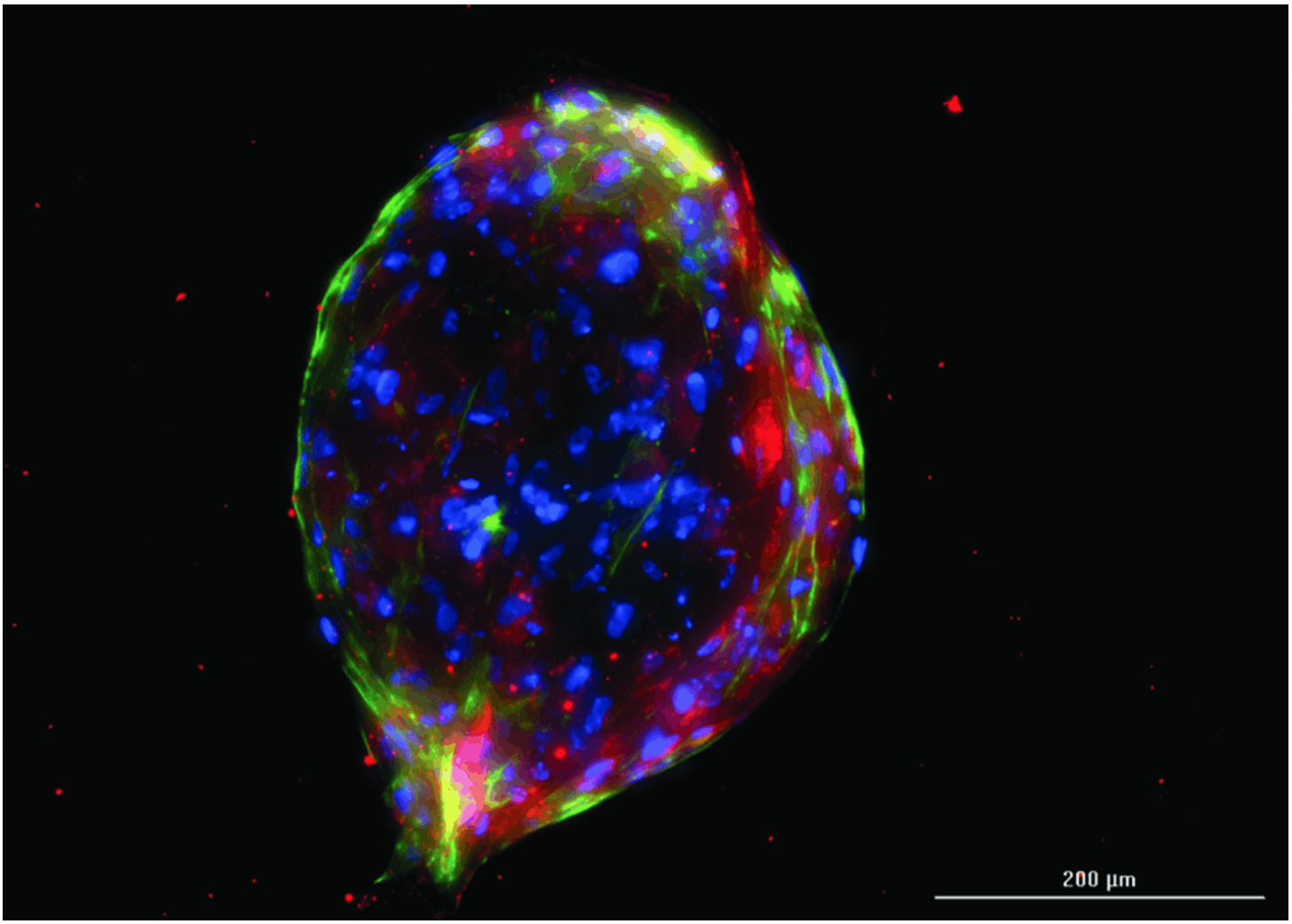
Archives (https://sciwri.club/archives/category/archives)

Onco-this-Week (EHA 2018)

June 23, 2018(https://sciwri.club/archives/date/2018/06/23)



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Summary: Onco-this-Week showcases a comprehensive coverage by Richa Tewari from the 23rd Congress of the European Hematological Association. Highlights include clinical updates from DUO, IMerge, ELOQUENT-3, iNNOVATE, Zella 201 QuANTUM-R, JULIET, CLL11, COSMOS, STOMP, MURANO and several other studies from Bristol-Myers Squibb, Roche, Pfizer and Abbvie. In the OTW Trivia, find out the about the FDA approved indications that has made Opdivo a successful immunotherapy candidate in several cancers. Stay tuned for next week's edition where we will discuss regular and accelerated approvals with a special focus on comparison

between Keytruda vs Opdivo indications.

Special Feature in this edition is Onco-this-Week Trivia on Nivolumab. Read on to know more!

ONCO-THIS-WEEK TRIVIA

U.S. FDA-APPROVED INDICATIONS FOR OPDIVO (NIVOLUMAB)

"Nivolumab is a fully human monoclonal immunoglobulin G4 antibody to PD-1.The gamma 1 heavy chain is 91.8% unmodified human design while the kappa light chain is 98.9%. Nivolumab acts by blocking a negative regulator of T-cell activation and response, thus allowing the immune system to attack the tumor. This is an example of immune checkpoint blockade."
-Source: Wikipedia

1

MELANOMA

As a single agent is indicated for the treatment of patients with BRAF V600 mutation-positive and V600 wild-type unresectable or metastatic melanoma. In combination with YERVOY® (ipilimumab), is indicated for the treatment of patients with unresectable or metastatic melanoma.

2

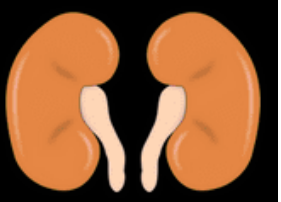
NON-SMALL CELL LUNG CANCER

For the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving OPDIVO.

3

RENAL CELL CARCINOMA

For the treatment of patients with advanced renal cell carcinoma (RCC) who have received prior anti-angiogenic therapy. In combination with YERVOY® (ipilimumab), is indicated for the treatment of patients with intermediate or poor-risk, previously untreated advanced renal cell carcinoma (RCC).



