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# Actualités dans la prise en charge de l'aplasie médullaire

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**Régis Peffault de Latour, MD, PhD**

French reference center for aplastic anemia & PNH

French network for rare immunological & hematological disorders (MaRIH)

Severe aplastic anemia working party of EBMT (SAAWP EBMT)

Hôpital Saint-Louis, Paris, France



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# Actualités dans la prise en charge de l'aplasie médullaire idiopathique

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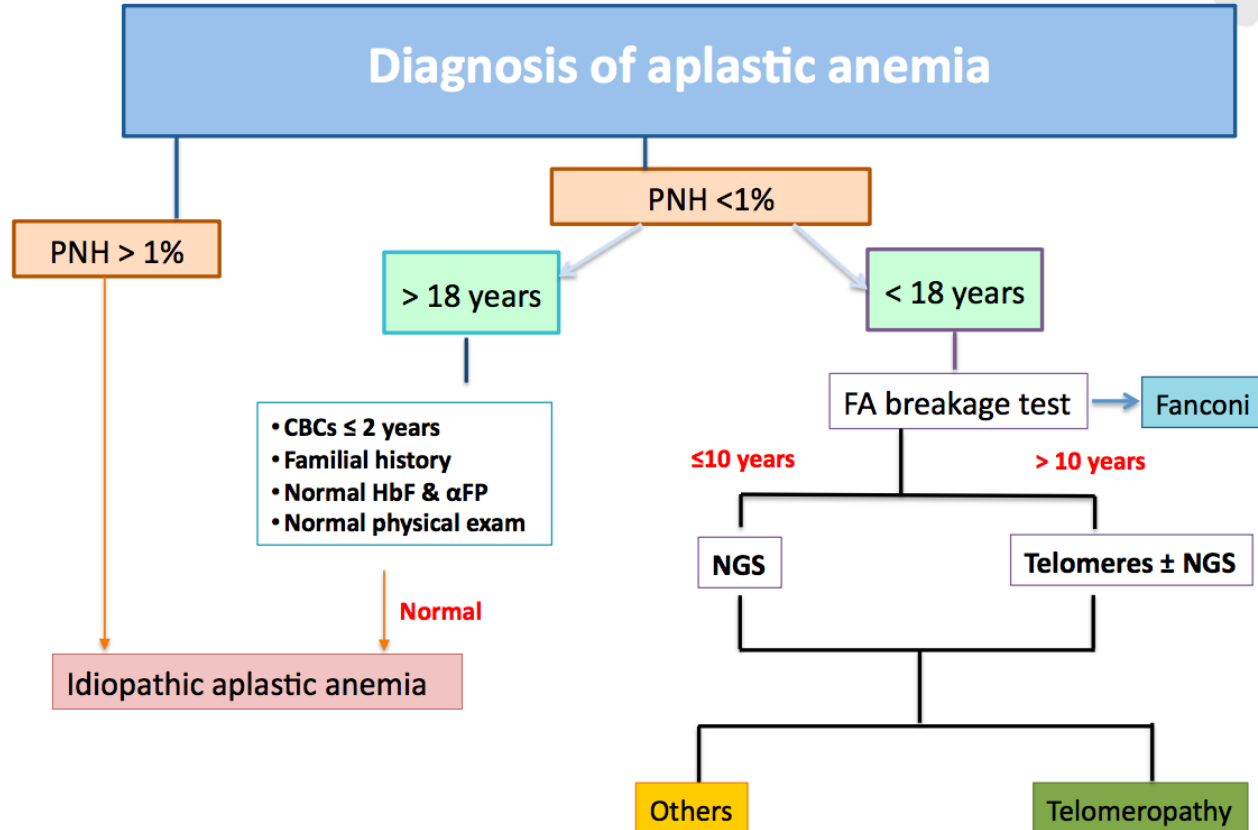
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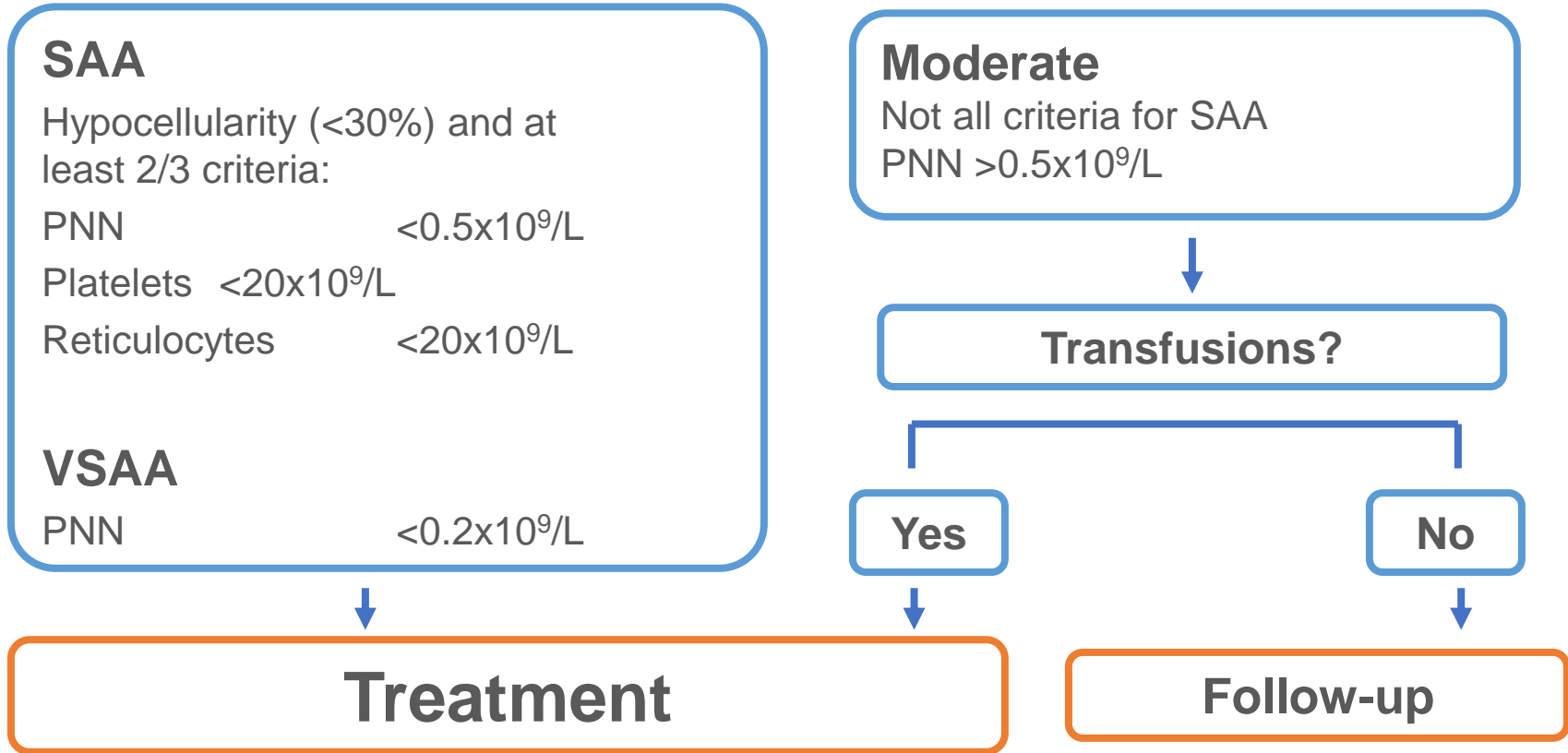
# Difference between acquired and inherited aplastic anemia?

