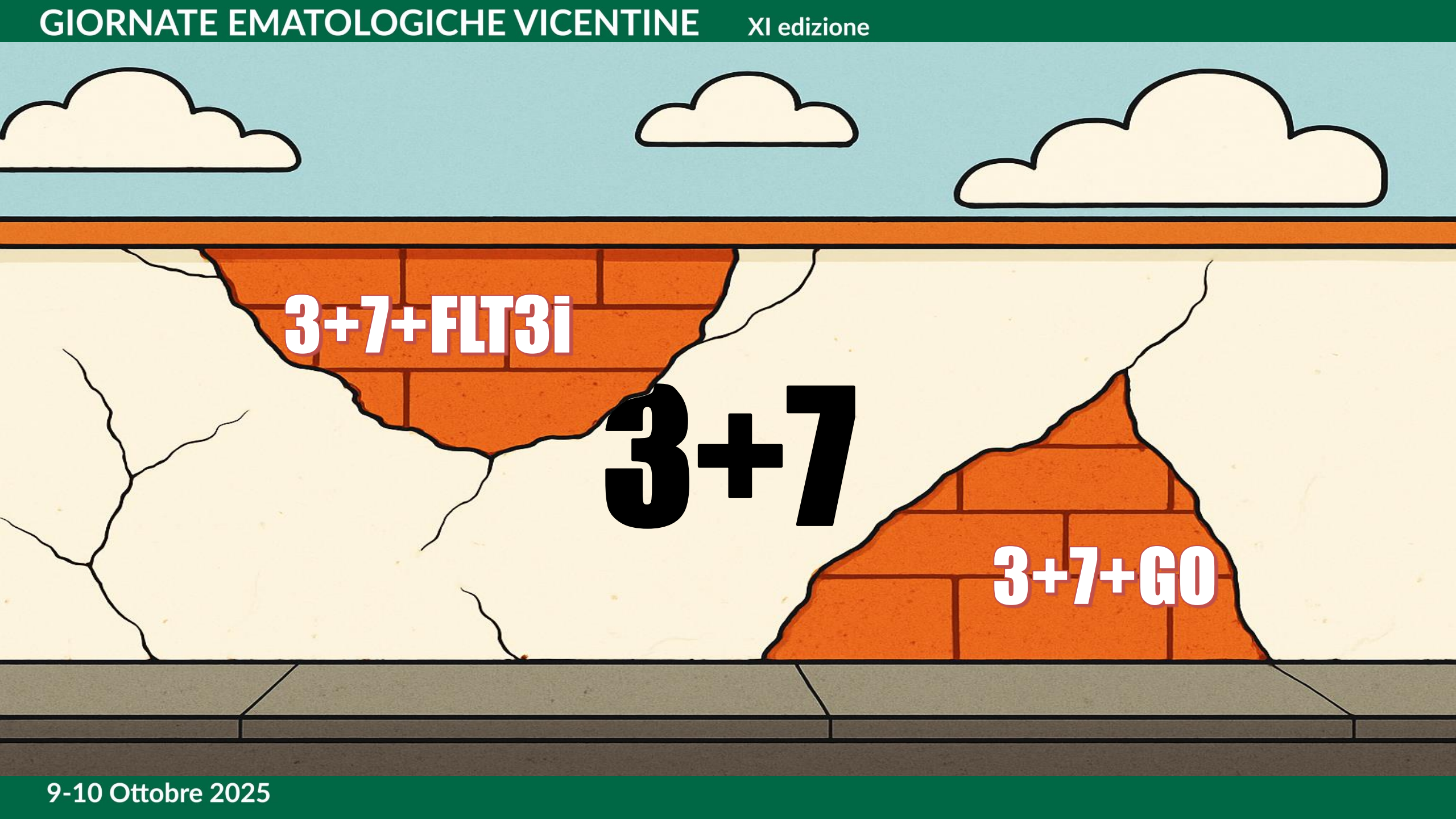


3+7+FLT3i

3+7



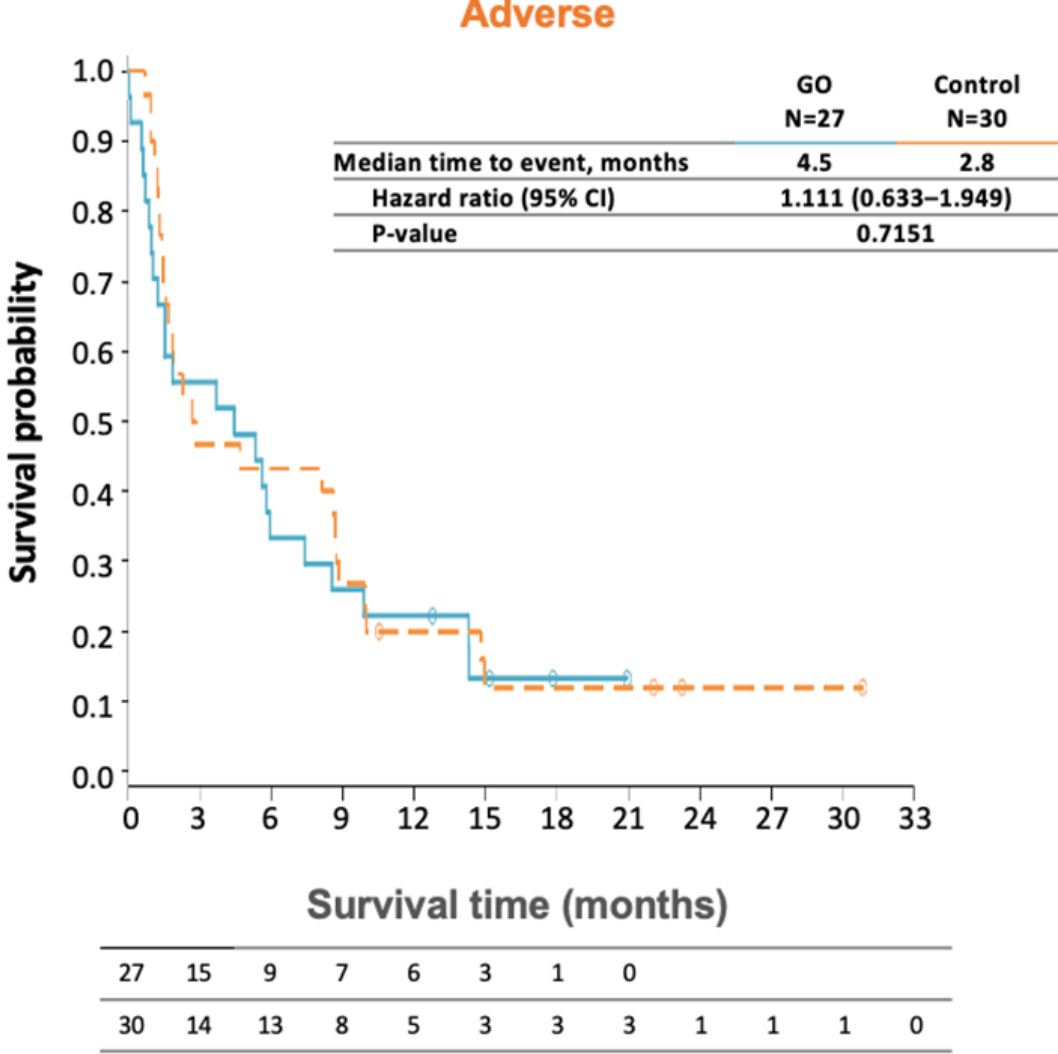
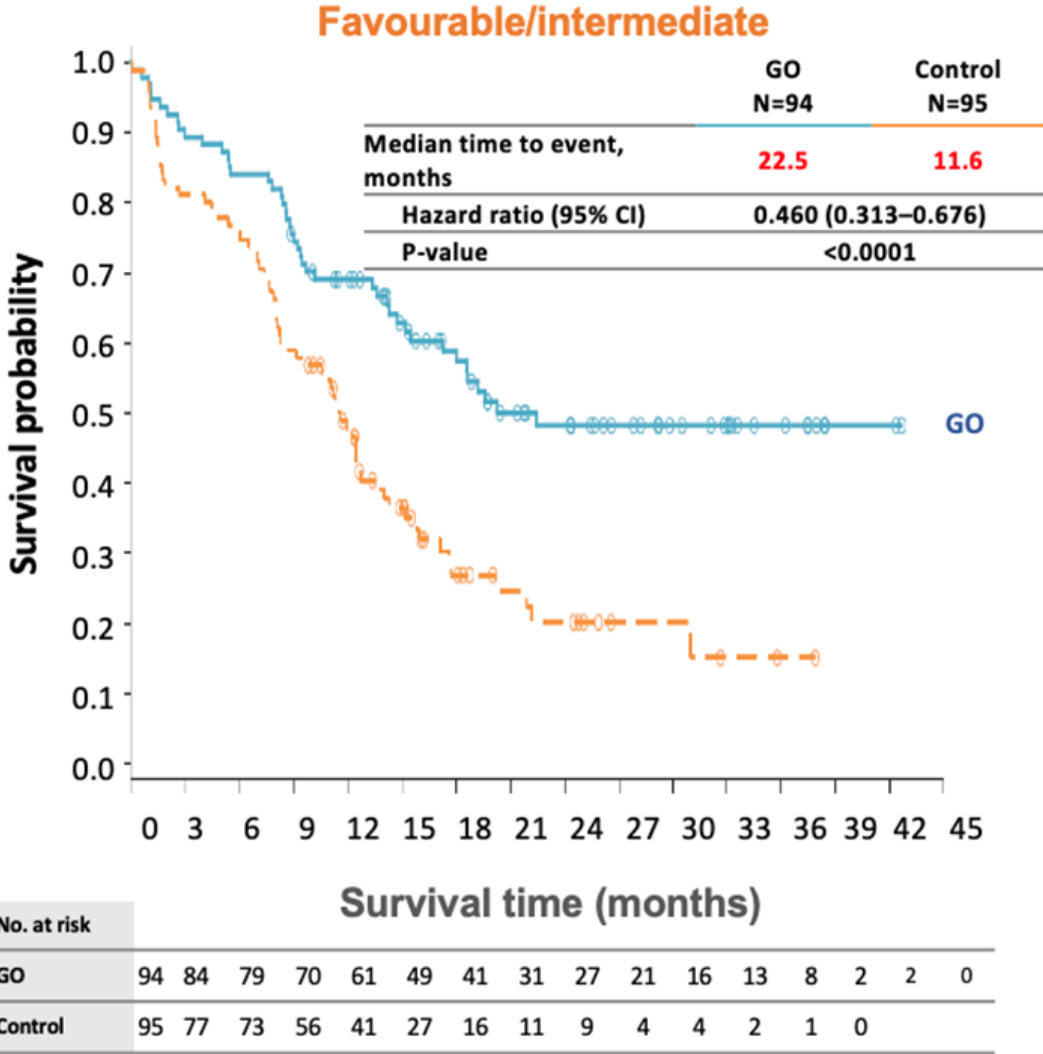