4

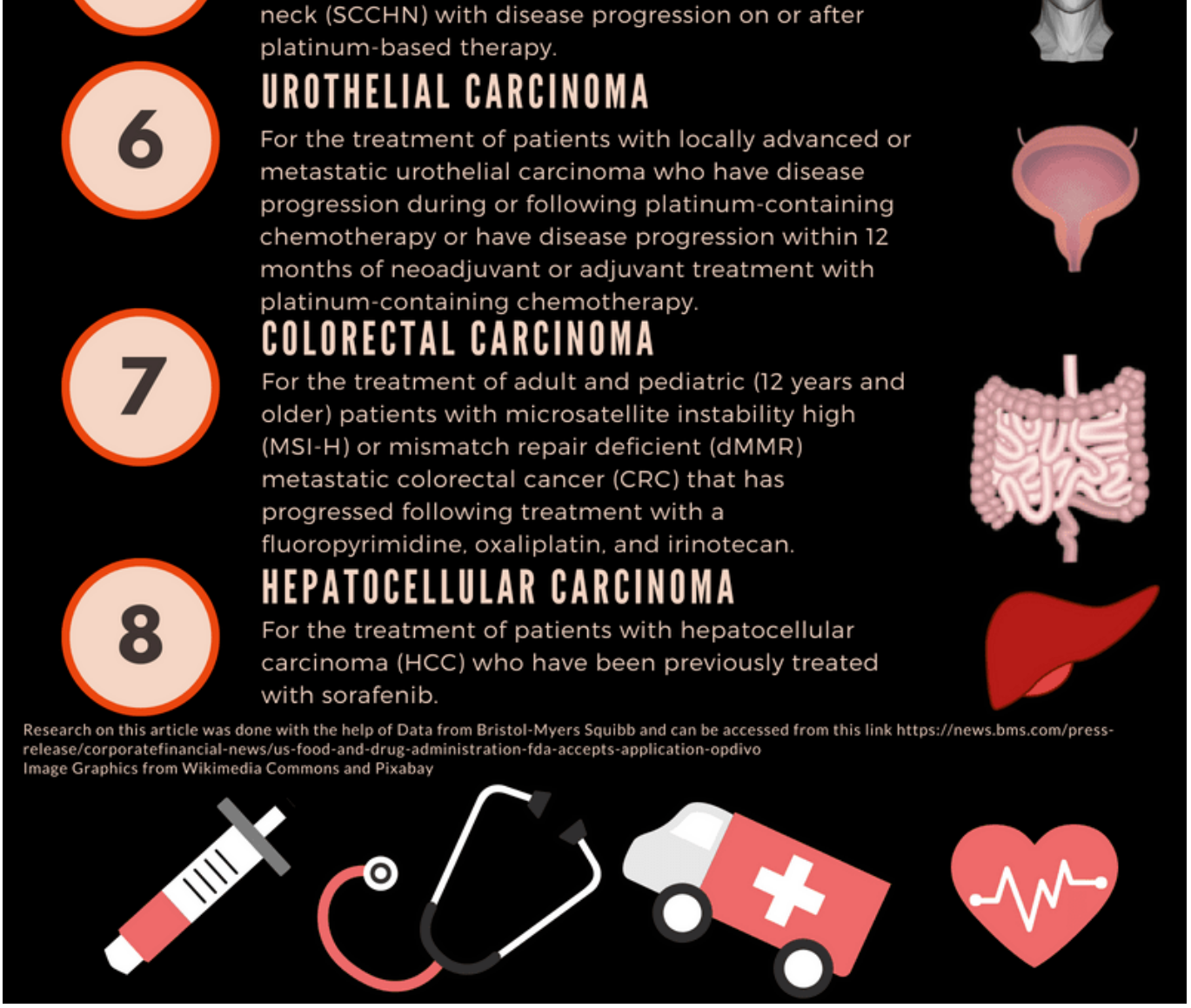
CLASSICAL HODGKIN LYMPHOMA

For the treatment of adult patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after autologous hematopoietic stem cell transplantation (HSCT) and brentuximab vedotin or after 3 or more lines of systemic therapy that includes autologous HSCT

5

SQUAMOUS CELL CARCINOMA OF HEAD & NECK

For the treatment of patients with recurrent or metastatic squamous cell carcinoma of the head and



(https://io.wp.com/sciwri.club/wp-content/uploads/2018/06/Onco-this-Week-Trivia-1.png?ssl=1)

This edition of Onco-this-Week is Sponsored by Nano-Tag Biotechnologies (https://goo.gl/XM63s6)

NanoTag Biotechnologies

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Note from our Sponsor: *"Our single-domain antibody-based Tags are significantly lighter than conventional IgGs. 1 µg of Tag will therefore contain ~10-times more molecules than 1 µg of a conventional antibody. To know more contact us (mailto:info@nano-tag.com?subject=Custom%20Coupling%20Inquiry)."*

"NanoTag Biotechnologies is a German company founded in July 2015 by scientists with a strong background in biochemistry as well as quantitative super-resolution imaging. Situated in Göttingen, we are in constant exchange with scientists developing and applying tools for innovative cutting-edge research. The inspiring atmosphere created by leading scientists and an excellent network of entrepreneurship is an ideal breeding ground for our vision to produce thoroughly validated high-quality tools for life-sciences, biotechnology and bio-medical research. Currently, our portfolio mainly focuses on single-domain antibody-based affinity reagents ("Tags") for biochemical and fluorescence-based applications. In the near future, we are going to expand our portfolio to enzymes, affinity resins and secondary reagents for various immunoassays (IP, IF, IHC, IHC-P, WB...). Feel free to contact us (http://nano-tag.com/about-us) anytime to discuss custom projects."

NEWS

CD22-targeting CAR-T shows encouraging responses in R/R B-ALL patients who failed on CD19-targeting CAR-Ts (https://www.medscape.com/viewarticle/898191)

> New CD22 CAR-T cell therapy gives hope for acute lymphoblastic leukemia https://t.co/OSspccCTiE (https://t.co/OSspccCTiE) pic.twitter.com/19mp5zYI5M (https://t.co/19mp5zYI5M)
>
> — Medical Herald (@MedicalHerald) June 16, 2018 (https://twitter.com/MedicalHerald/status/1008033476627402753?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"22-CAR-T-cell immunotherapy brings hope for the patients with r/r B-ALL who failed on CD19-CAR T therapy," said first author Jing Pan, MD, associate director of the Department of Hematology at Beijing Boren Hospital, China, in presenting the research here at the European Hematology Association (EHA) 2018 Congress.

Pan and her team had previously reported on efficacy of low-dose CD19 CAR T cell therapy in r/r B-ALL in research published last year (https://www.nature.com/articles/leu2017145) in the journal *Leukemia.* However, as that study showed, disease progression within 1 year is common, and once they relapse, patients are resistant to a secondary CD19 CAR T-cell therapy because of the loss or mutation of CD19.

"We think CAR T-cell therapy induces remission, and bridging to allo-HCT is the key point for this excellent long-term outcome."

Pan noted that CD19 CAR T-cell therapy is nevertheless still the primary option for r/r B-ALL.

"The complete remission rate of CD19-CAR T-cell therapy in our hospital is up to 95%, so this is still the first choice," Pan said.

Verastem Oncology Presents Duvelisib Data at EHA 2018 Annual Meeting (http://investor.verastem.com/phoenix.zhtml?c=250749&p=irol-newsArticle&ID=2354840)

> @DrMDavids (https://twitter.com/DrMDavids?ref_src=twsrc%5Etfw) presenting to standing room only at #EHA2018 (https://twitter.com/hashtag/EHA2018?src=hash&ref_src=twsrc%5Etfw). Did you miss it? Check it out here: https://t.co/JlukLjzRe4 (https://t.co/JlukLjzRe4)@VSTMOncology (https://twitter.com/VSTMOncology?ref_src=twsrc%5Etfw) pic.twitter.com/Wh5mGMJwcB (https://t.co/Wh5mGMJwcB)
>
> — Verastem Oncology (@VSTMOncology) June 16, 2018 (https://twitter.com/VSTMOncology/status/1007938943520837632?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"Dr. Matthew Davids gave an oral presentation of new clinical data from the ongoing Phase Ib/II study evaluating duvelisib in combination with FCR (chemo-immunotherapy) in younger, fit CLL patients," said Diep Le, MD, PhD, Chief Medical Officer of Verastem Oncology. "The combination regimen achieved an overall response rate (ORR) of 94%, including 26% of patients experiencing a complete response or complete response with incomplete blood count recovery (CR/CRi), and 68% achieving a partial response. In addition, patients also experienced a high rate of bone marrow MRD negativity of 76%, which is significantly higher than historical data with FCR. Importantly, the results from this study demonstrated that duvelisib can be combined with a triple chemo-immunotherapy in the front-line setting with an acceptable safety profile".