## Question #1



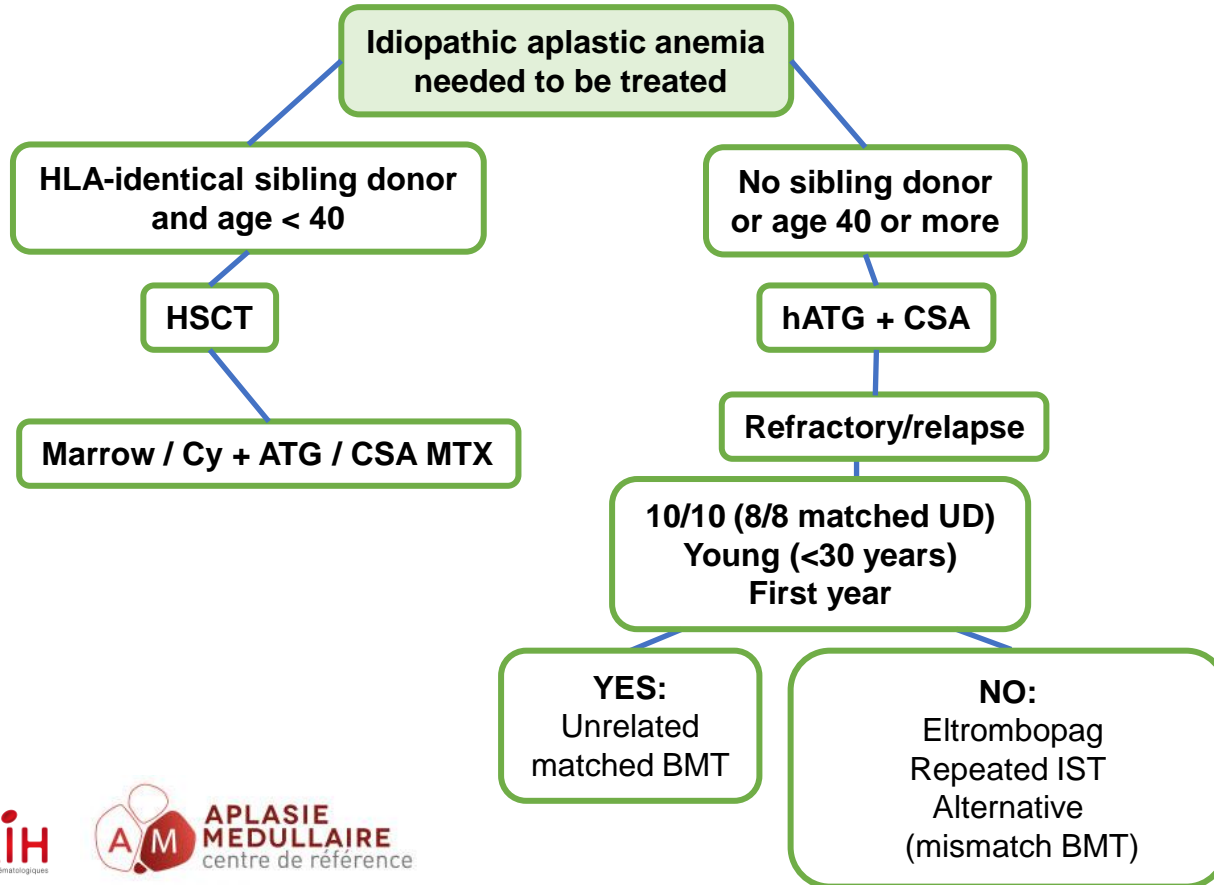
# Difference between acquired and inherited aplastic anemia?