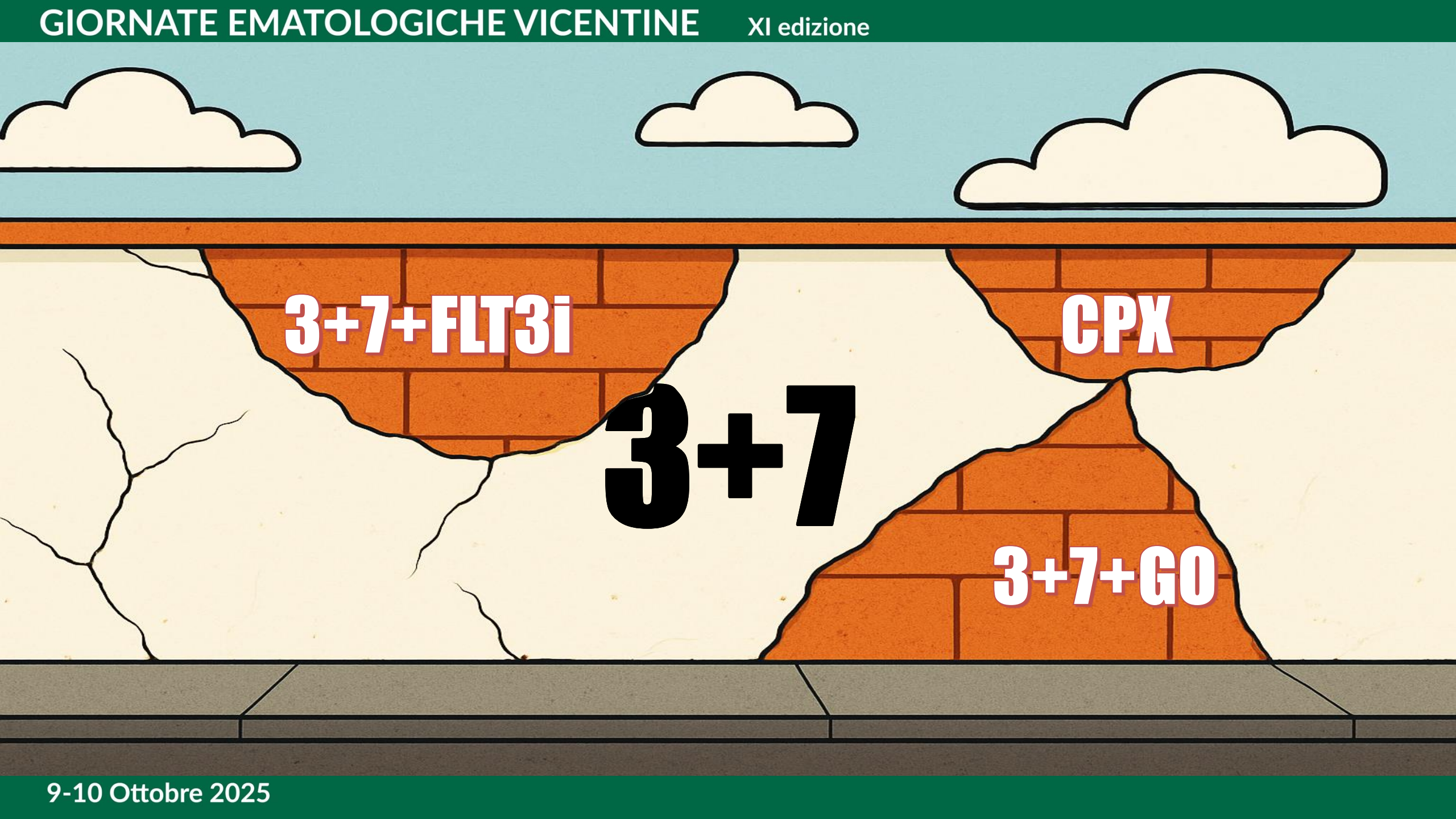
3+7+FLT3i

3+7

3+7+GO



CI, confidence interval; EFS, event-free survival

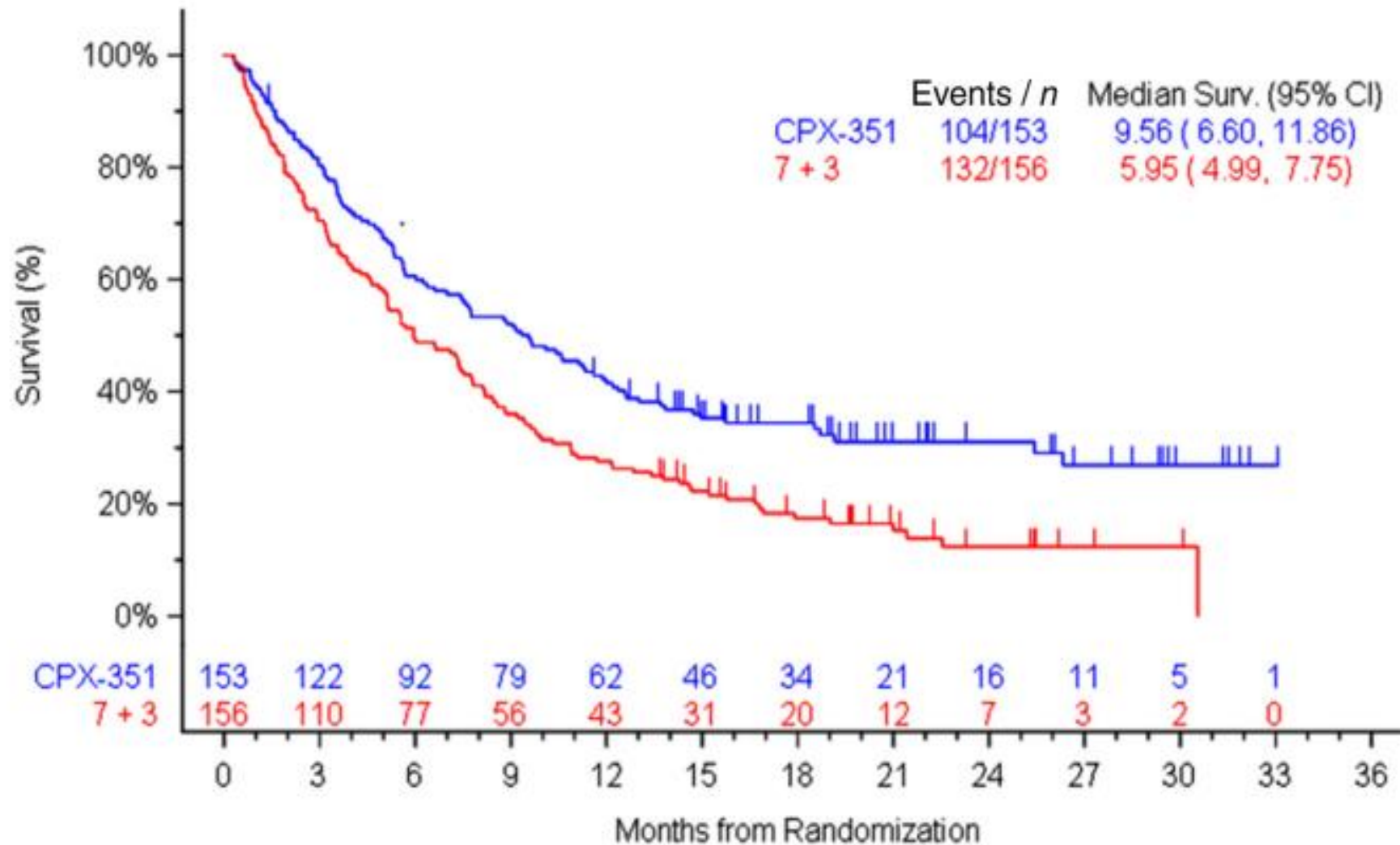


3+7+FLT3i

CPX

3+7

3+7+GO



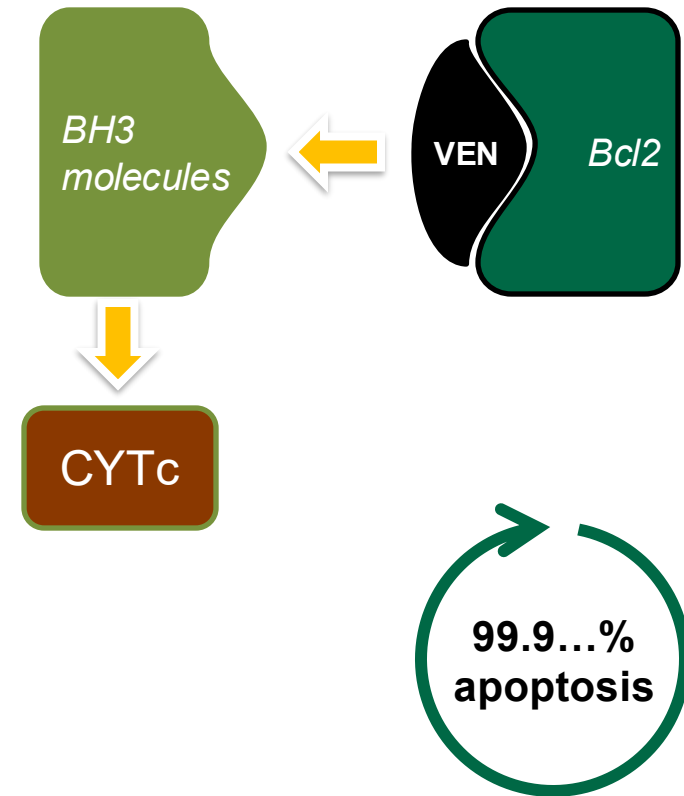
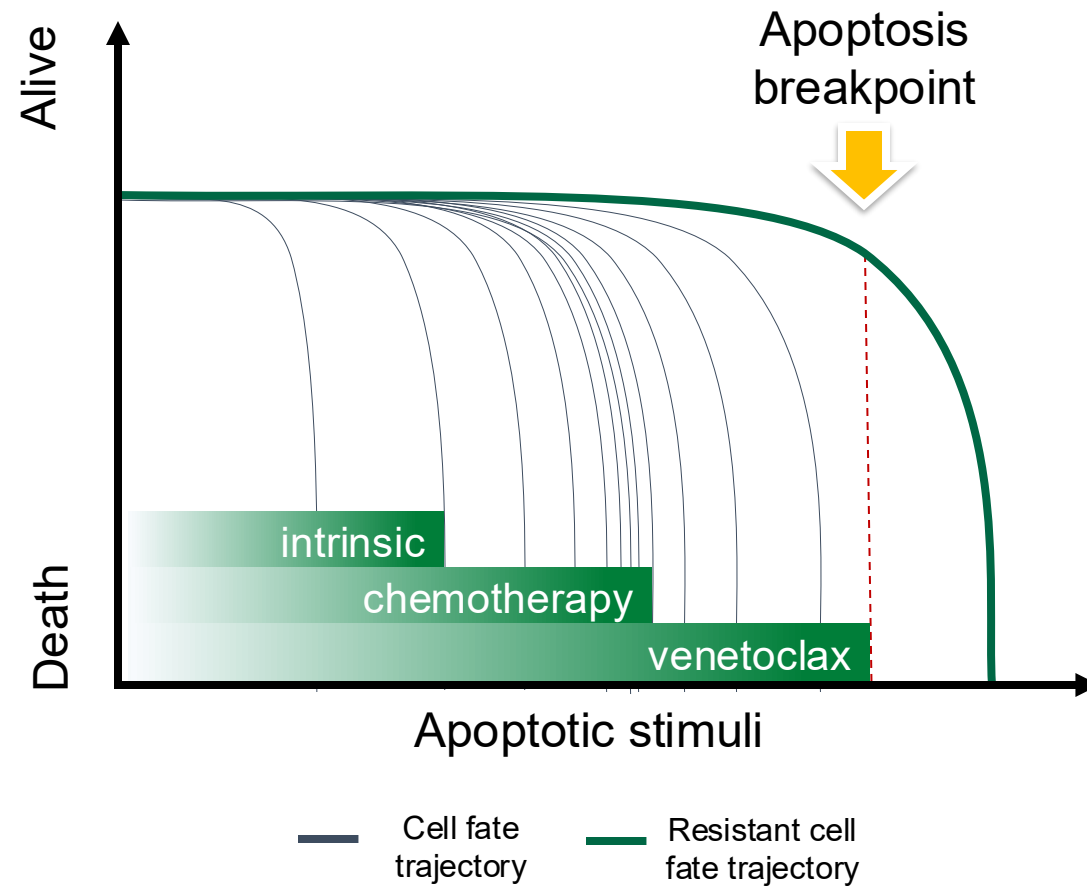
3+7+FLT3i