Dr. Le added, "In addition, the DUO crossover extension data presented build upon the previously reported positive Phase 3 DUO study results and further support duvelisib's potential as an oral treatment option for patients with relapsed or refractory CLL/SLL. Post-crossover, oral duvelisib monotherapy demonstrated robust clinical activity with a 73% overall response rate (ORR) and a 15-month median PFS in the 89 patients that had previously received ofatumumab on DUO and subsequently progressed. Duvelisib monotherapy also demonstrated a manageable safety profile, with results from this study consistent with the well-characterized safety profile of duvelisib monotherapy in previous studies. It is encouraging to see such a robust response to duvelisib monotherapy, similar to response observed in the parent DUO study, in patients that had failed an additional line of therapy and needed a new treatment option. Collectively, the data presented at EHA this year continue to provide important insights to guide the future clinical development of duvelisib across a wide range of hematologic malignancies, both as a monotherapy and in combination with other agents."

TG Therapeutics, Inc. Presents Phase 2 Data Evaluating Umbralisib in CLL Patients Intolerant to Prior BTK or PI3K Delta Inhibitor Therapy at the 23rd Congress of the European Hematology Association (EHA) (http://ir.tgtherapeutics.com/news-releases/news-release-details/tg-therapeutics-inc-presents-phase-2-data-evaluating-umbralisib)

> @anthonymatomd (https://twitter.com/anthonymatomd?ref_src=twsrc%5Etfw) from @sloan_kettering (https://twitter.com/sloan_kettering?ref_src=twsrc%5Etfw) presenting data on umbralisib in pts who d/c'd other KIs due to AEs #EHA23 (https://twitter.com/hashtag/EHA23?src=hash&ref_src=twsrc%5Etfw). pic.twitter.com/qofXHruCWB (https://t.co/qofXHruCWB)
>
> — Matthew Davids, MD (@DrMDavids) June 16, 2018 (https://twitter.com/DrMDavids/status/1007972380948533248?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
Michael S. Weiss, the Company's Executive Chairman and Chief Executive Officer, stated, "We are pleased to present data evaluating umbralisib in patients intolerant to currently approved BTK or PI3K therapies during the EHA annual congress. While there have been great advancements in recent years in the treatment of CLL, this study confirms that there are many patients still in need of an alternative treatment option and that umbralisib

can be used safely and effectively in those patients who were not able to tolerate a prior BTK or PI3K therapy. The rate of patients withdrawing from kinase treatment for CLL in real world settings has been estimated to reach upwards of 40%, representing a significant unmet medical need." Mr. Weiss continued, "We are extremely pleased with the data presented at ASCO and EHA this month and we look forward to presenting the topline response rate data from the UNITY- CLL Phase 3 trial by the end of summer 2018."

Geron Reports Imetelstat Oral Presentation at European Hematology Association Congress (http://ir.geron.com/news-releases/news-release-details/geron-reports-imetelstat-oral-presentation-european-hematology)

> And the reason I was there at #EHA23 (https://twitter.com/hashtag/EHA23?src=hash&ref_src=twsrc%5Etfw) – #imetelstat (https://twitter.com/hashtag/imetelstat?src=hash&ref_src=twsrc%5Etfw) MDS phase 2. We saw 34% >=8 week transfusion independence and 5/32 pts with 24+ week RBC free in IPSS lower risk ESA-refractory/relapsed/ineligible patients with high transfusion burden (>=4U RBCs in 8 weeks prior to screening) pic.twitter.com/6RCUNVIWq9 (https://t.co/6RCUNVIWq9)
>
> — David Steensma (@DavidSteensma) June 17, 2018 (https://twitter.com/DavidSteensma/status/1008297292426809344?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"This encore presentation of data from the first 32 patients in Part 1 of IMerge reiterates the encouraging results that prompted the expansion of enrollment of Part 1 to a refined population of lower risk MDS patients who are naïve to lenalidomide and HMAs and who lacked del(5q). We are pleased that there are multiple patients that have been on treatment for over two years," said John A. Scarlett, M.D., Geron's President and Chief Executive Officer. "We look forward to data from the additional patients enrolled earlier this year in the expanded Part 1 of IMerge, as well as Janssen's decision related to the continued development of imetelstat, which is expected by the end of the third quarter."

Cellerant Therapeutics, Inc. Presents Phase 2 Results Showing CLT-008 Significantly Reduces Risk of Infections in AML Patients Undergoing Standard Induction Chemotherapy (https://www.businesswire.com/news/home/20180618005318/en/)

"Infection is one of the main reasons for morbidity and mortality in AML patients receiving induction chemotherapy. The exciting results from this study show that this innovative approach to treatment of infections could allow more patients to safely survive optimal induction chemotherapy treatment and survive longer, particularly many elderly patients who are not offered induction chemotherapy due to the risk of infection," said Dr. Pinkal Desai, Assistant Professor of Medicine, Weill Cornell Medicine and one of the Phase 2 study's principal investigators.

> Cellerant Therapeutics, Inc. CLT-008 Phase 2 Results Show Significant Reduction in Infections and Days in Hospital in Severely Neutropenic AML Patients https://t.co/35IdL94CxQ (https://t.co/35IdL94CxQ) pic.twitter.com/ryiI6nr3V4 (https://t.co/ryiI6nr3V4)
>
> — Latest News from Business Wire (@NewsFromBW) June 4, 2018 (https://twitter.com/NewsFromBW/status/1003626296981635073?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"CLT-008 is designed to provide innate immunity until the patient's own immune system recovers. Prolonged neutropenia commonly occurs with most myelosuppressive treatments such as AML induction therapy, and these results demonstrate the potential of CLT-008 to mitigate the effects of neutropenia by bridging patients to neutrophil recovery, resulting in improved outcomes," added Ram Mandalam, President and CEO of Cellerant.

Primary endpoint of PFS met in Ph II ELOQUENT-3 trial of elotuzumab + Pomalidomide + Low-Dose Dexamethasone in R/R MM (https://news.bms.com/press-release/corporatefinancial-news/empliciti-elotuzumab-plus-pomalidomide-and-low-dose-dexamethas)

> Last #EHA23 (https://twitter.com/hashtag/EHA23?src=hash&ref_src=twsrc%5Etfw) session for me. Late breaking abstracts. Encouraging interim results for elotuzumab in proteasome inhibitor and lenalidomide refractory MM patients in combination with pomalidomide and dexamethasone. Now for the long trip home! ✈️ pic.twitter.com/EVr9lc1Lbg (https://t.co/EVr9lc1Lbg)
>
> — Georgia McCaughan (@gjmccaughan) June 17, 2018 (https://twitter.com/gjmccaughan/status/1008309041683103745?ref_src=twsrc%5Etfw)

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"The ELOQUENT-3 trial is the first randomized trial comparing the standard of care, pomalidomide and low dose dexamethasone, with and without the addition of a monoclonal antibody. These data support the hypothesis that the addition of elotuzumab to pomalidomide and dexamethasone elicits a synergistic effect and prolongs, significantly, the progression-free survival of heavily pretreated patients with myeloma, regardless of the number of prior therapies," said Meletios A. Dimopoulos, M.D., professor and chairman of the Department of Clinical Therapeutics at the National and Kapodistrian University of Athens, School of Medicine. "We believe that EPd, if approved by regulatory authorities, could become an important potential treatment option for patients with relapsed/refractory multiple myeloma whose disease has progressed after treatment with lenalidomide and a proteasome inhibitor."