## Question #2

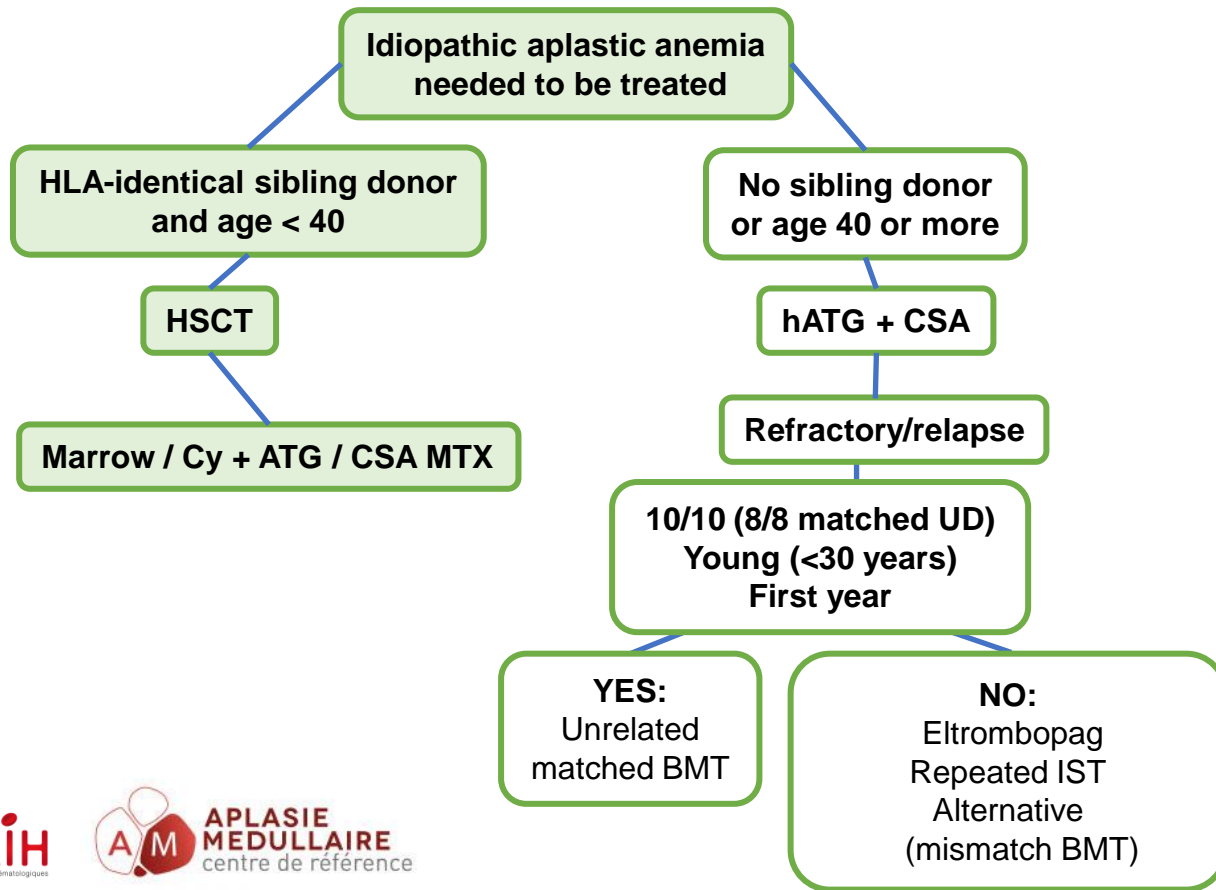


# Treatment (guidelines & update)

## Question #3



# Treatment (guidelines)



# Up-front MUD transplantation

## Experimental approach

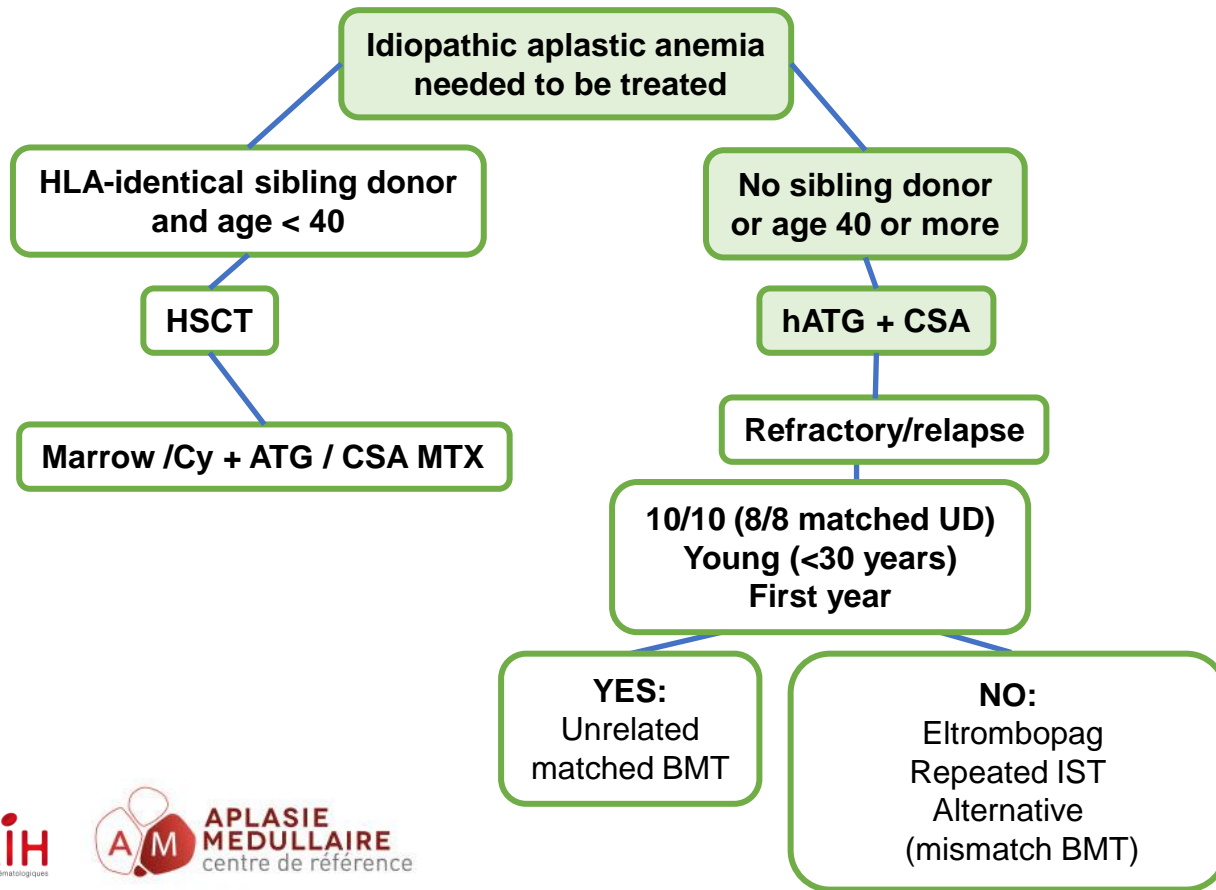
PHRC National 2019 / PI : JH Dalle (<18 years) & R Peffault de Latour

Essai de phase II évaluant la faisabilité de réaliser une allogreffe à partir après d'un **donneur non apparenté HLA 10/10 en première intention** chez des enfants atteints **d'aplasies médullaires idiopathiques**

### > Endpoint primaire et nombre de patients requis:

- Réalisation de l'allogreffe dans les 60 jours après identification du donneur 10/10
- 25 patients (36 mois /24 mois de suivi), <18 ans, analyse intermédiaire 12 pts

# Treatment (guidelines)

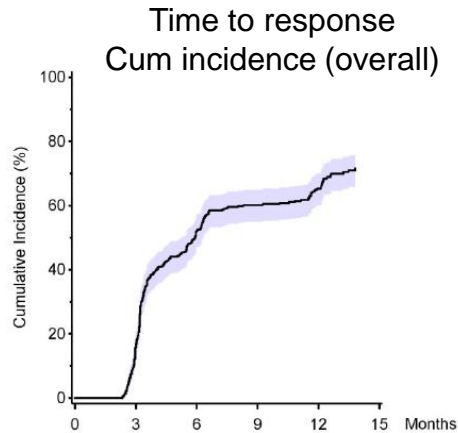




# Horse ATG + Cyclosporine

## The French experience – response characteristics

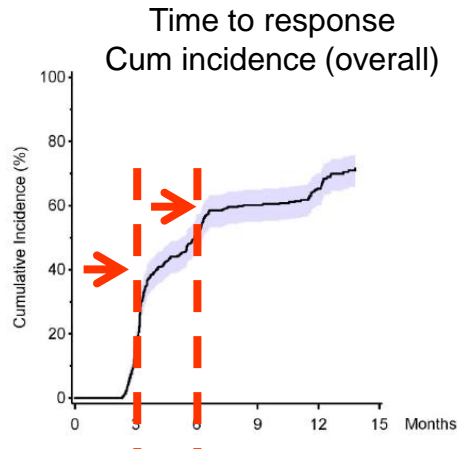
- **Response characteristics**
  - **Responders**
    - 40% at months 3 & 60% at months 6



# Horse ATG + Cyclosporine

## The French experience – response characteristics

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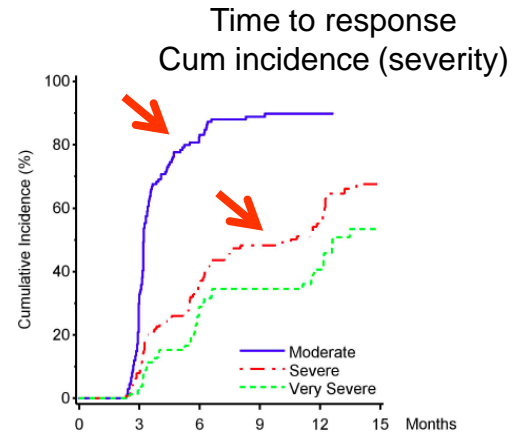
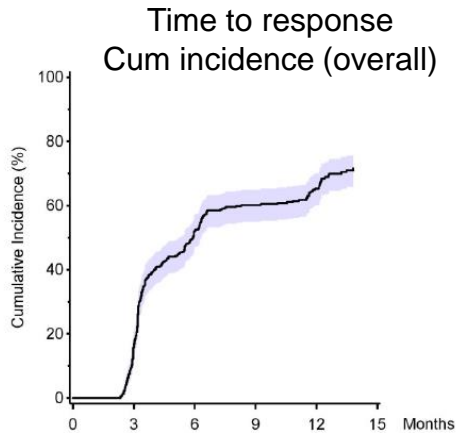
# Horse ATG + Cyclosporine

## The French experience – response characteristics

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- 40% at months 3 & 60% at months 6
    - Better & quicker response for patients with moderate aplastic anemia