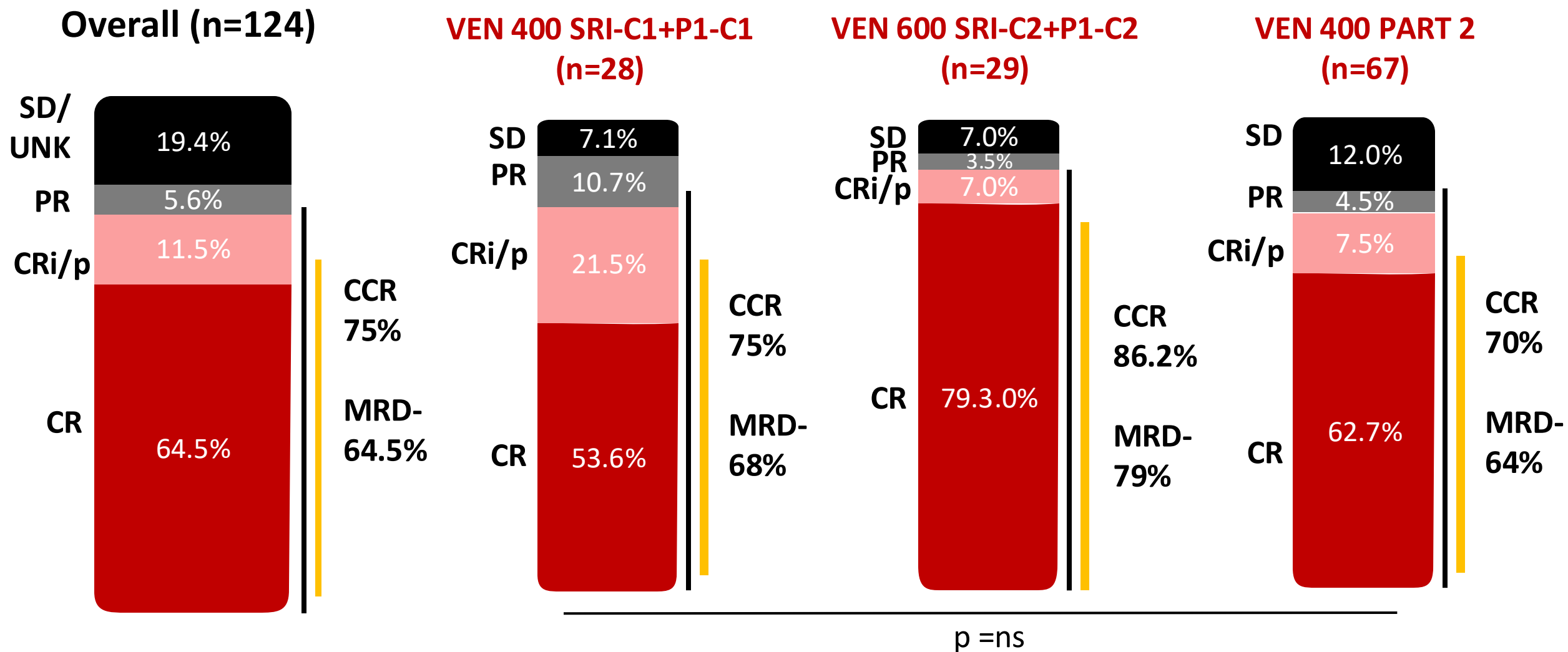
CPX

3+7

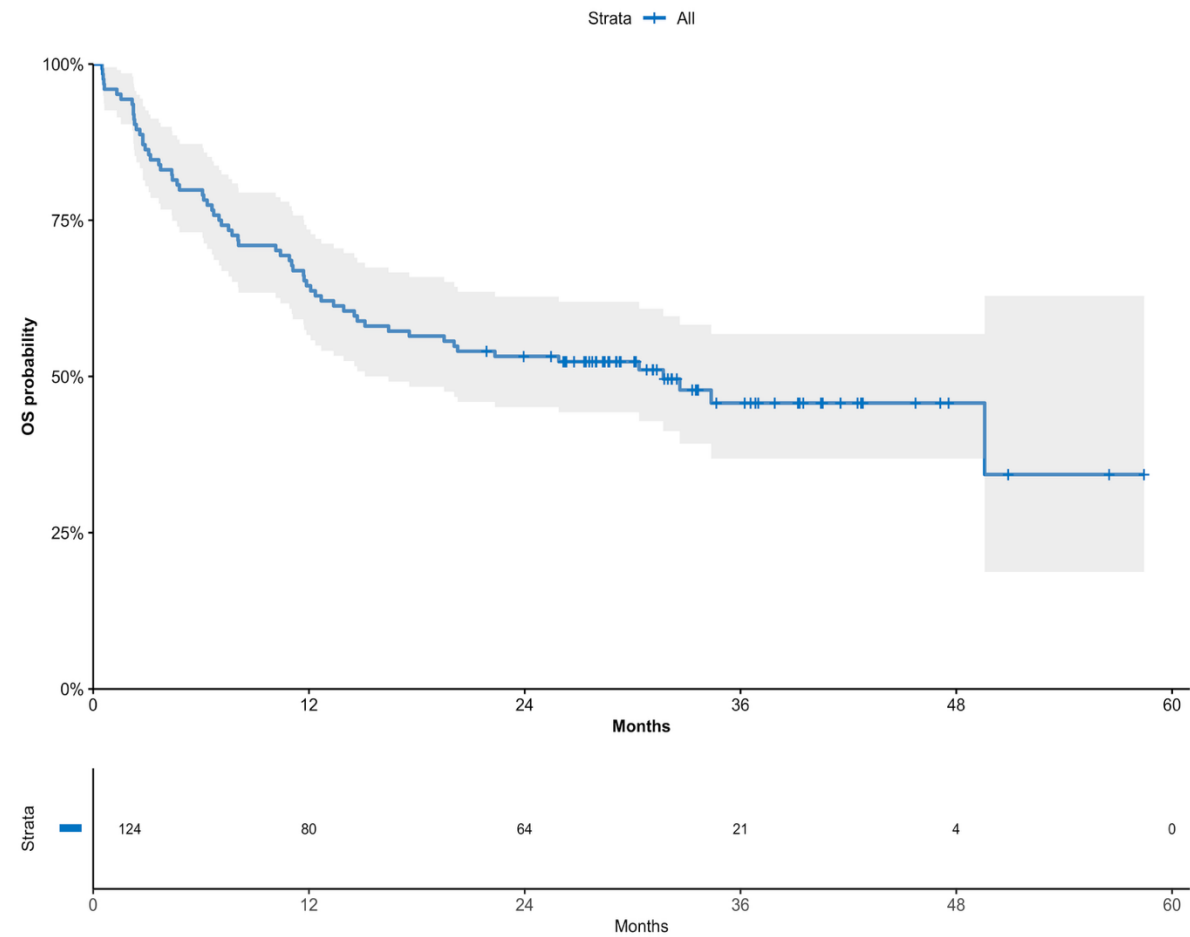
V-FLAI

3+7+GO

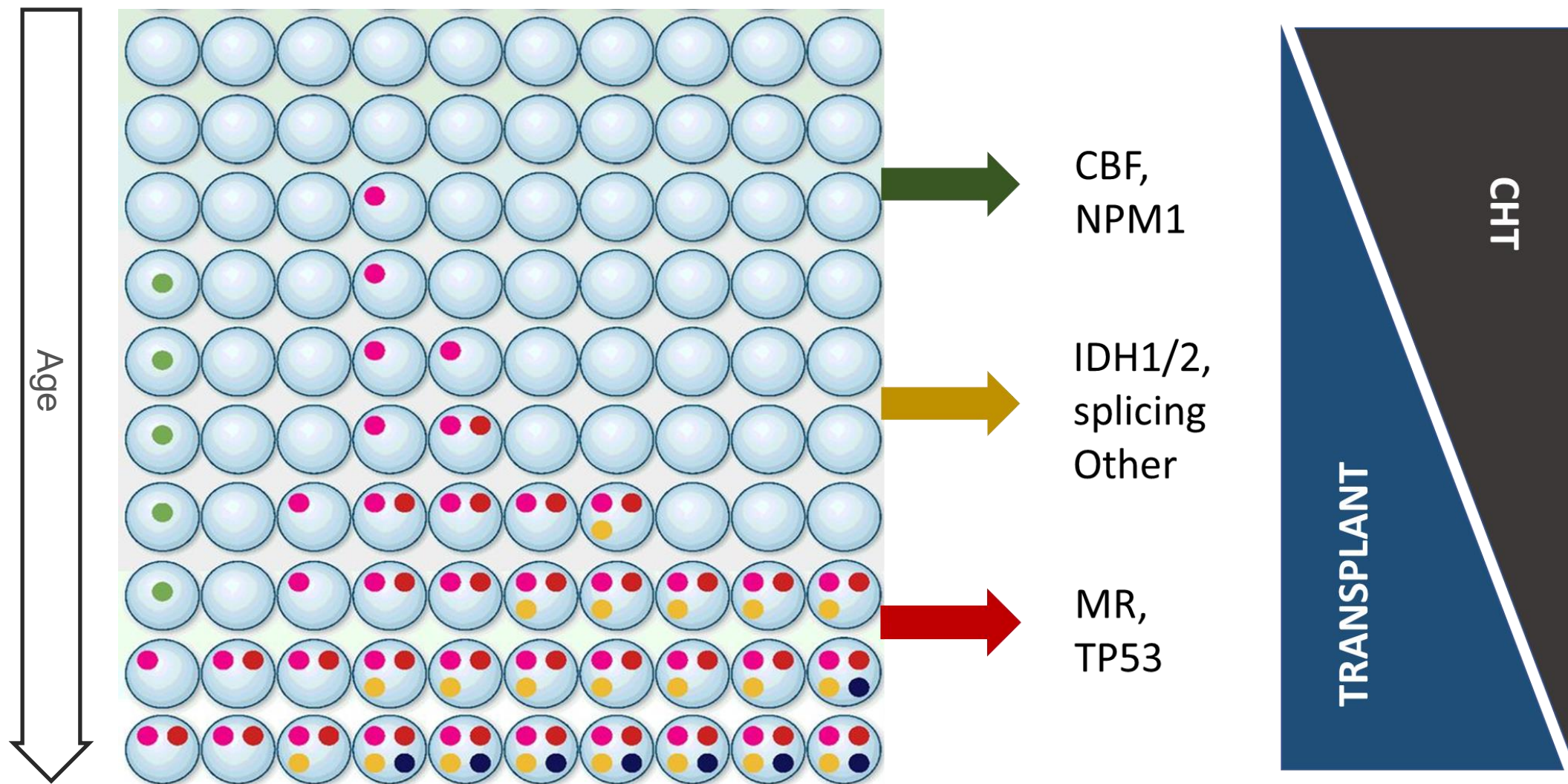




MRD was centrally assessed in Part 2, threshold 0.01%



Characteristic	12 Months	24 Months	36 Months
Overall	65% (57%, 74%)	53% (45%, 63%)	46% (37%, 57%)



GO**Terapia Massimale**

- Completamente indipendente
- Nessuna comorbidità Maggiore
- Aspettativa di vita sana paragonabile ai coetanei

SLOW-GO**Terapia ad intensità ridotta**

Paziente anziano (>75 anni) o
Con almeno una comorbidità
significativa

NO-GO**Terapia di supporto**

Severa disabilità e
numerosa comorbidità
e età estremamente
avanzata

VEN+AZA

+FLT3i

+MENi

AZA+IVO±VEN

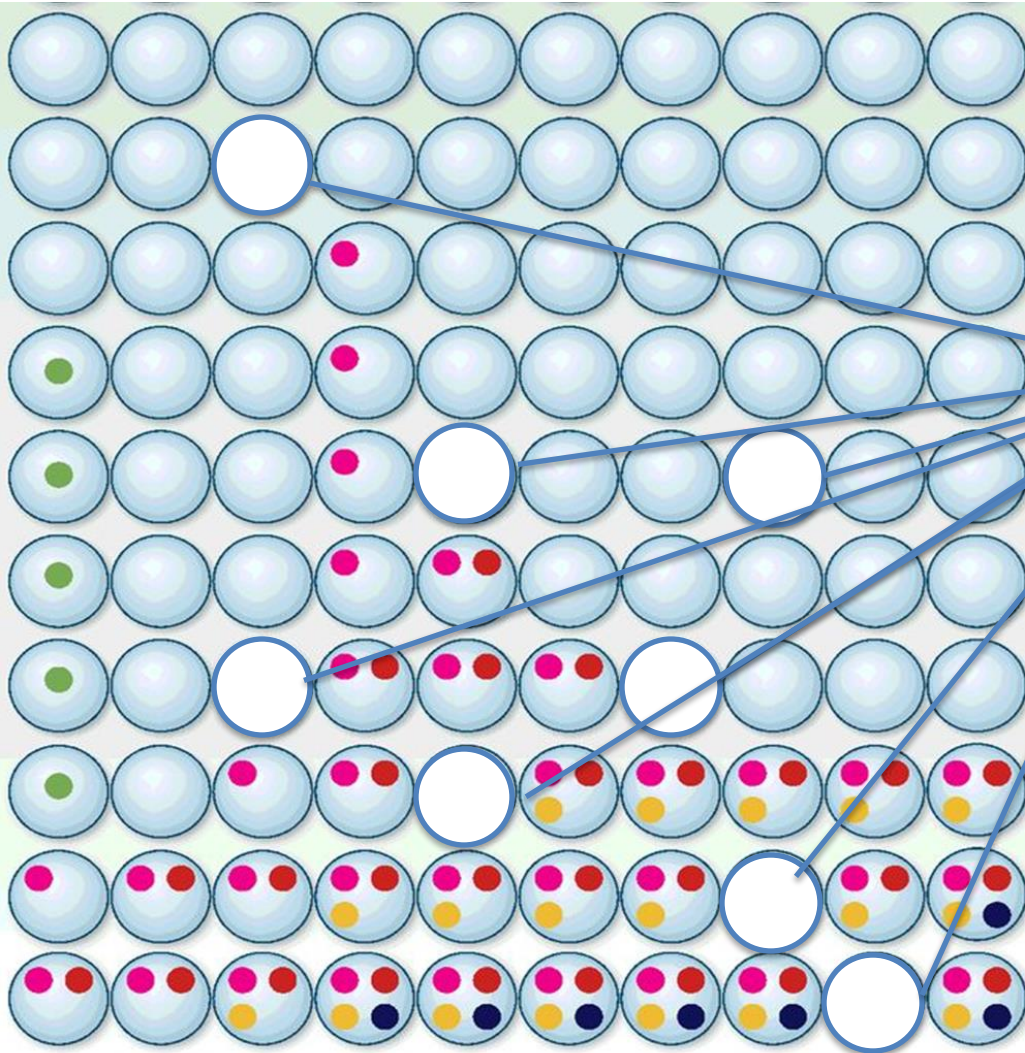
3+7+FLT3i

CPX

3+7

V-FLAI

3+7+GO



Estrema sensibilità ai nuovi agenti

- ⇒ IDH1=estrema sensibilità a IVO
- ⇒ NPM1, DDX41estrema sensibilità a VEN

Risk category	Genetic abnormality
Favorable	Mutated <i>NPM1</i> (<i>FLT3</i> -ITD ^{neg} , <i>NRAS</i> ^{wt} , <i>KRAS</i> ^{wt} , <i>TP53</i> ^{wt})
	Mutated <i>IDH2</i> (<i>FLT3</i> -ITD ^{neg} , <i>NRAS</i> ^{wt} , <i>KRAS</i> ^{wt} , <i>TP53</i> ^{wt})
	Mutated <i>IDH1</i> * (<i>TP53</i> ^{wt})
	Mutated <i>DDX41</i> †
	Other cytogenetic and/or molecular abnormalities‡ (<i>FLT3</i> -ITD ^{neg} , <i>NRAS</i> ^{wt} , <i>KRAS</i> ^{wt} , <i>TP53</i> ^{wt})