100% ORR observed in Ph Ib/II trial of APR-246 + Azacitidine in TP53 Mutant MDS patients (https://www.aprea.com/news/aprea-therapeutics-presents-results-from-phase-ib-ii-clinical-study-of-apr-246-and-azacitidine-aza-in-patients-with-tp53-mutant-myelodysplastic-syndromes-mds-at-the-2018-european-hematology-associ/)

> Aprea Therapeutics Presents Results From Phase Ib/II Clinical Study of APR-246 and Azacitidine (AZA) in Patients with TP53 Mutant Myelodysplastic Syndromes (MDS) at the 2018 European Hematology Association (EHA) Annual Meeting in Stockholm https://t.co/Jq05L7GoOy (https://t.co/Jq05L7GoOy) pic.twitter.com/chRwVVI3Ou (https://t.co/chRwVVI3Ou)
>
> — ShareHRnews (@ShareHRnews) June 17, 2018 (https://twitter.com/ShareHRnews/status/1008356644999159809?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
David Sallman, M.D., lead principal investigator of the clinical study from the Moffitt Cancer Center, said, "The emerging data from this study continue to be very encouraging. Responses have been achieved in all patients, including an 89% complete response rate, and have been accompanied by deep molecular remission as assessed by serial *TP53* analysis. Furthermore, the available data indicate that the combination of APR-246 and azacitidine is safe and well-tolerated in these patients. Comparison of the current data set to historical AZA clinical experience suggests that combination of APR-246 with AZA may offer these patients a better potential treatment option than AZA alone."

European Hematology Association: iNNOVATE Study: Ibrutinib Plus Rituximab for Patients With Waldenström's Macroglobulinemia (https://www.prnewswire.com/news-releases/european-hematology-association-innovate-study-ibrutinib-plus-rituximab-for-patients-with-waldenstroms-

macroglobulinemia-685731011.html/)

> Ibrutinib in combination with bendamustine and rituximab improves quality of life factors in patient #health (https://twitter.com/hashtag/health?src=hash&ref_src=twsrc%5Etfw)&wellness https://t.co/DHf4iSJluJ (https://t.co/DHf4iSJluJ)
>
> — BKS Yoga Studio (@BKSYogaStudio) June 22, 2018 (https://twitter.com/BKSYogaStudio/status/1010071843812921344?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
In this double blind study, 150 patients with WM were randomly assigned to receive treatment with either ibrutinib/placebo + rituximab. More patients had a better response (major response rate) to treatment with ibrutinib + rituximab (72%) than with placebo + rituximab (32%). At 30 months after starting treatment, an estimated 82% of patients treated with ibrutinib + rituximab were alive and did not have disease progression versus 28% of patients treated with placebo + rituximab.

MEI Pharma Presents Clinical Data on ME-401 at the European Hematology Association Congress (http://investor.meipharma.com/2018-06-15-MEI-Pharma-Presents-Clinical-Data-on-ME-401-at-the-European-Hematology-Association-Congress)

> Today we presented clinical data from our Phase 1b ME-401 study at the European Hematology Association Congress reprising results we announced at #ASCO18 (https://twitter.com/hashtag/ASCO18?src=hash&ref_src=twsrc%5Etfw) earlier this month. Read today's announcement here: https://t.co/HGCfIaZPex (https://t.co/HGCfIaZPex) #EHA23 (https://twitter.com/hashtag/EHA23?src=hash&ref_src=twsrc%5Etfw) #Oncology (https://twitter.com/hashtag/Oncology?src=hash&ref_src=twsrc%5Etfw) @EHA_Hematology (https://twitter.com/EHA_Hematology?ref_src=twsrc%5Etfw) pic.twitter.com/XS6p9Q6O9D (https://t.co/XS6p9Q6O9D)
>
> — MEI Pharma (@MEI_Pharma) June 15, 2018 (https://twitter.com/MEI_Pharma/status/1007601245165703169?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"The data demonstrates that ME-401 achieved a 90% response rate across all patient groups treated and was generally well tolerated with no dose-limiting toxicities identified at any dose level," said Daniel P. Gold, Ph.D., president and chief executive officer of MEI Pharma. "The full data from our ME-401 study is very encouraging and we expect to initiate a registration study for ME-401 this year for the treatment of adults with relapsed or refractory FL."

Tolero Pharmaceuticals Presents Clinical Data for Investigational Agent Alvocidib in Patients with Relapsed Refractory MCL-1-Dependent AML at EHA 2018 (http://www.toleropharma.com/press06152018.html)

"Our understanding of acute myeloid leukemia is evolving as we deepen our knowledge about the different mechanisms that play a role in the disease," said Joshua F. Zeidner, MD, lead investigator of the Zella 201 study and assistant professor, Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill. "These preliminary results are encouraging as they indicate alvocidib in combination with cytarabine and mitoxantrone may have activity in patients with relapsed and refractory MCL-1-dependent AML."

Updated QuANTUM-R study results published (https://www.prnewswire.com/news-releases/phase-3-

quantum-r-study-demonstrates-daiichi-sankyos-quizartinib-significantly-prolongs-overall-survival-as-single-agent-compared-to-chemotherapy-in-patients-with-relapsedrefractory-aml-with-flt3-itd-mutations-30066)

> Acute myeloid #leukemia (https://twitter.com/hashtag/leukemia?src=hash&ref_src=twsrc%5Etfw): Phase 3 QuANTUM-R Study Demonstrates #Daiichi (https://twitter.com/hashtag/Daiichi?src=hash&ref_src=twsrc%5Etfw)... https://t.co/PnodjE24jC (https://t.co/PnodjE24jC) salutedomani podcast https://t.co/PnodjE24jC (https://t.co/PnodjE24jC)
>
> — Salute Domani (@salutedomani) June 16, 2018 (https://twitter.com/salutedomani/status/1008125855808348160?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"FLT3-ITD mutated AML represents a high unmet need entity as patients with this aggressive form of the disease have an overall dismal prognosis as evidenced by low response rates to current available therapies, high risk of relapse and a shorter overall survival than those without this mutation," said Jorge E. Cortes, MD, Deputy Chair of the Department of Leukemia in the Division of Cancer Medicine at The University of Texas MD Anderson Cancer Center. "In relapsed/refractory AML with FLT3-ITD mutations, these findings represent the first reported clinical data demonstrating that a single agent can significantly improve overall survival, suggesting that quizartinib could potentially help these patients live longer. Additionally, in the study, a higher proportion of patients received a stem cell transplant in the quizartinib arm compared to the chemotherapy arm."