# Horse ATG + Cyclosporine

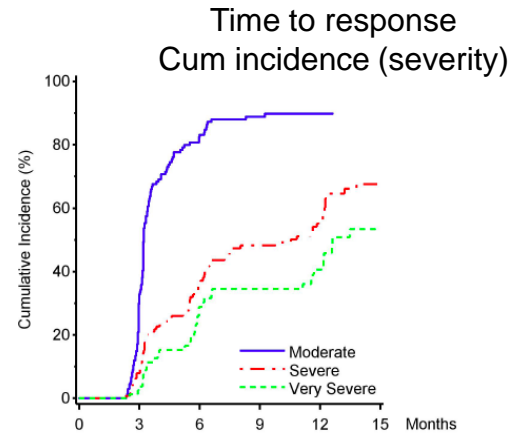
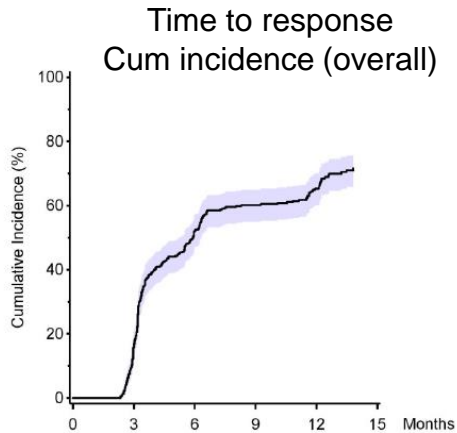
## The French experience – response characteristics

- **Response characteristics**

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- **Complete response is exceptional (!)**



# Horse ATG + Cyclosporine

## The French experience – response characteristics

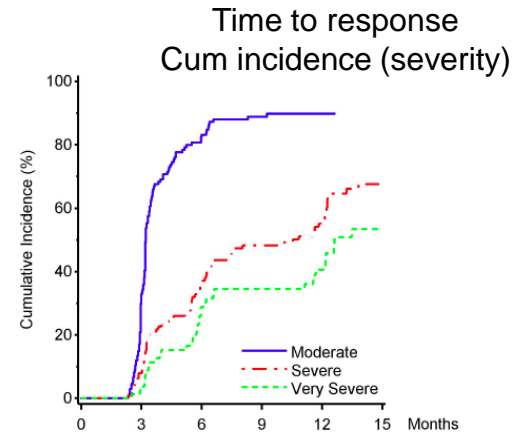
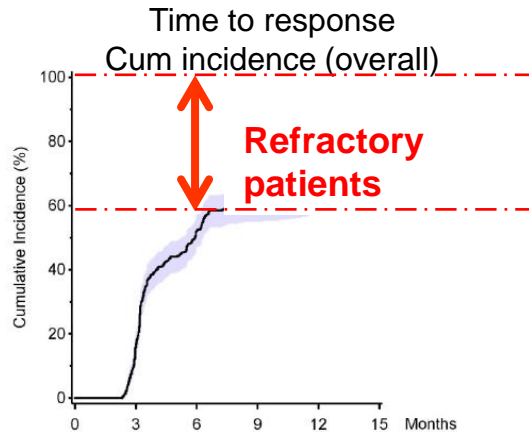
- **Response characteristics**

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- **Complete response is exceptional (!)**

- **Refractory patients (about 30-40%)**



# Any progress since 40 years?

## Anti-thymocyte globuline



- Add androgens to ATG
  - No increase in response rate (Champlin, Blood 1985)
- Add to or replace ATG with megadose corticosteroids
  - No increase in response; high toxicity (Marmontl, Prog Clin Biol Res 1984)
- Replace ATG with high dose cyclophosphamide
  - Toxicity (Tisdale, Lancet 2001; Blood 2002)
- Replace ATG with moderate dose cyclophosphamide
  - Excessive toxicity secondary to neutropenia (Scheinberg, Blood 2014)
- Add mycophenolate mofetil to ATG/CsA
  - No improvement in response/survival (Scheinberg, Br J Haematol 2006)
- Add sirolimus to ATG/CsA
  - No improvement in response/survival (Scheinberg, Haematologica 2009)
- Add G-CSF to ATG/CsA
  - No improvement in response/survival (Locasciulli, Haematologica 2004)
- Prolonged CsA (2 years) to prevent relapse
  - Delayed but ultimately equivalent rate (Scheinberg, Am J Hematol 2014)

# Perspectives – eltrombopag first line

Naive patients *clinicaltrials.gov* NCT02099747

## RACE study



A prospective **R**andomized multicenter study comparing horse  
**A**ntithymocyte globuline (hATG) + **C**yclosporine A (CsA) ±  
**E**ltrombopag as front-line therapy for severe aplastic anemia patients.

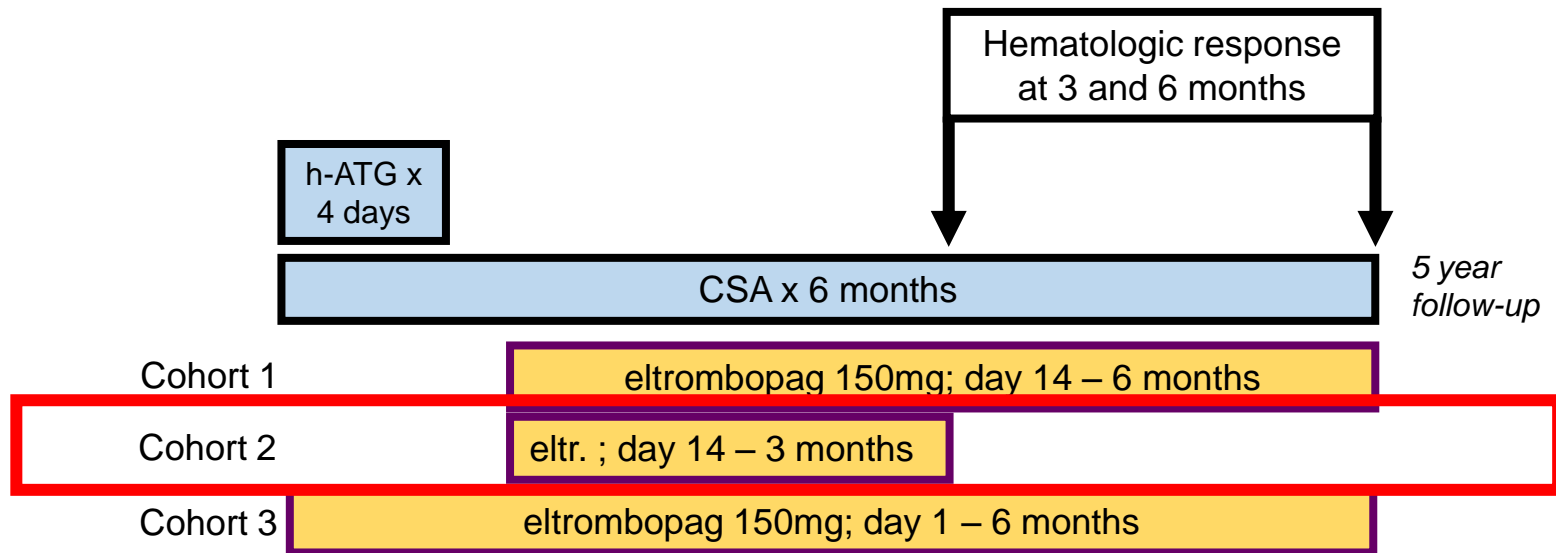
### PRINCIPAL INVESTIGATORS

*Regis Peffault de Latour (Paris)*

*Antonio M Risitano (Naples)*

# Perspectives – eltrombopag first line

Naive patients *clinicaltrials.gov* NCT02099747



**Primary endpoints:** CR rate at 3 mo, 7% (standard IST) versus 21% (Experimental arm)



# Perspectives – eltrombopag first line

## Naive patients *clinicaltrials.gov* NCT02099747



Country	# sites	# open sites	# Randomized subjects
FR	8	7	85
IT	9	6	28
NL	4	4	27
ES	6	4	11
CH	3	3	9
UK	5	4	45
DE	5	0	0
<b>Total</b>	<b>40</b>	<b>28</b>	<b>205</b>