**PRISM model (2039
pts plus validation
cohort)**

Low risk

diploid karyotype and mutations in RUNX1 or IDH2

Int-l Risk

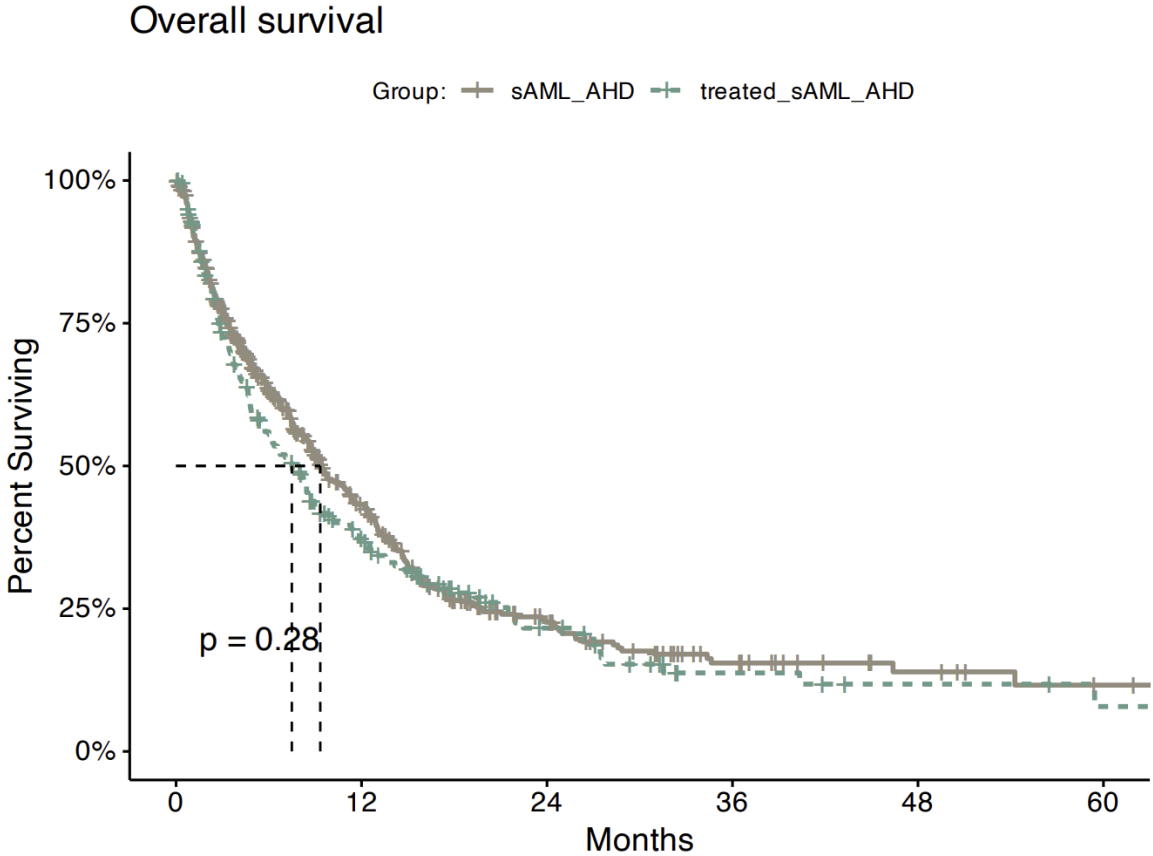
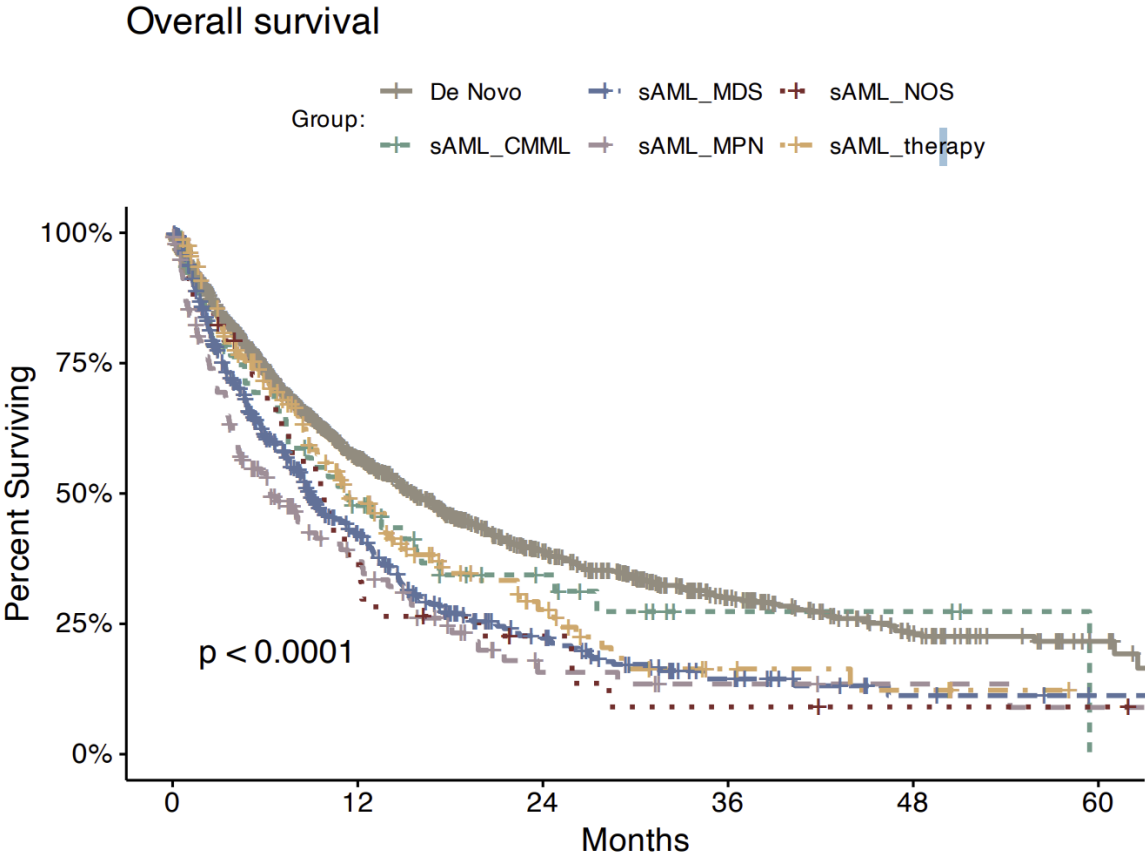
CEBPA, BCOR, IDH1, SF3B1

Int-h Risk

Other

High risk

Age, sex(M), sAML-AHD, ELN 2022 adverse karyotype, complex karyotype, mutation in KRAS, PTPN11, FLT3-ITD, JAK2, ASXL1, and TP53 as adverse features



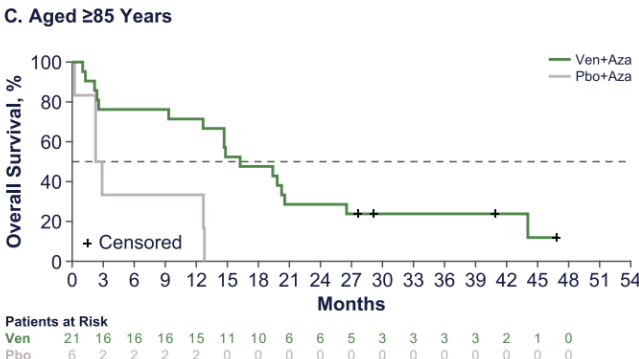
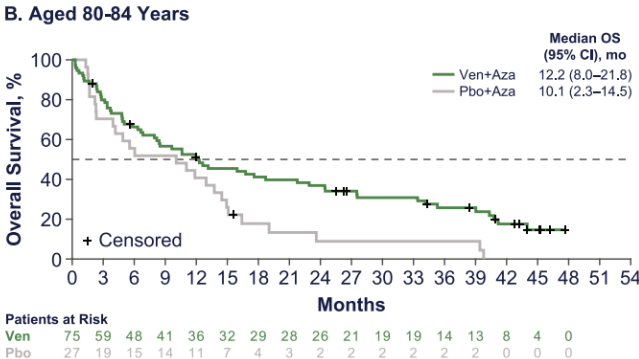
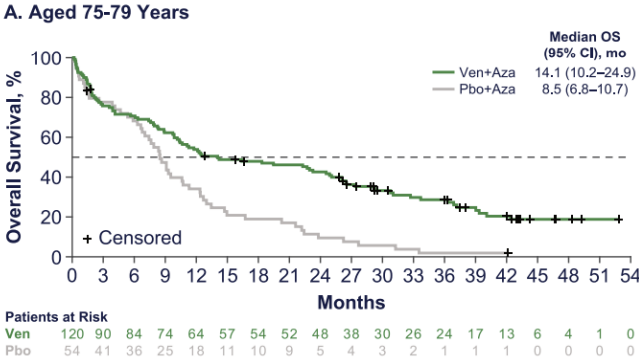
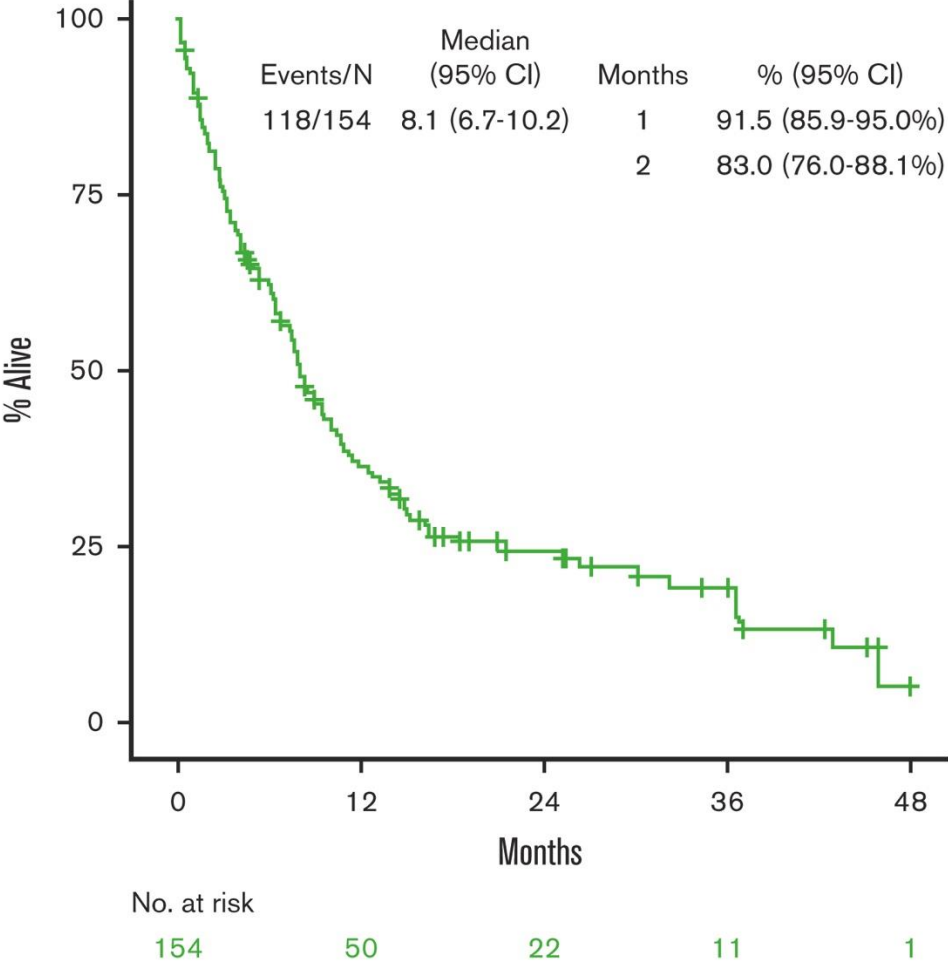
Number at risk