Tisagenlecleucel shows 52% ORR at mFUP of 14 months in updated data from Ph II JULIET trial in R/R DLBCL patients (https://www.novartis.com/news/media-releases/novartis-juliet-trial-kymriah-demonstrates-more-one-year-durability-responses-adults-relapsed-or-refractory-dlbcl)

> The FDA decision means tisagenlecleucel (Kymriah) is now approved for certain types of non-Hodgkin lymphoma and acute lymphoblastic leukemia. https://t.co/oZFm2Gd9Ar (https://t.co/oZFm2Gd9Ar) #CIM18 (https://twitter.com/hashtag/CIM18?src=hash&ref_src=twsrc%5Etfw) pic.twitter.com/7gelhMuRTo (https://t.co/7gelhMuRTo)
>
> — AACR Foundation (@AACRFoundation) June 22, 2018 (https://twitter.com/AACRFoundation/status/1010147930366529537?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"Advanced aggressive lymphoma patients who once faced a poor prognosis now have the possibility of sustained remission after a single course of therapy – a previously unimaginable and revolutionary breakthrough," said the lead author of the updated JULIET analysis Peter Borchmann, MD, Department of Internal Medicine, University Hospital of Cologne, Germany. "With 14 months of data from JULIET, we are seeing that Kymriah may continue to redefine outcomes for patients with relapsed or refractory DLBCL."

Ph II data of ex vivo expanded hematopoietic stem and progenitor cell investigational product Dilanubicel (NLA101) presented (https://nohlatherapeutics.com/wp-content/uploads/2018/06/Nohla-EHA-2018-GRFS-Release-6-15-18.pdf)

Nohla Announces EHA Abstract Acceptance on Dilanubicel (NLA101) Off-the-Shelf Cell Therapy Showing Excellent Long-Term Survival Outcomes @nohlatx (https://twitter.com/nohlatx?ref_src=twsrc%5Etfw) https://t.co/itMfKrpAjf (https://t.co/itMfKrpAjf) pic.twitter.com/CkZq6FPnRr (https://t.co/CkZq6FPnRr)

— Cord Blood News (@Cord_Blood_News) June 6, 2018 (https://twitter.com/Cord_Blood_News/status/1004465490625007616?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
“Evaluation of allogeneic hematopoietic cell transplant success is commonly assessed as incidence of individual complications and treatment failures,” said Colleen Delaney, MD, MSc, Chief Medical Officer and Co-founder of Nohla Therapeutics. “The GRFS endpoint provides a more complete measurement of transplant success and long-term recovery that, along with survival, also accounts for complications such as GVHD and disease relapse. When evaluating dilanubicel data using this composite benchmark, we observed a compelling improvement for patients receiving dilanubicel compared to the concurrent control group. Our ongoing randomized phase 2b study will also evaluate this important endpoint, and we look forward to these results later this year.”

New pan-FLT3/pan-BTKi CG-806 data in patient-derived B cells presented (http://ir.aptose.com/phoenix.zhtml?c=116148&p=irol-newsArticle&ID=2354764)

$APTO (https://twitter.com/search?q=%24APTO&src=ctag&ref_src=twsrc%5Etfw) CG-806 in AML pic.twitter.com/TfUN71X9IG (https://t.co/TfUN71X9IG)

— Joe (@GantosJ) May 2, 2018 (https://twitter.com/GantosJ/status/991735922130550785?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
“A safe and potent agent that inhibits all forms of BTK and other key rescue pathways (including AKT/PI3K, ERK and NFkB) is needed for patients intolerant, refractory and resistant to ibrutinib,” said William G. Rice, Ph.D., Chairman, President and Chief Executive Officer. “These data strongly support the clinical development of CG-806 to address the limitations and challenges of ibrutinib. CG-806 is being readied for the clinic and we look forward to reporting on its development.”

Updated data of AFM13 + Pembro presented in R/R Hodgkin Lymphoma patients (http://www.affimed.com/pdf/20180615_afmd_eha_data_final.pdf)

“The high response rates in this study, in terms of both partial and complete responses, continue to compare favorably to the historical data of anti-PD-1 monotherapy, and would be expected to translate into meaningful progression free and overall survival over time,” said Dr. Stephen Ansell, Principal Investigator of the study. “Importantly, these data have shown that AFM13 can be safely administered in combination with Keytruda® and has the potential to improve patient outcomes.”

$AFMD (https://twitter.com/search?q=%24AFMD&src=ctag&ref_src=twsrc%5Etfw) poster on AFM13 + pembro in Hodgkin post Brentuximab shows 83% ORR #ASH17 (https://twitter.com/hashtag/ASH17?src=hash&ref_src=twsrc%5Etfw) pic.twitter.com/ZgRiGZdnCO (https://t.co/ZgRiGZdnCO)

— ICI Research (@iciresearch) December 9, 2017 (https://twitter.com/iciresearch/status/939504641968082944?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)

"We are very excited about the potential opportunities for AFM13 to benefit patients with CD30positive malignancies," said Dr. Leila Alland, Affimed's Chief Medical Officer. "We are planning additional studies of AFM13 in patients with CD30-positive malignancies and are actively seeking guidance from experts on our development plans including potential accelerated approval paths."

Long-term obinutuzumab data from Ph III CLL11 study in 1L CLL patients presented (https://www.roche.com/media/releases/med-cor-2018-06-15.htm)

> Dr. Gribben highlighted the results from the phase III ILLUMINATE trial, where the combo ibrutinib plus obinutuzumab improved progression-free survival in CLL and SLL: https://t.co/uNV8pwrEp5 (https://t.co/uNV8pwrEp5)#leusm (https://twitter.com/hashtag/leusm?src=hash&ref_src=twsrc%5Etfw) #Ibrutinib (https://twitter.com/hashtag/Ibrutinib?src=hash&ref_src=twsrc%5Etfw) pic.twitter.com/veRAspJ1kj (https://t.co/veRAspJ1kj)
>
> — Targeted Oncology (@TargetedOnc) June 17, 2018 (https://twitter.com/TargetedOnc/status/1008348807514525696?ref_src=twsrc%5Etfw)

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"We are very pleased that the majority of patients treated with Gazyva/Gazyvaro are still alive after nearly five years of follow-up in the CLL11 study," said Sandra Horning, MD, Roche's Chief Medical Officer and Head of Global Product Development. "This meaningful survival benefit compared to MabThera/Rituxan-based therapy reinforces that Gazyva/Gazyvaro-based therapy is an important option for people with previously untreated CLL."