# Horse ATG + Cyclosporine

## The French experience – response characteristics

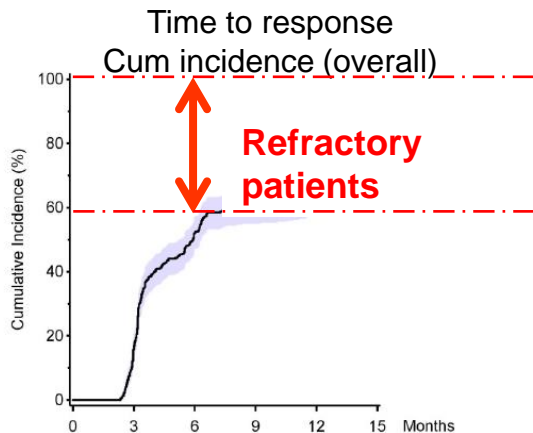
- **Response characteristics**

- **Responders**

- 40% at months 3 & 60% at months 6
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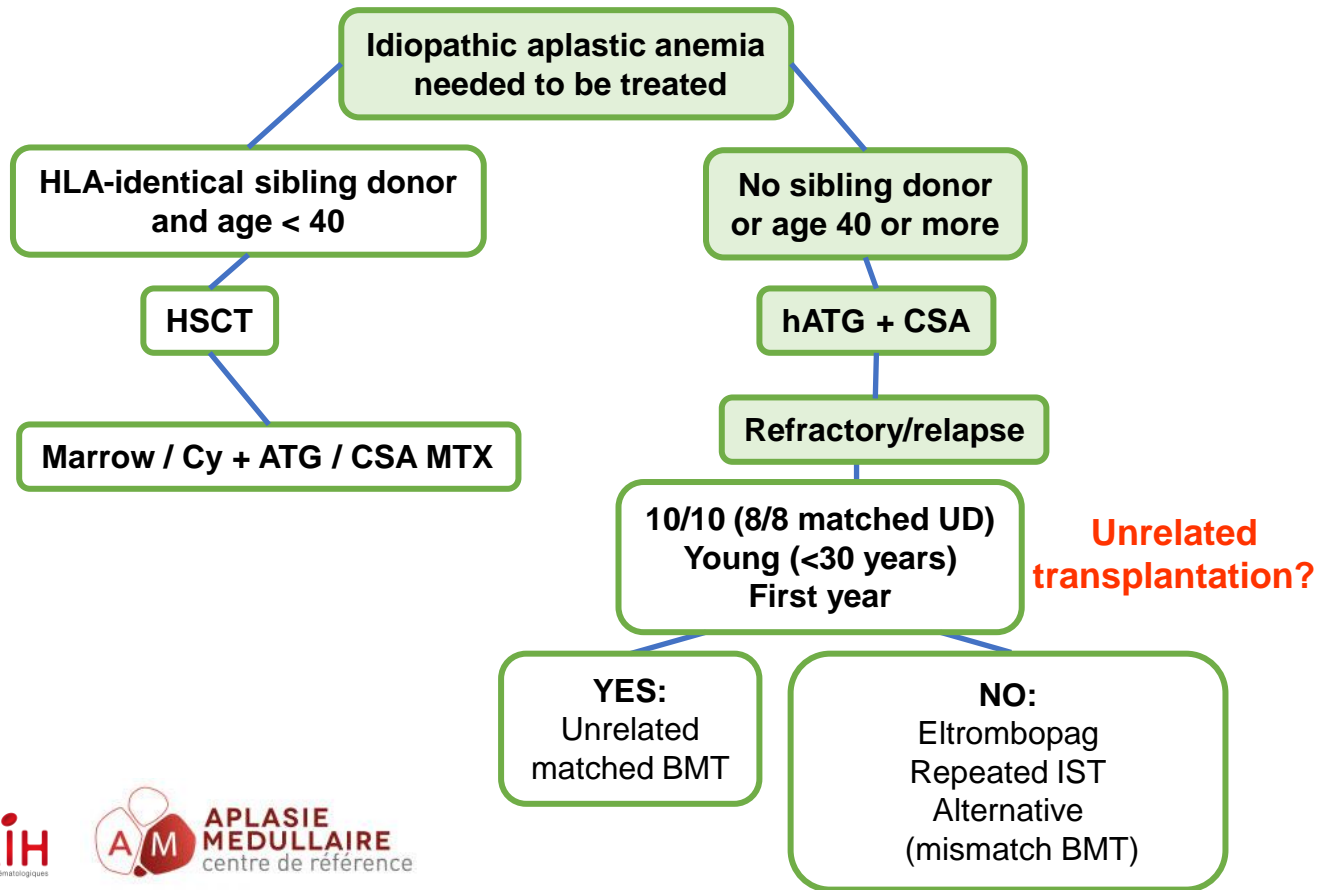
- **Refractory patients (about 30-40%)**



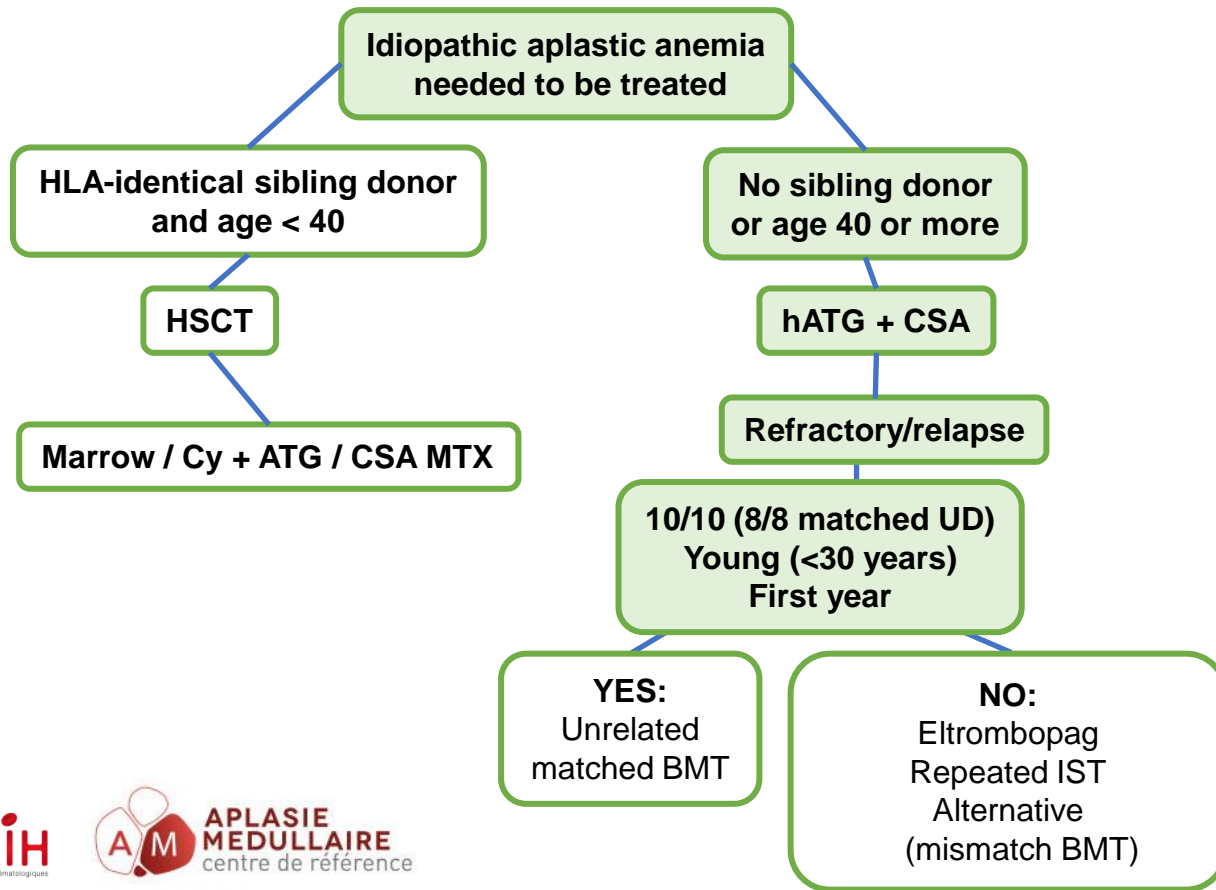
- **Refractory patients = 2 questions:**

- Is it really acquired?
    - Clonal evolution?