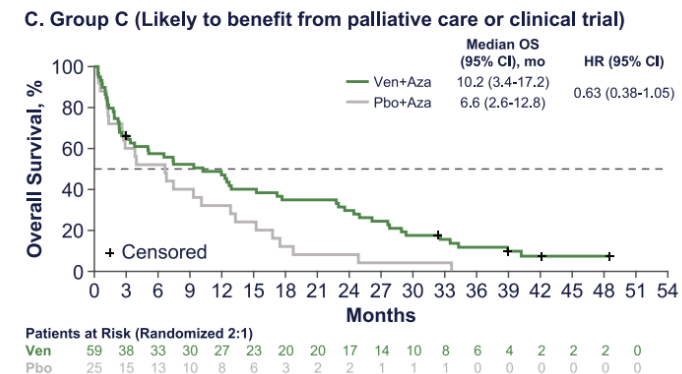
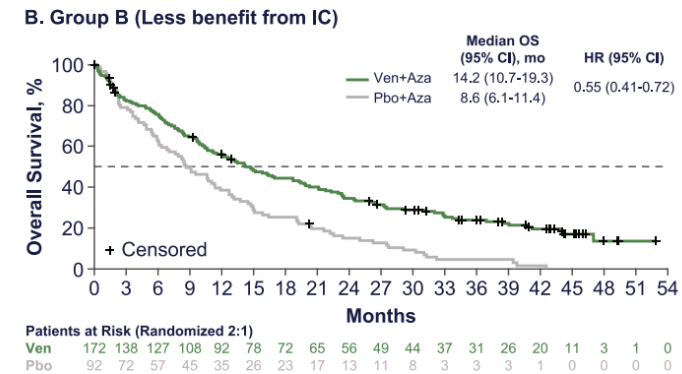
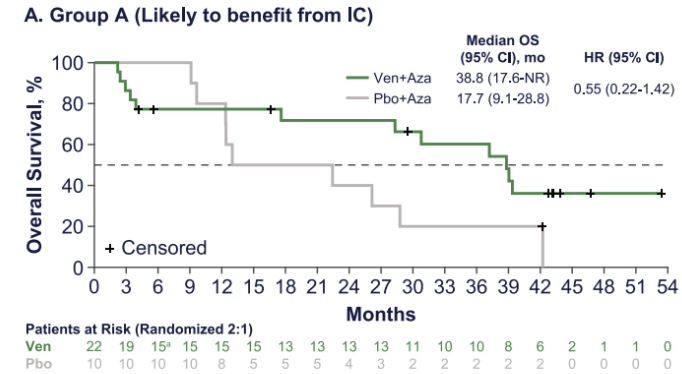
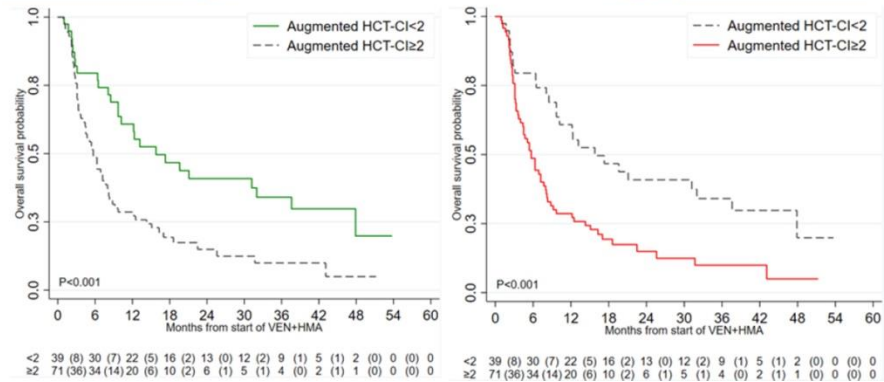
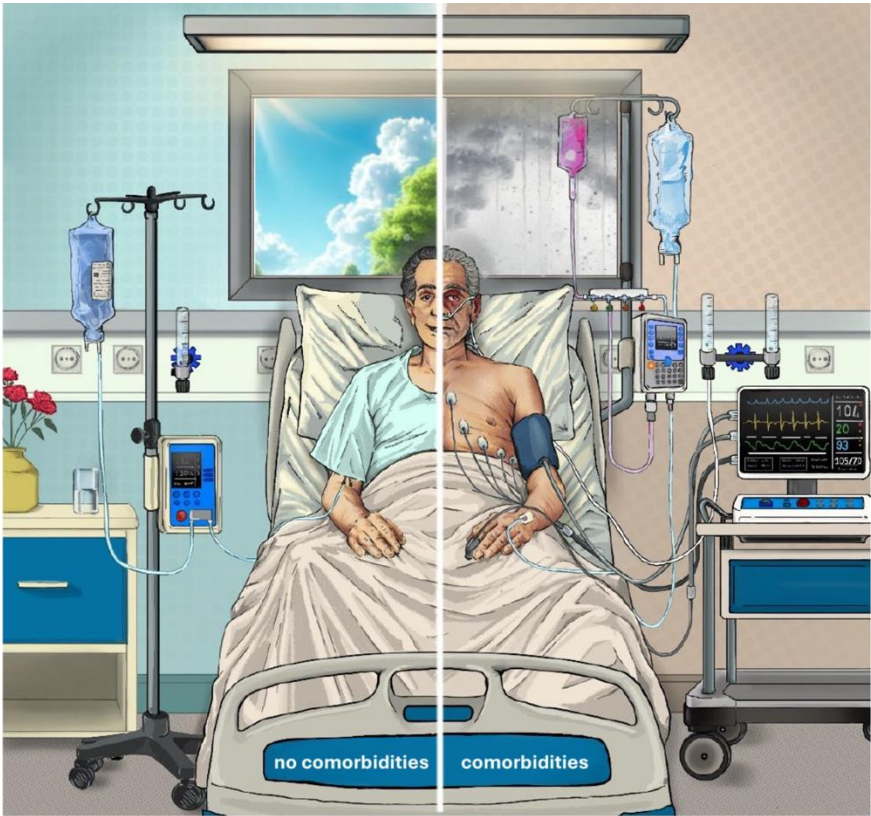
De Novo	1232	513	231	104	43	13
sAML_CMML	62	25	11	3	3	0
sAML_MDS	464	140	48	18	6	3
sAML_MP_N	139	32	7	4	3	2
sAML_NOS	34	11	5	2	1	1
sAML_therapy	159	53	18	5	3	0