Beigene presented results on BTKi zanubrutinib (http://ir.beigene.com/phoenix.zhtml?c=254246&p=irol-newsArticle&ID=2354713)

> $BGNE (https://twitter.com/search?q=%24BGNE&src=ctag&ref_src=twsrc%5Etfw) $CELG (https://twitter.com/search?q=%24CELG&src=ctag&ref_src=twsrc%5Etfw) – #CowenHealthCare (https://twitter.com/hashtag/CowenHealthCare?src=hash&ref_src=twsrc%5Etfw)
> Here's Ibrutinib's PFS in WM.....
> n=63, Best Response: just VGPR: 16% (10pts) vs 43% (18 with Zanubrutinib)
> CO is trying to make head-to-head comparisons, @PredatorDiaries (https://twitter.com/PredatorDiaries?ref_src=twsrc%5Etfw) pic.twitter.com/qjHNwwRcaT (https://t.co/qjHNwwRcaT)
>
> — Bursatil Biotech (@BursatilBiotech) March 12, 2018 (https://twitter.com/BursatilBiotech/status/973326953813078021?ref_src=twsrc%5Etfw)

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"We continue to be encouraged by the quality and durability of response with zanubrutinib in the treatment of patients with Waldenström macroglobulinemia (WM), particularly with the observation that 43 percent of the evaluable patients achieved a very good partial response (VGPR). Additionally, the safety results from the combined experience in four ongoing monotherapy trials demonstrate that zanubrutinib was generally well-tolerated," commented Jane Huang, M.D., Chief Medical Officer, Hematology, at BeiGene. "As these results mature, and as we near completion of enrollment in our Phase 3 trial comparing zanubrutinib with ibrutinib in patients with WM, we are hopeful that zanubrutinib, if approved, may represent a valuable treatment option for patients with this disease."

ERYTECH Pharma to present results of its Ph IIb clinical trial evaluating eryaspase for the treatment of AML (http://investors.erytech.com/phoenix.zhtml?c=254271&p=irol-newsArticle&ID=2354712)

> terrible eryaspase+LD cytarabine combo KM plot in AML elderly patients – perhaps a futility interim analysis would have stopped this trial earlier.https://t.co/MGCfoLYTqd (https://t.co/MGCfoLYTqd) pic.twitter.com/PsWQOUxDxo (https://t.co/PsWQOUxDxo)
>
> — Biotech Radar (@BiotechRadar) June 19, 2018 (https://twitter.com/BiotechRadar/status/1009126258020626437?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
ERYTECH Pharma, a clinical-stage biopharmaceutical company developing innovative therapies by encapsulating therapeutic drug substances inside red blood cells, announced that it would present preclinical data on the enzymatic activity of eryaspase (GRASPA) for the treatment of relapsed acute lymphoblastic leukemia (ALL) and results of its Phase 2b clinical trial evaluating eryaspase (GRASPA) for the treatment of acute myeloid leukemia (AML) at the European Hematology Association (EHA) Congress, being held June 14-17, 2018 in Stockholm, Sweden.

Preliminary safety and efficacy data of CD19 inh MOR208 from cohort A of Ph II COSMOS trial in CLL patients presented (https://www.morphosys.com/media-investors/media-center/morphosys-presents-clinical-data-with-blood-cancer-candidate-mor208-in)

> S.Moroney $MOR (https://twitter.com/search?q=%24MOR&src=ctag&ref_src=twsrc%5Etfw) #JPM18 (https://twitter.com/hashtag/JPM18?src=hash&ref_src=twsrc%5Etfw) very powerfull platform,goal is to increase revenues from milestones & hopefully royalties
> MOR208 (CD19 mAb) keeps most of co's R&D busy, enhanced binding to target thx to 2 Fc region changes, L-MIND readout 2018 in DLBCL + CLL also in 2018
> very good results pic.twitter.com/LMTCW7eDy2 (https://t.co/LMTCW7eDy2)
>
> — Biotech Radar (@BiotechRadar) January 11, 2018 (https://twitter.com/BiotechRadar/status/951384071741026304?ref_src=twsrc%5Etfw)

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"Patients with CLL after failure of ibrutinib therapy are in need of more therapeutic options. We are encouraged by the initial and, for the most part, still ongoing responses observed in this heavily pretreated patient population in our exploratory trial with MOR208 plus idelalisib," commented Dr. Malte Peters, Chief Development Officer of MorphoSys AG. "Overall, this shows the potential medical application of MOR208 in additional B cell malignancies. The data shows that MOR208 may be combined with other cancer drugs used in hematological malignancies, including PI3K inhibitors. We look forward to the upcoming results from the second cohort of MOR208 plus venetoclax of our ongoing COSMOS study which we expect later this year."

Updated Selinexor data from Ph Ib/II STOMP trial presented (http://investors.karyopharm.com/news-releases/news-release-details/karyopharm-presents-updated-selinexor-phase-1b2-stomp-myeloma)

> Karyopharm's selinexor shows positive effect in multiple myeloma study; shares up 2% – https://t.co/FEVncpe7eo (https://t.co/FEVncpe7eo)
>
> — Investing.com Stocks (@InvestingStockz) June 15, 2018 (https://twitter.com/InvestingStockz/status/1007643958745403392?ref_src=twsrc%5Etfw)

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“The Phase 1b/2 STOMP study continues to generate important efficacy and safety data from the multiple ongoing arms evaluating selinexor and dexamethasone (dex) in combination with the standard approved therapies Velcade, Pomalyst and Darzalex in patients with multiple myeloma following at least one prior therapy,” said Sharon Shacham, PhD, MBA, President and Chief Scientific Officer of Karyopharm. “Based on the positive STOMP results reported to date, we have initiated a new all-oral STOMP arm to investigate selinexor plus Revlimid® and dex in the front-line setting. Given the observed synergistic activity of selinexor with standard approved myeloma therapies, we believe oral selinexor has the potential to be a future backbone therapy in myeloma, and we look forward to elucidating its activity as part of a front-line treatment regimen.”

New Undetectable MRD data from Phase 3 Relapsed/Refractory Chronic Lymphocytic Leukemia MURANO Trial of Venetoclax in Combination with Rituximab (https://news.abbvie.com/news/abbvie-announces-new-undetectable-minimal-residual-disease-data-from-phase-3-relapsedrefractory-chronic-lymphocytic-leukemia-murano-trial-venetoclax-in-combination-with-rituximab-at-23rd-european-hematology-association-annual-c)

> #AbbVie (https://twitter.com/hashtag/AbbVie?src=hash&ref_src=twsrc%5Etfw) unveils high undetectable disease rates for venetoclax/rituximab combo https://t.co/XOFNhnJEGY (https://t.co/XOFNhnJEGY)
>
> — Research Analyst (@mastersrock222) June 20, 2018 (https://twitter.com/mastersrock222/status/1009295832070459392?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
“In this analysis of MRD data in patients with chronic lymphocytic leukemia given venetoclax in combination with rituximab, high and durable undetectable MRD rates were achieved in peripheral blood at the end of combination treatment assessment regardless of the risk features,” said Peter Hillmen, Ph.D., Professor of Experimental Hematology, Leeds Teaching Hospital in the UK, and lead investigator of the MURANO study. “These undetectable MRD results, along with data regarding the nearly 14-month progression-free findings in patients who maintained undetectable MRD, are an encouraging finding from the MURANO study.”

RWE data concludes Ruxolitinib is associated with a reduction in risk of death and dangerous blood clots for PV patients (https://www.novartis.com/news/media-releases/novartis-study-real-world-data-concludes-jakavi-associated-reduction-risk-death-and-dangerous-blood-clots-patients-rare-blood-cancer)

> VIDEO: Jeanne M. Palmer, M.D., hematologist oncologist at the @MayoClinic (https://twitter.com/MayoClinic?ref_src=twsrc%5Etfw) in Arizona discusses the benefit of Jakafi (ruxolitinib) for patients with polycythemia vera: https://t.co/re1H58tx1W (https://t.co/re1H58tx1W)
>
> — CURE Magazine (@cure_magazine) April 11, 2018 (https://twitter.com/cure_magazine/status/984050961273556992?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
“When you can complement clinical trial data with real-world experiences, it can provide valuable insight into how treatments affect patients in their day-to-day lives,” said lead study investigator, Alberto Alvarez-Larran, MD, Hematology Department, Hospital Clinic, Barcelona, Spain. “This latest research supports the use of Jakavi to help people with polycythemia vera gain better control of their disease when hydroxyurea is not an option.”