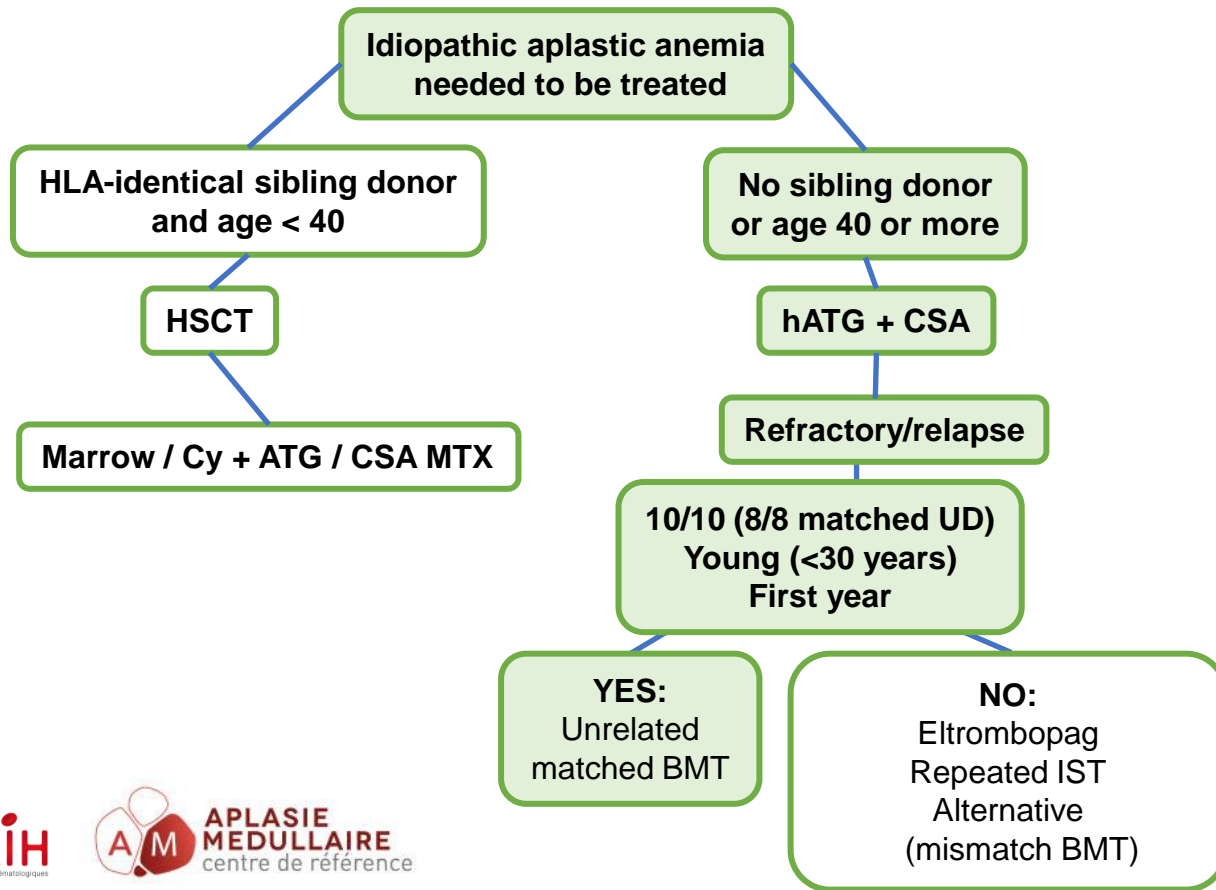
# Treatment (guidelines)



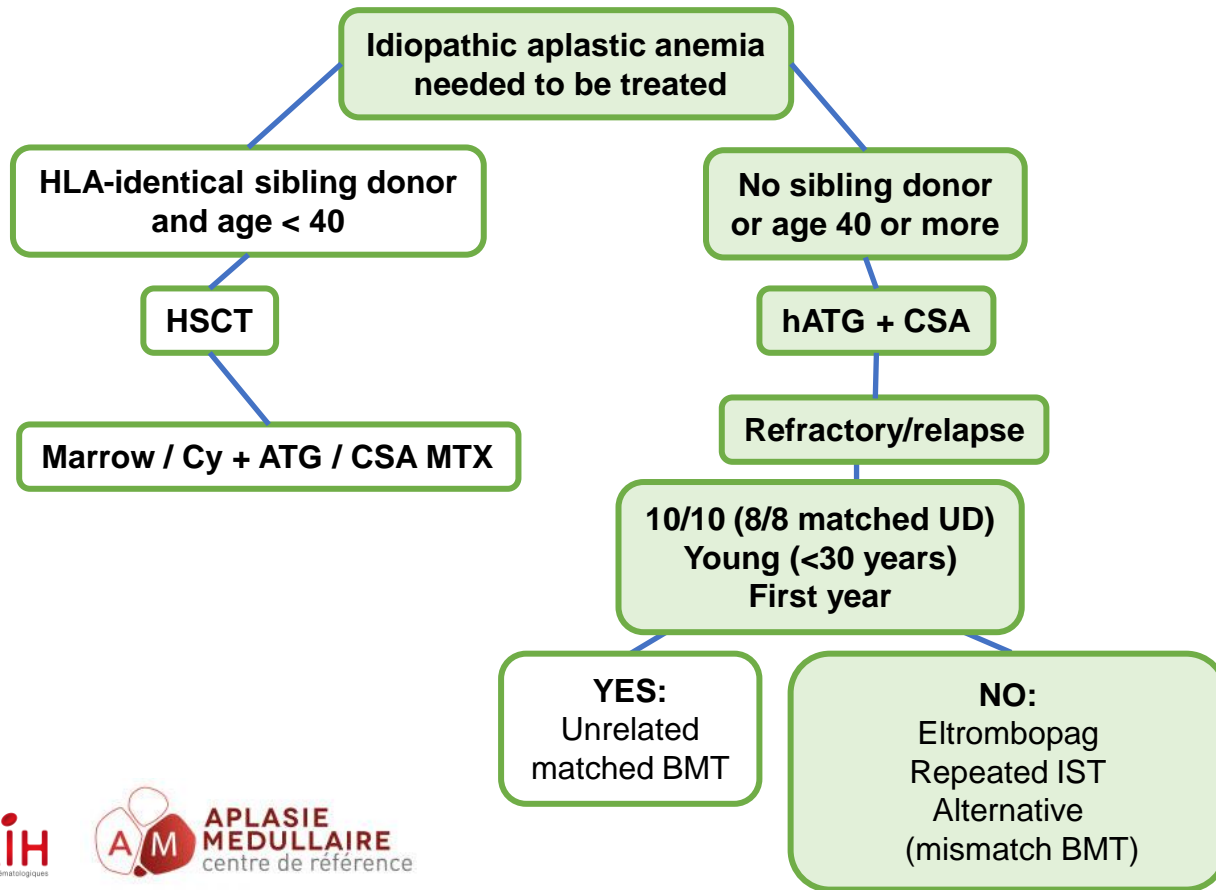
# Treatment (guidelines)