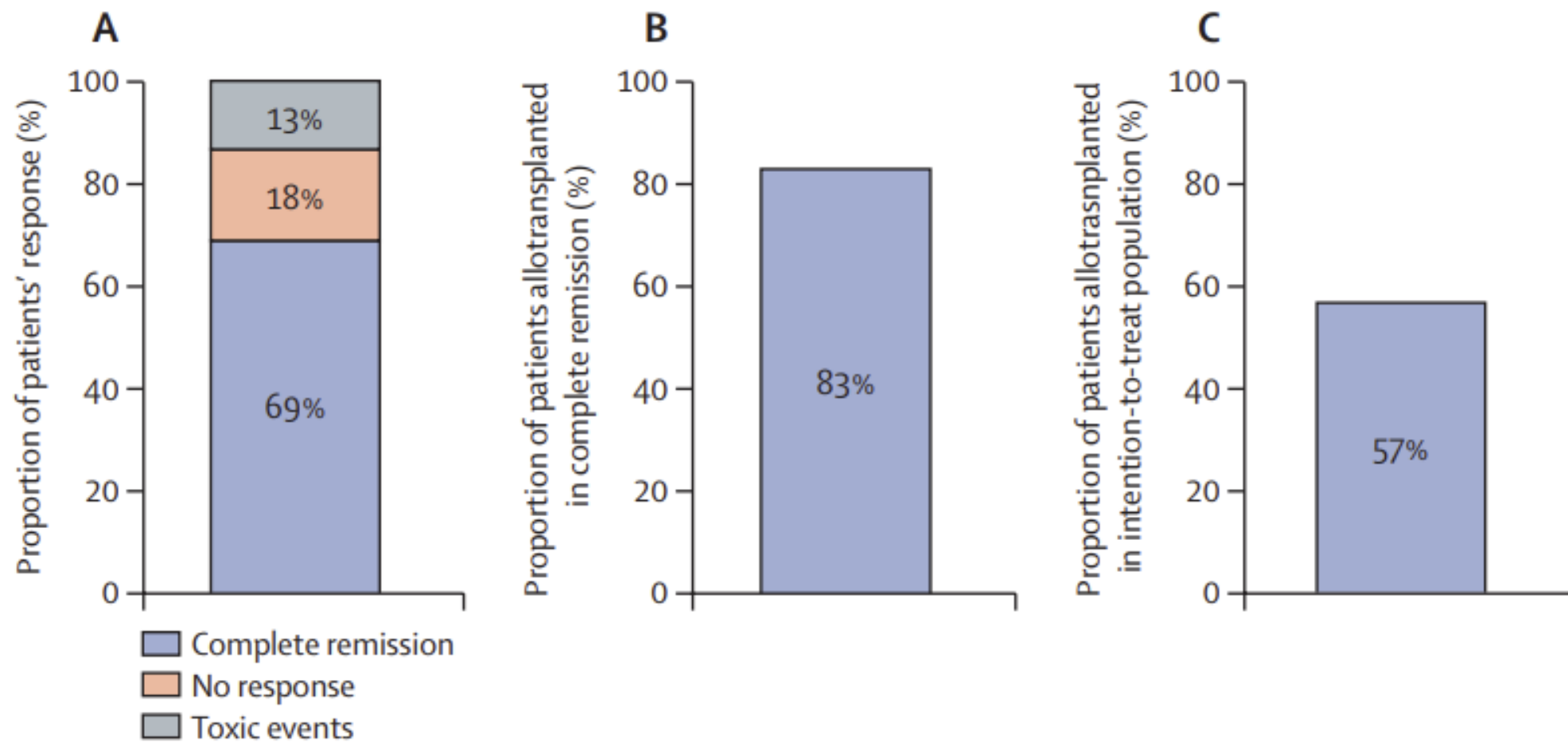
Number at risk

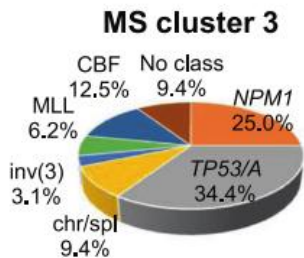
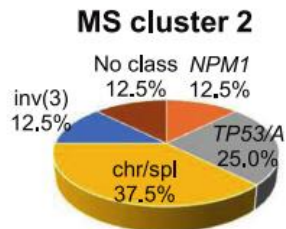
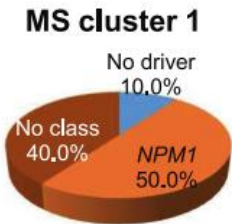
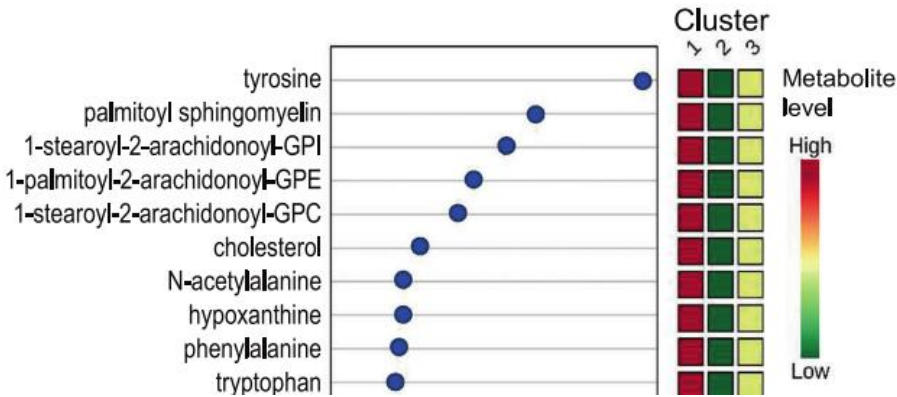
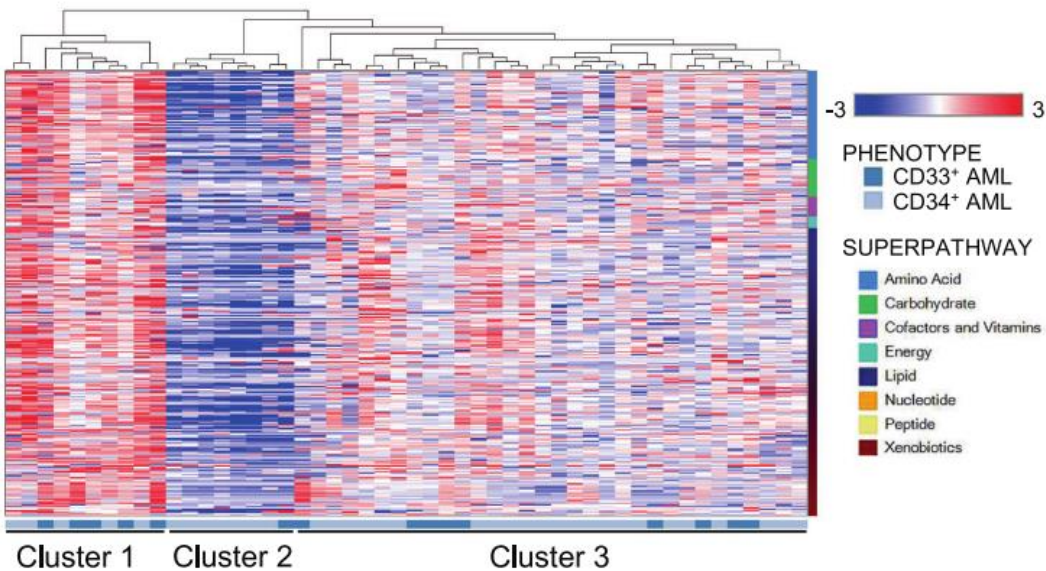
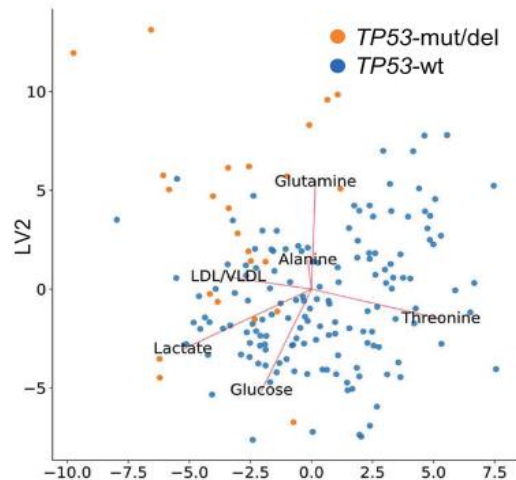
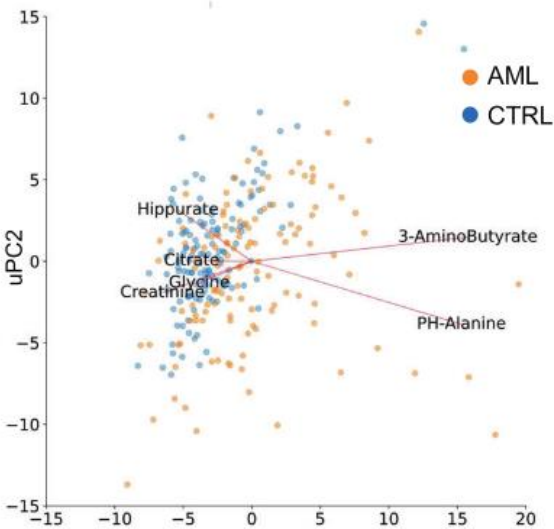
sAML_AHD	477	143	48	20	9	4
treated_sAML_AHD	222	65	23	7	4	2

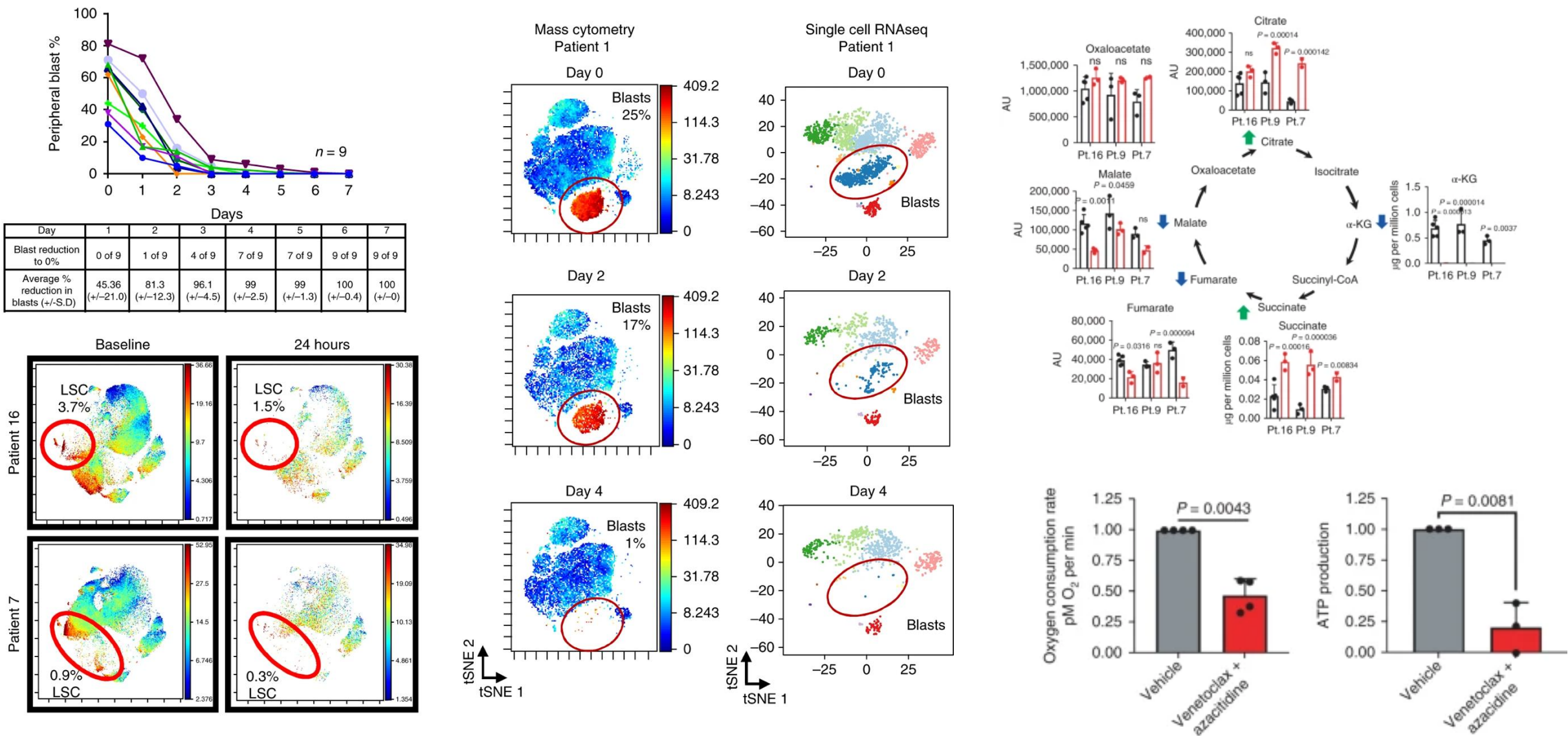
80enni e 90enni



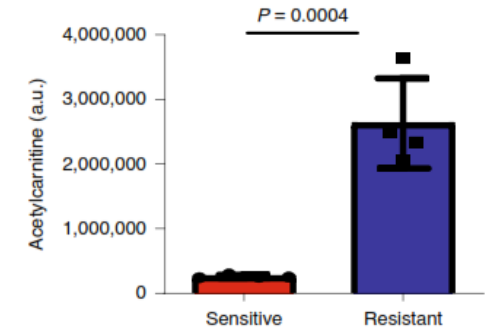
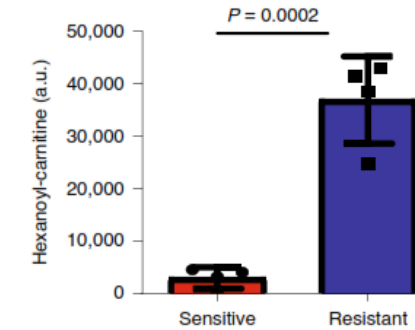
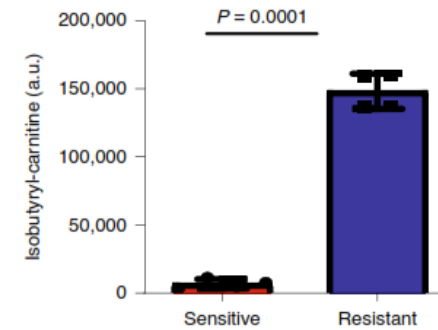
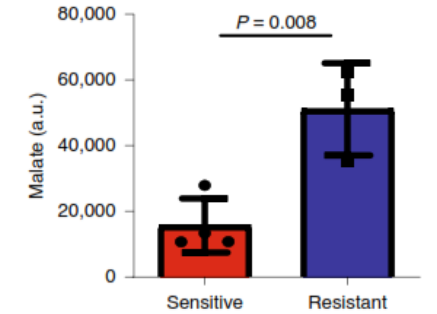
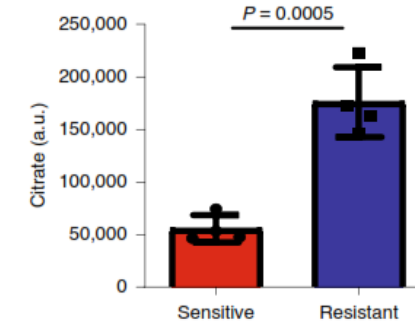
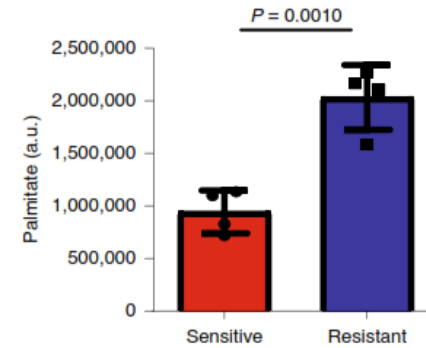
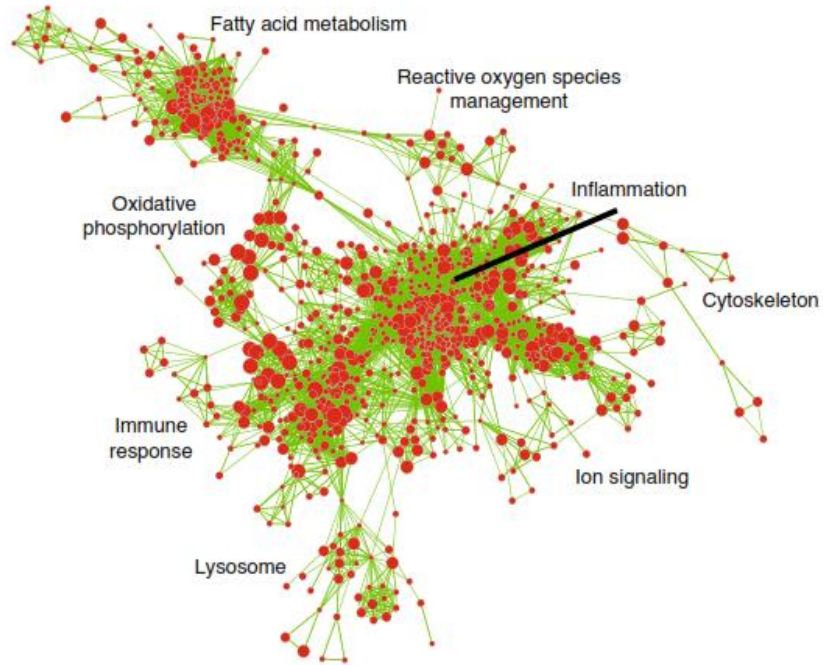