90% response rate obtained with next-gen PI3Ki ME-401 in Ph Ib trial of R/R FL, CLL and SLL patients (http://investor.meipharma.com/2018-06-15-MEI-Pharma-Presents-Clinical-Data-on-ME-401-at-the-European-Hematology-Association-Congress)

> $MEIP (https://twitter.com/search?q=%24MEIP&src=ctag&ref_src=twsrc%5Etfw) results from a phase 1b study of ME-401 in patients with relapsed or refractory follicular lymphoma (FL), chronic lymphocytic lymphoma (CLL) and small lymphocytic lymphoma (SLL) achieved a 90% response rate across all patient groups treated
>
> — MAISA (@MaisaCorp) June 15, 2018 (https://twitter.com/MaisaCorp/status/1007710638481793026?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"The data demonstrates that ME-401 achieved a 90% response rate across all patient groups treated and was generally well tolerated with no dose-limiting toxicities identified at any dose level," said Daniel P. Gold, Ph.D., president and chief executive officer of MEI Pharma. "The full data from our ME-401 study is very encouraging and we expect to initiate a registration study for ME-401 this year for the treatment of adults with relapsed or refractory FL."

DARPin® therapy, MP0250, shows encouraging responses in RRMM patients in Ph II trial (https://www.molecularpartners.com/molecular-partners-presents-updated-results-from-its-ongoing-phase-2-combination-study-of-its-lead-oncology-drug-mp0250-at-eha-in-stockholm/)

"We are very encouraged by the initial activity and the safety profile of MP0250 in combination with bortezomib and dexamethasone, even at the low dose of MP0250. We have started the treatment of the first two patients with the higher dose of 12 mg/kg which may be even more effective," said Andreas Harstrick, Chief Medical Officer of Molecular Partners.

Patrick Amstutz, CEO of Molecular Partners added: "These results further substantiate our development plans in multiple myeloma as well as the launch of our additional phase 1b/2 study of MP0250 in combination with osimertinib in EGFR-mutated NSCLC."

Interim data from Ph II study of EZH2i Tazemetostat in R/R EZH2-mutated FL presented (https://epizyme.gcs-web.com/news-releases/news-release-details/epizyme-reports-positive-updated-interim-data-phase-2-study)

> Updates from the 23rd Congress of the European Hematology Association: Interim Data Shows Clinical Activity of Tazemetostat in R/R Follicular Lymphoma https://t.co/nM110jcoyX (https://t.co/nM110jcoyX) via @CHUdeLyon (https://twitter.com/CHUdeLyon?ref_src=twsrc%5Etfw) @LysaLymphoma (https://twitter.com/LysaLymphoma?ref_src=twsrc%5Etfw) #lymsm (https://twitter.com/hashtag/lymsm?src=hash&ref_src=twsrc%5Etfw) #EHA23 (https://twitter.com/hashtag/EHA23?src=hash&ref_src=twsrc%5Etfw) pic.twitter.com/AnFfMS9eLA (https://t.co/AnFfMS9eLA)
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> — Oncology Times (@OncologyTimes) June 16, 2018 (https://twitter.com/OncologyTimes/status/1007998748860010497?ref_src=twsrc%5Etfw)

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"I am impressed by the sustained clinical activity and the good tolerability of tazemetostat in this heavily pre-treated patient population. This is important for patients with relapsed or refractory follicular lymphoma, as both the response rates and durations of response usually tend to decrease with each successive line of treatment," said Gilles Salles, M.D., Ph.D., at the University Hospital of Lyon France, and president of the

Lymphoma Study Association (LYSA) cooperative group. “I believe tazemetostat has the potential to fill a significant unmet need for these patients and continued investigation of tazemetostat as single agent or in combination with other agents is warranted.”

Results from three trials of CD123-targeting therapy SL-401 in BPDCN, R/R MF, and R/R CMML patients to be presented (http://ir.stemline.com/news-releases/news-release-details/stemline-therapeutics-announces-three-elzonristm-tagraxofusp-sl)

> $STML (https://twitter.com/search?q=%24STML&src=ctag&ref_src=twsrc%5Etfw) presented updated data from the Phase I/II study looking at SL-401 (now tagraxofusp; Elzonris) in advanced myeloproliferative neoplasms including chronic myelomonocytic leukemia (CMML) and myelofibrosis (MF) at the EHA meeting.
>
> — dough (@tgtxdough) June 16, 2018 (https://twitter.com/tgtxdough/status/1007997113844760576?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
Stemline Therapeutics, Inc. a clinical-stage biopharmaceutical company developing novel oncology therapeutics, announced that ELZONRIS™ (tagraxofusp; SL-401) was the subject of three clinical presentations, including an oral presentation on the pivotal BPDCN program. Updated data from the ongoing Phase 2 trial in chronic myelomonocytic leukemia (CMML) and myelofibrosis (MF) were also presented. Presentations were delivered on Friday, June 15th at the 23rdCongress of the European Hematology Association (EHA) in Stockholm, Sweden.

AbbVie to present data from several Venetoclax studies (https://news.abbvie.com/news/abbvie-to-present-new-data-from-several-investigational-studies-venetoclax-as-monotherapy-or-in-combination-for-management-number-difficult-to-treat-blood-cancers-at-23rd-european-hematology-association-eha-annual-congress.htm)

“The breadth of venetoclax studies being presented at the European Hematology Association Annual Congress, across four blood cancers, is an indicator of the utility, versatility and potential to advance care for patients living with blood cancer around the world,”[3] said Neil Gallagher, M.D., Ph.D., head of oncology clinical development, AbbVie. “As a company, we are committed to exploring additional therapeutic applications for venetoclax in our efforts to address major unmet medical needs, and develop novel treatments that work against key pathways of disease progression.”

