FAST FACTS

ALLIANCE A041701

A RANDOMIZED PHASE II/III STUDY OF CONVENTIONAL CHEMOTHERAPY +/UPROLESELAN (GMI- 1271) IN OLDER ADULTS WITH ACUTE MYELOID LEUKEMIA RECEIVING INTENSIVE INDUCTION CHEMOTHERAPY

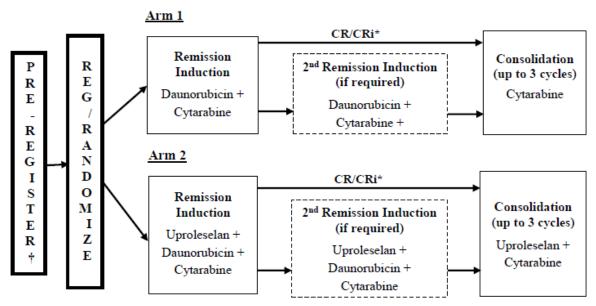
Registration Eligibility Criteria (Step 1)

- 1. Documentation of Disease
 - Diagnosis of AML based on 2017 WHO criteria [22] excluding acute promyelocytic leukemia with PML-RARA. <u>Note</u>: Patients with myeloid sarcoma without bone marrow involvement, acute leukemia of ambiguous lineage or blast transformation of CML are not eligible.
 - No activating mutation in the Fms-like tyrosine kinase-3 (FLT3) defined as a ratio of mutant to wild-type allele ≥ 0.05 by capillary electrophoresis or a variant allele fraction of ≥ 5% by next generation sequencing from either bone marrow or peripheral blood.
 - No evidence of CNS involvement of AML

2. Prior Treatment

- No prior chemotherapy for MDS, MPN, or AML including hypomethylating agents (e.g. azacitidine and decitabine), ruxolitinib or lenalidomide with the following exceptions:
 - Emergency leukapheresis
 - o Hydroxyurea
 - o Growth factor/cytokine support
 - o All-trans retinoic acid (ATRA)
 - Single dose of intrathecal cytarabine and/or methotrexate for patients undergoing lumbar puncture to evaluate for CNS involvement
- 3. Age \geq 60 years
- **4.** Required Initial Laboratory Values
 - Total Bilirubin ≤ 3 x upper limit of normal (ULN)
 - Creatinine ≤ 3 x upper limit of normal (ULN)
 - Creatinine Clearance ≥ 30 mL/min/1.73m²

Schema



- † All patients must be pre-registered in order to submit the required bone marrow and peripheral blood specimens to the Alliance HEME Biorepository (see Sections 4.3 and 6.2).
- * During Remission Induction, a bone marrow examination (aspirate and biopsy) on Day 14 (+3 days) is required in all patients. Patients with evidence of persistent leukemia on day 14 or a subsequent bone marrow biopsy will receive a second induction course (See Section 7.0). Patients who achieve either a CR or CRi are eligible to proceed to consolidation therapy.