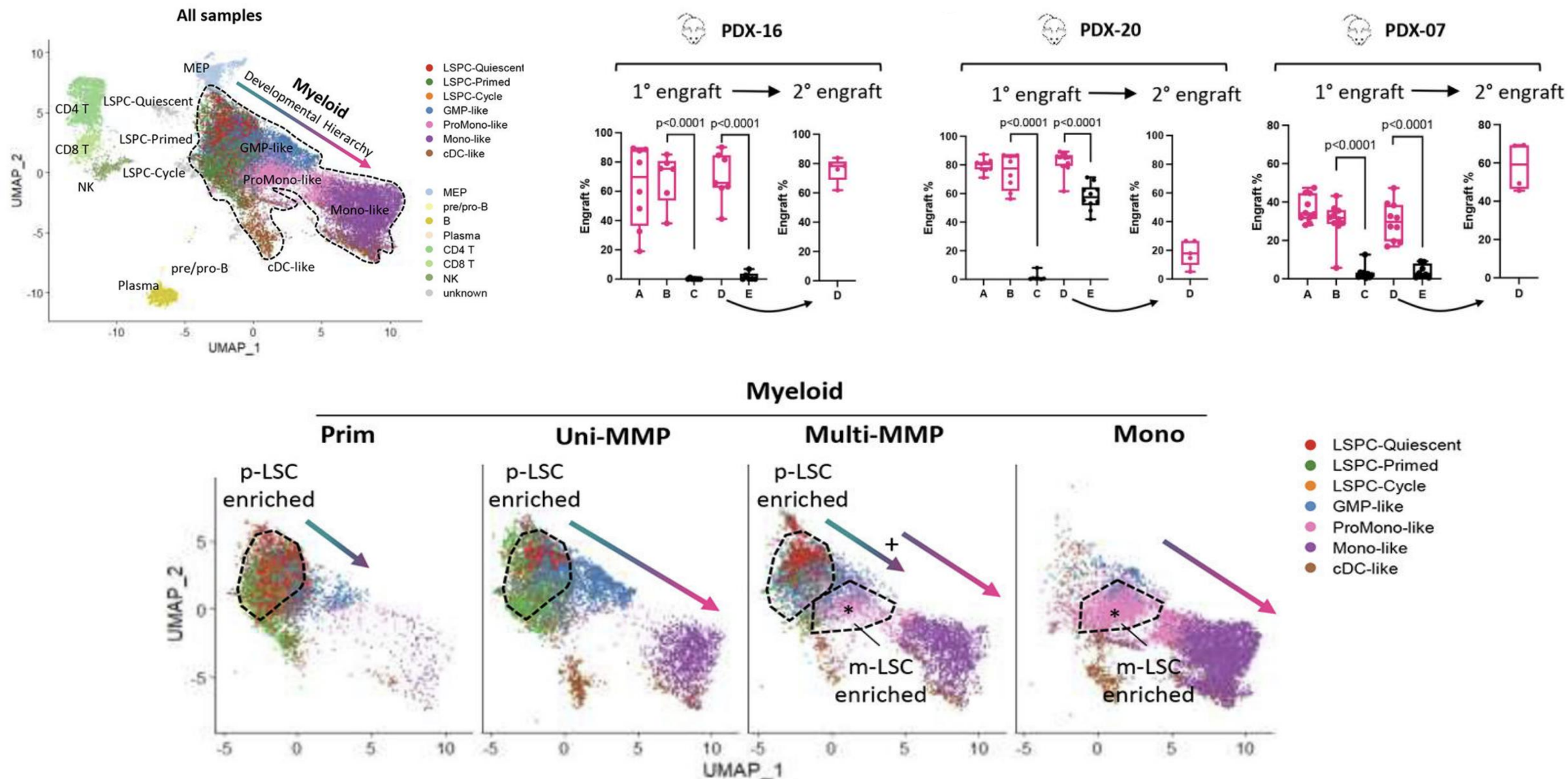


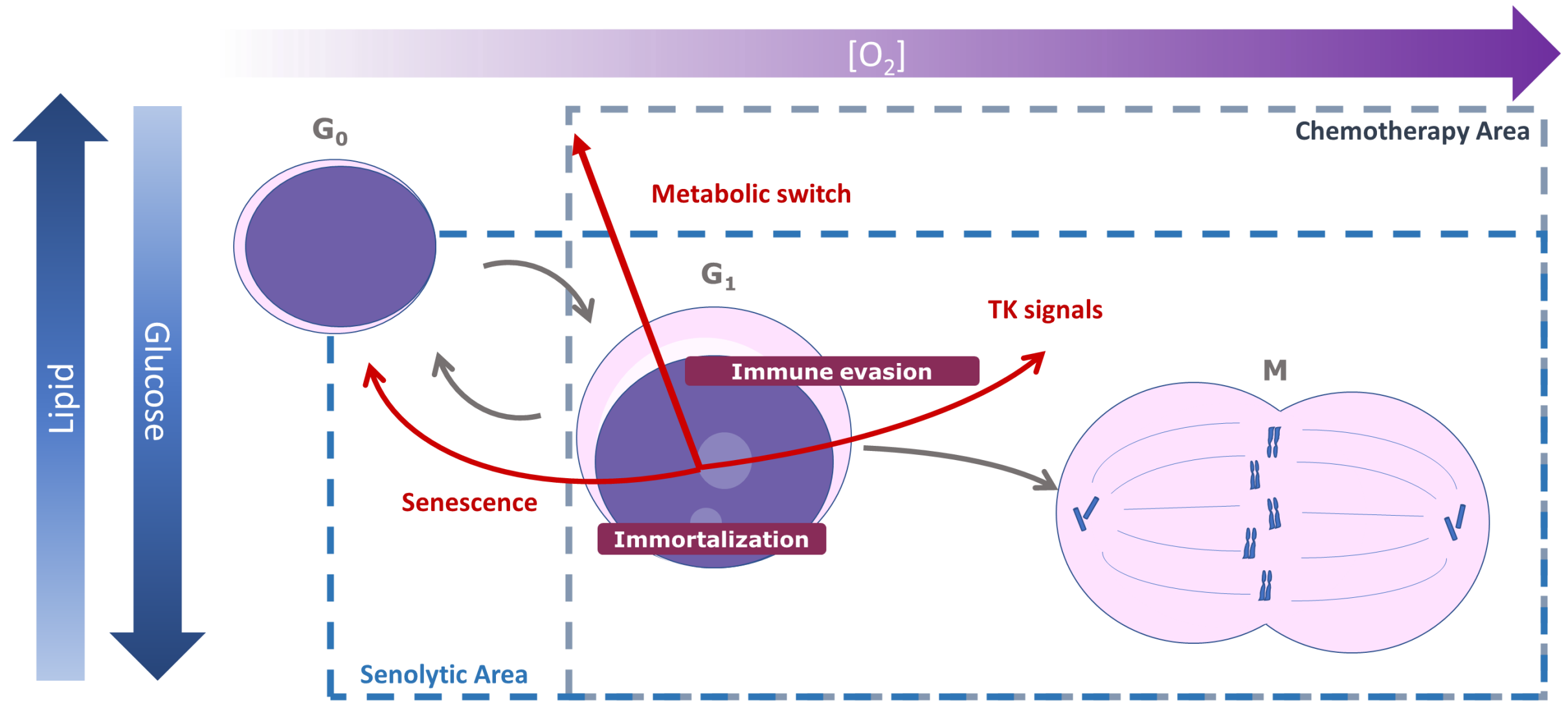


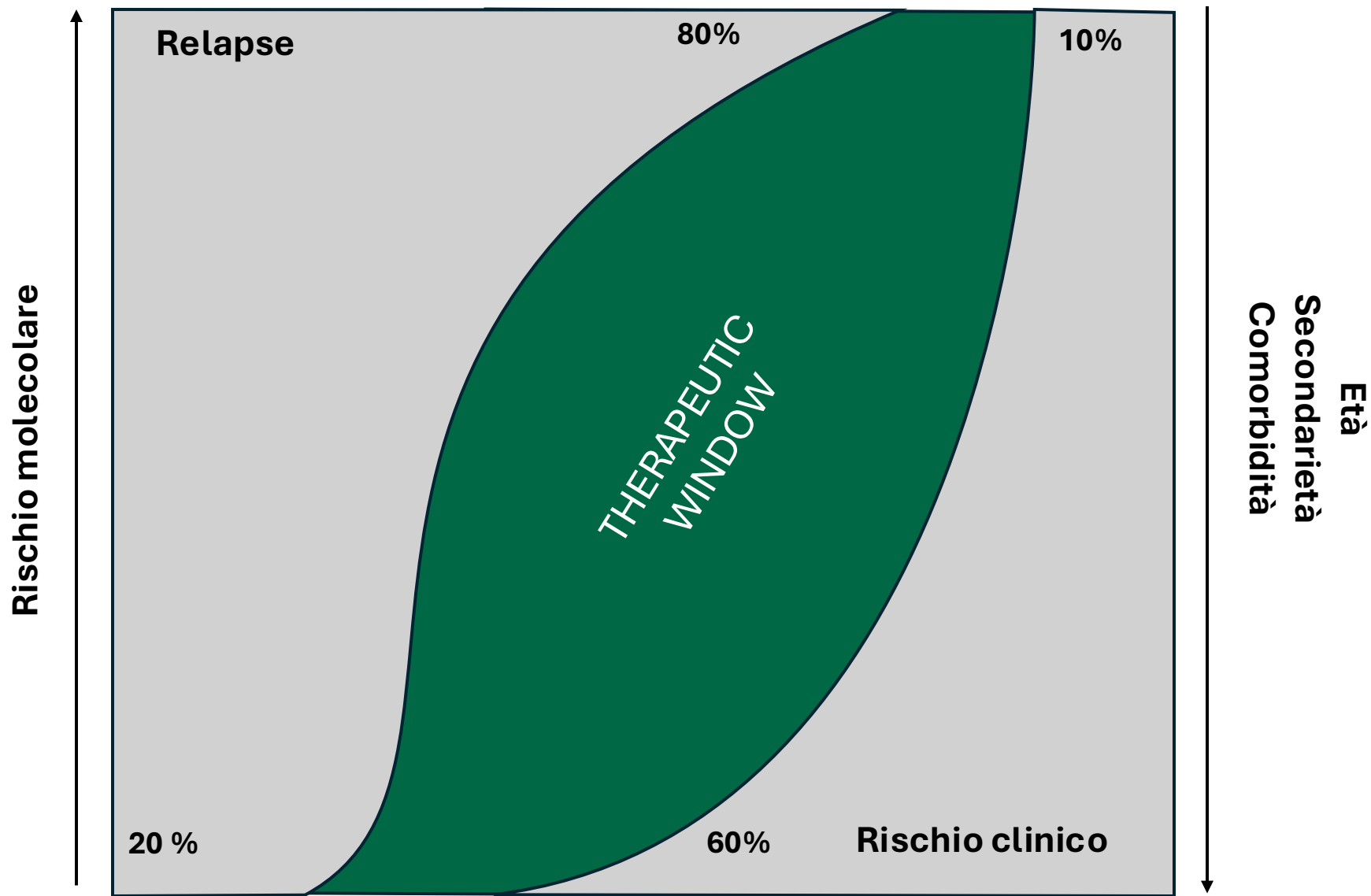


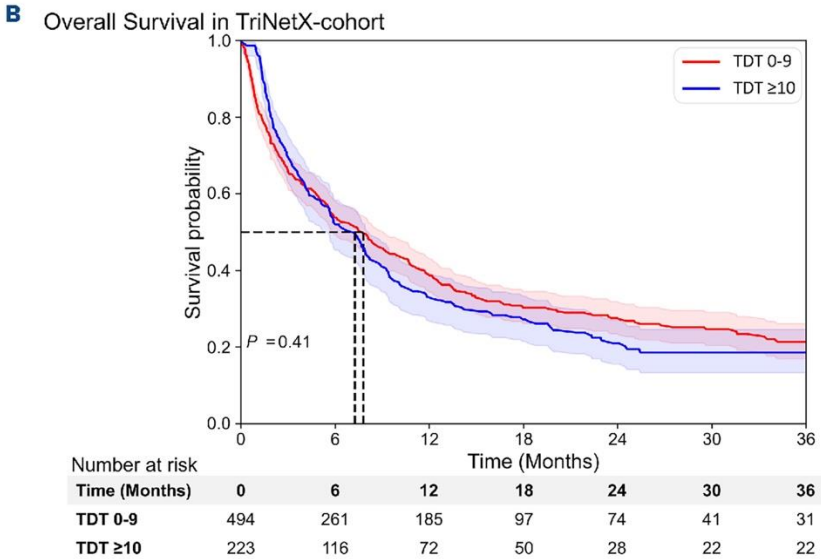
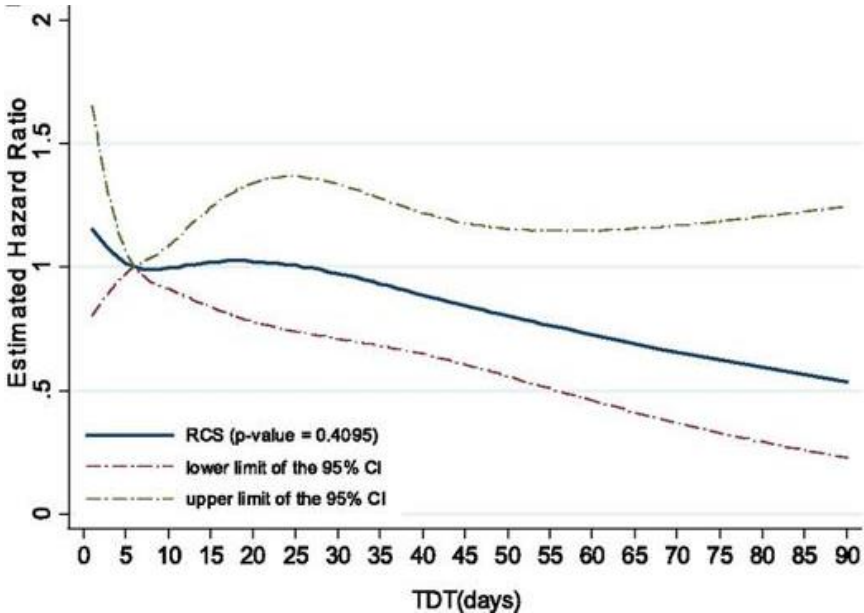
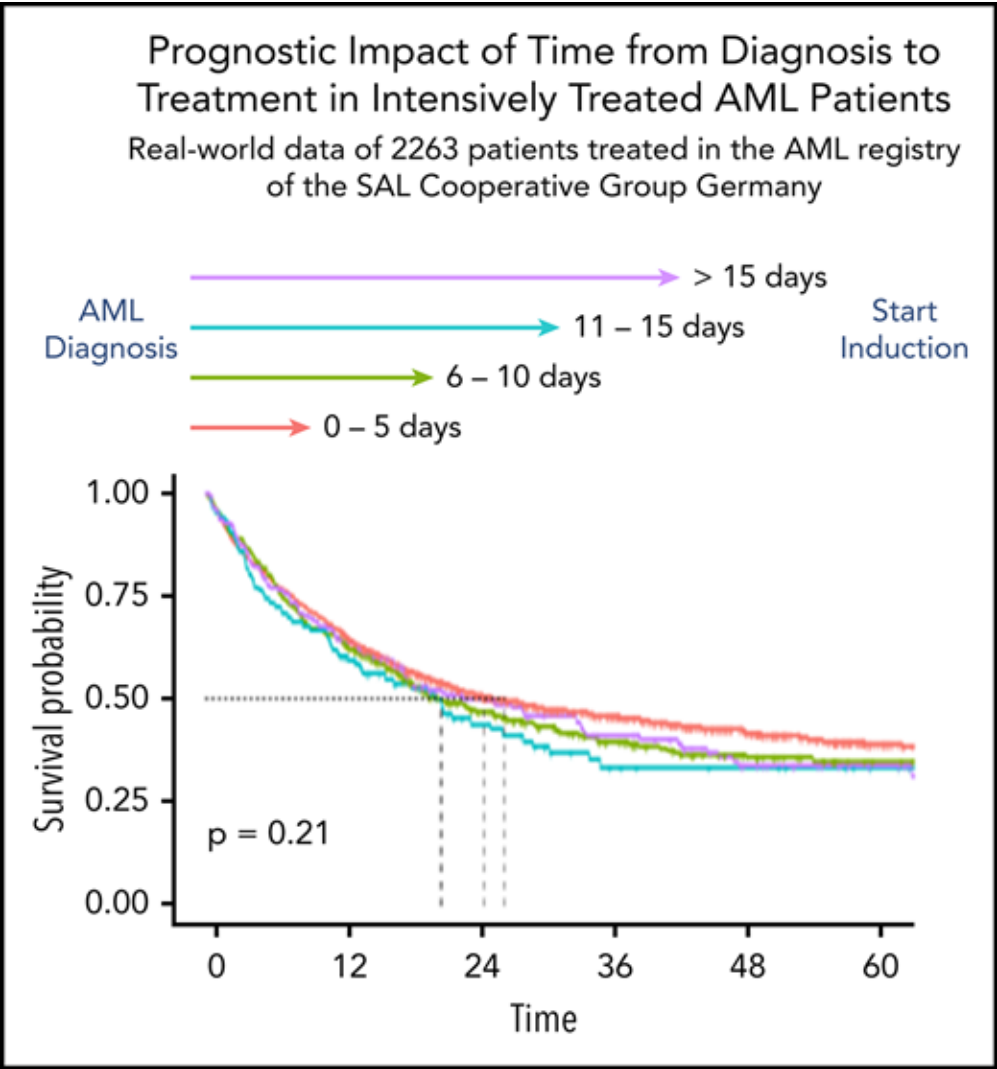
PATHWAY AT RELAPSE

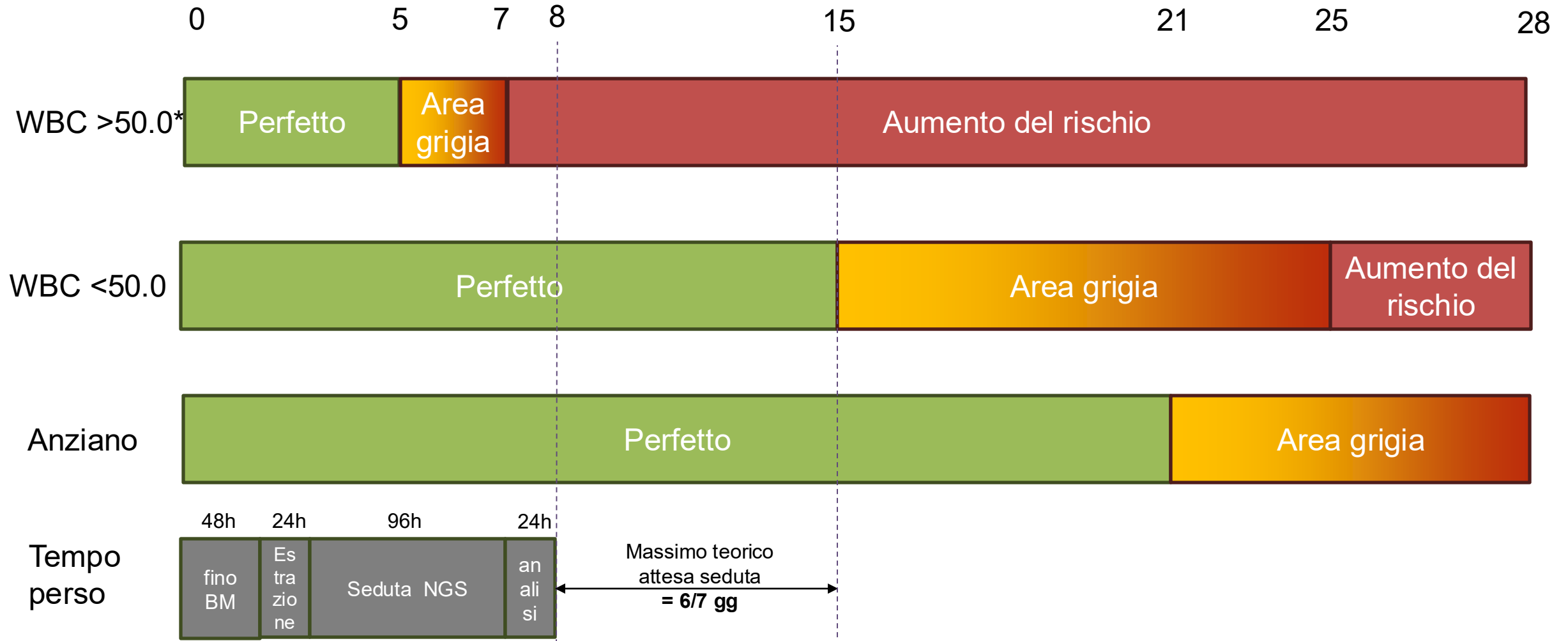