BioLineRx to Present Overall Survival Data at EHA from Phase 2a Study of BL-8040 in r/r AML Patients (http://www.biolinerx.com/default.asp?pageid=16&itemid=610)

> Oppenheimer's European Hematology Association Meeting Guide$BLRX (https://twitter.com/search?q=%24BLRX&src=ctag&ref_src=twsrc%5Etfw) Poster presentation, Tomorrow, Sat 5:30PM ET:
>
> OS results of CXCR4 Inhibitor BL-8040 + Cytarabine in r/r AML
>
> Also presents $BLUE (https://twitter.com/search?q=%24BLUE&src=ctag&ref_src=twsrc%5Etfw), $CELG (https://twitter.com/search?q=%24CELG&src=ctag&ref_src=twsrc%5Etfw), $CRSP (https://twitter.com/search?q=%24CRSP&src=ctag&ref_src=twsrc%5Etfw), $VSTM (https://twitter.com/search?q=%24VSTM&src=ctag&ref_src=twsrc%5Etfw), $VRTX (https://twitter.com/search?q=%24VRTX&src=ctag&ref_src=twsrc%5Etfw) , $PTLA (https://twitter.com/search?q=%24PTLA&src=ctag&ref_src=twsrc%5Etfw) pic.twitter.com/Y2EoWUkim3 (https://t.co/Y2EoWUkim3)
>
> — Kevin (@Kevin_W81) June 15, 2018 (https://twitter.com/Kevin_W81/status/1007704354747367424?ref_src=twsrc%5Etfw)

https://platform.twitter.com/widgets.js (https://platform.twitter.com/widgets.js)
"We are extremely encouraged with the overall survival data continuing to flow from this proof-of-concept study. The study included a very difficult-to-treat patient population, in which 81% were either refractory to one or two inductions, or experienced progression-free survival of less than 12 months after first-line therapy. These data continue to give us confidence in the AML space, where we have two important studies ongoing – a large, randomized controlled Phase 2b study in consolidation AML, and a Phase 1b/2 study in maintenance AML under our collaboration with Genentech," said Philip A. Serlin, Chief Executive Officer of BioLineRx.

***Cover image**: (Wikimedia Commons (https://commons.wikimedia.org/wiki/File:BioTek-Wikipedia-Image.tif#file)) By BioTek Instruments, Inc. (BioTek Instruments, Inc.) [CC BY-SA 3.0 (https://creativecommons.org/licenses/by-sa/3.0)], via Wikimedia Commons. Final z-projected image of chondrocyte differentiated human mesenchymal stem cell 3D spheroid taken using Cytation 5 Cell Imaging Multi-Mode Reader. DAPI: Hoechst 33342 stained nuclei, GFP: Alexa Fluor 488 phalloidin stained actin filaments, CY5: Collagen II expression.*

About the Author:


(https://i0.wp.com/www.sciwri.club/wp-content/uploads/2018/03/RT.jpg)

Richa (https://www.linkedin.com/in/richatewari/) earned her PhD at the National Brain Research Centre, India. For her thesis, she worked on the dreaded Glioblastoma multiforme. That was her first in-depth exposure to academic research in cancer biology. After her PhD, she expanded her research experience by working in the field of immunology at UCLA, USA. After her return to India, Richa switched to a corporate setting but continued her engagement with the cancer field. She is currently loving her work, which affords her the opportunity to continue developing her knowledge in the biomedical field of cancer. Outside of work, she enjoys watching, identifying and photographing birds.

Editor and Blog Design:


(https://i1.wp.com/www.sciwri.club/wp-content/uploads/2016/06/Self2015.jpg)

Abhi Dey (https://www.linkedin.com/in/abhinavdey/)

Abhi graduated from the Molecular Biophysics Unit of IISc (Bangalore, India) in 2011. As a Biomedical Scientist, he has worked with all three life-forms in his 13-year research career, viz., particulate, unicellular and multicellular. He is currently an Assistant Scientist at Emory University (Atlanta, GA) studying mechanisms of tumor recurrence in kids with brain tumors. As a postdoctoral fellow, he was the recipient of two Young Investigator Awards from Alex Lemonade Stand Foundation (Philadelphia, PA) and Rockland Immunochemicals. His current research has been funded by Northwestern Mutual Foundation (Milwaukee, WI), CURE Childhood Cancer Foundation (Atlanta, GA) and American Association for Cancer Research (AACR). When he is not on the bench you will find him spending time with his family or exploring the world through traveling and blogging.

Image Sources: Wikipedia and Twitter

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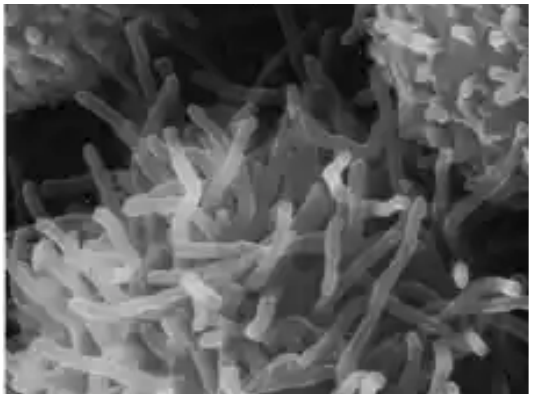

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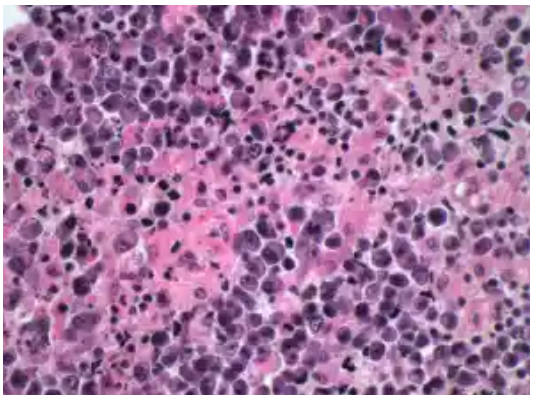

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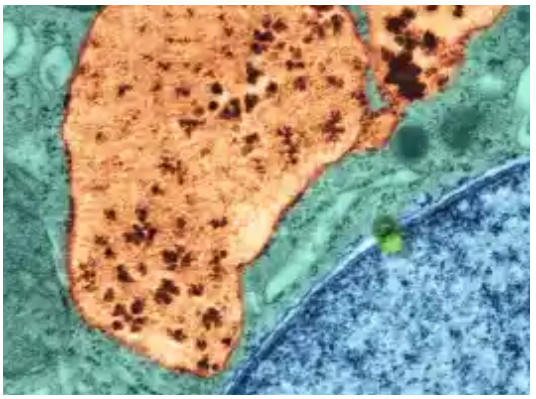

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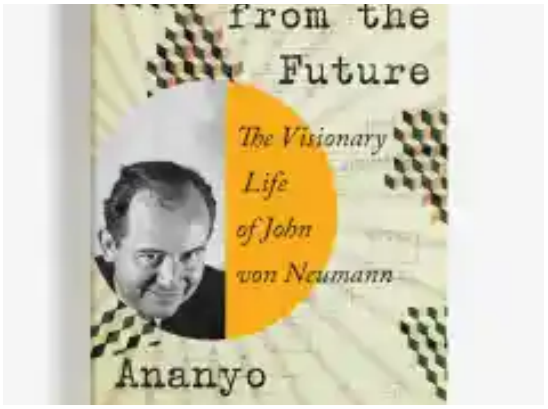

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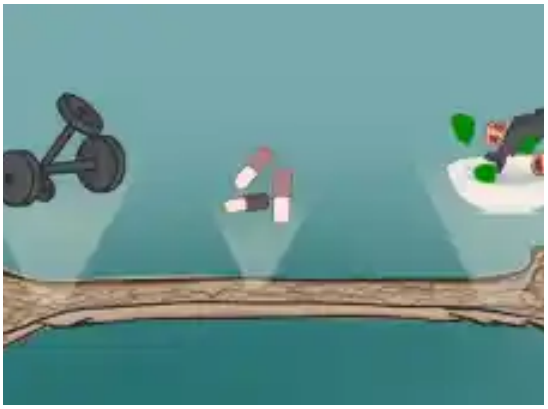

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