# Treatment (guidelines)



# Treatment (guidelines)



# TPO receptor agonist and refractory aplastic anemia

## French experience - patients characteristics

- ATG-naïve patients (cohort A, n=11)
- Refractory patients (cohort B, n=35)
- Disease characteristics:

	Cohort A	Cohort B	p-value
no. (%) [IQR]	11	35	
<b><u>Demographic characteristics</u></b>			
- Age at diagnosis (y)	73.7 [60.9, 77.5]	53.4 [26.3, 67.3]	0.003
- Age at ELT initiation (y)	74.1 [67.4, 78.0]	55.3 [35.9, 68.5]	0.003
- Male (%)	4 (36.4)	21 (60.0)	0.298
- Aplastic anemia characteristics			0.152
- Idiopathic, no PHN clone	4 (36.4)	23 (65.7)	
- Idiopathic, with PHN clone	6 (54.5)	11 (31.4)	
- Dyskeratosis congenita	1 (9.1)	1 (2.9)	

# TPO receptor agonist and refractory aplastic anemia

## French experience - main messages

- **Safety**

- 1 SAE (liver toxicity)
- Clonal evolution (lack of follow-up ...)



# TPO receptor agonist and refractory aplastic anemia

## French experience - main messages

- **Safety**
  - 1 SAE (liver toxicity)
  - Clonal evolution (lack of follow-up ...)
- **Response rate = 40%**
  - 3 months for refractory patients
  - 6 months for 1st line
  - Multi-lineage response = 30% among responders

# TPO receptor agonist and refractory aplastic anemia

## French experience - main messages

- **Safety**

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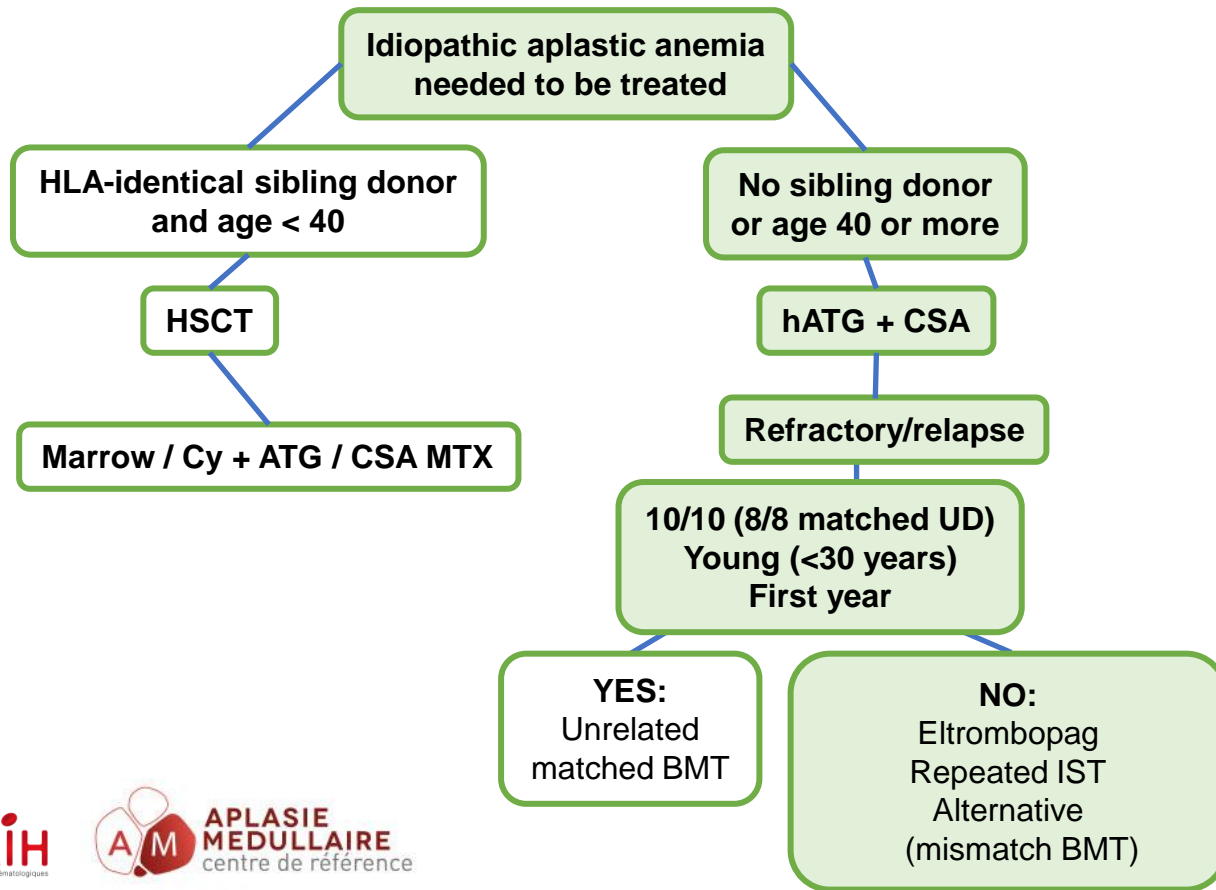
- **Response rate = 40%**

- 3 months for refractory patients
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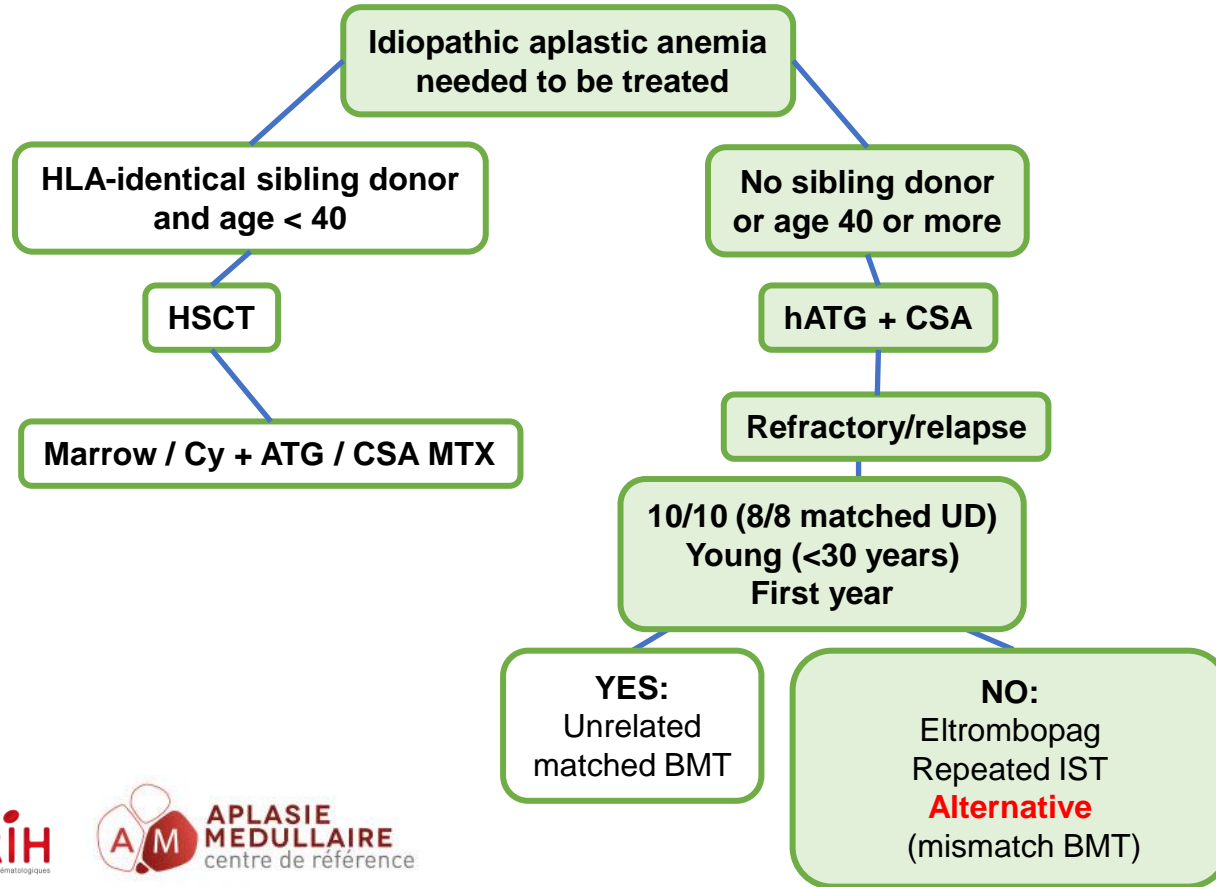
- **Of note**