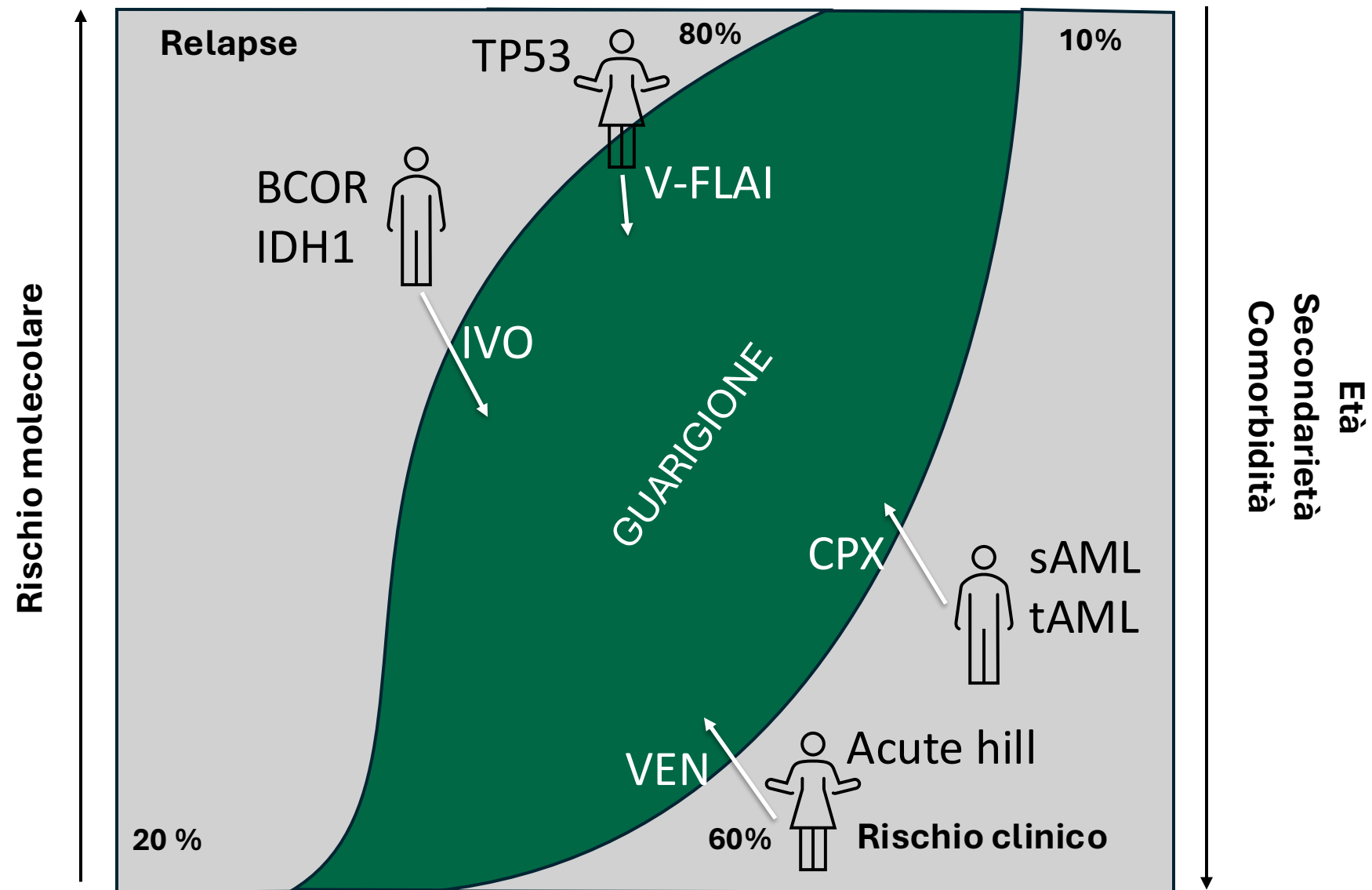








*WBC >50.0 non controllata = è necessario trattare senza NGS e cariotipo



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Grants



Ministero della Salute

MULTIDIMENSION-ALL
(PNRR-MR1-2023-12377495)



NETWORK



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