- 20% of non responders responded at a higher dose (225 mg)
- Eltrombopag can be stopped in case of robust response

# Treatment (guidelines)



# Treatment (guidelines)



# Emerging strategies: experimental transplantation

Experimental = Cord blood, MMMUD and haplo

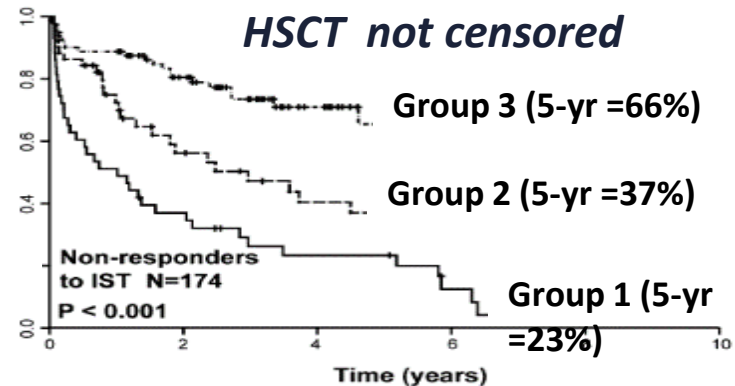
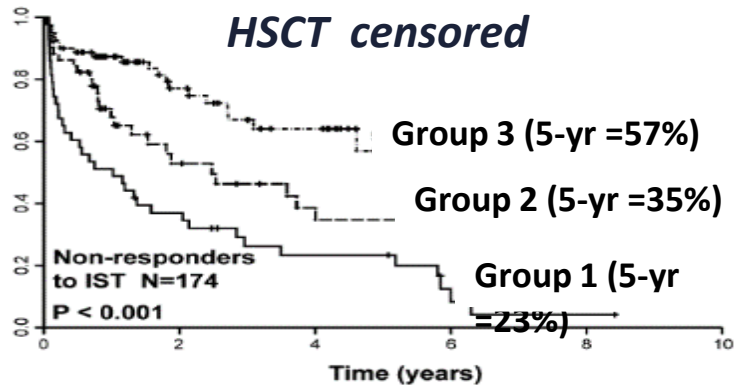
Don't forget what supportive care can do with non-responders to IST!

All patients  
(n=174)

Group 1  
(1989-1996)

Group 2  
(1996-2002)

Group 3  
(2002-2008)



# Emerging strategies: experimental transplantation

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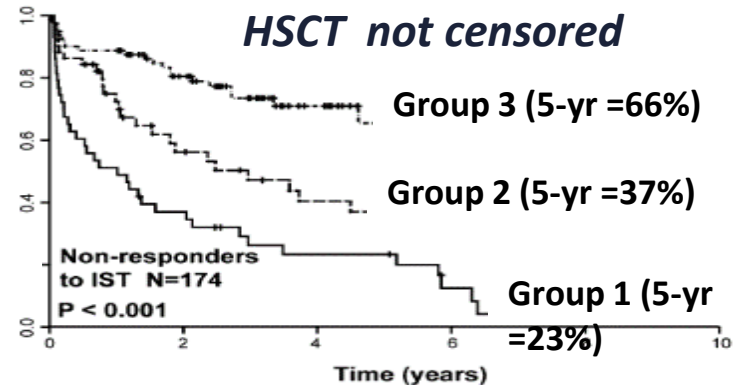
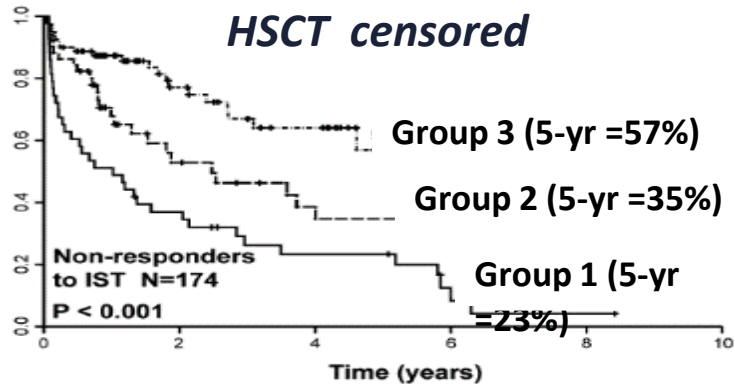
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**! Before Eltrombopag Era !**

# Emerging strategies: Cord Blood transplantation

## TRANSPLANTATION

### CME Article

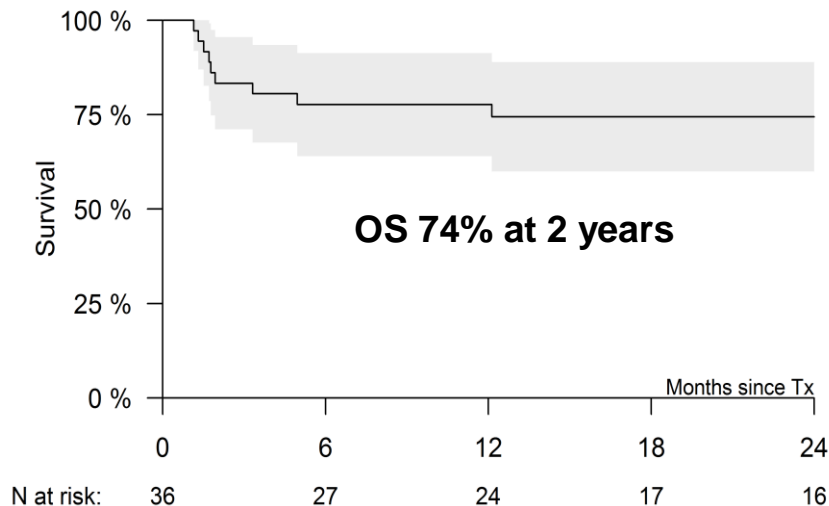
## Unrelated cord blood transplantation in patients with idiopathic refractory severe aplastic anemia: a nationwide phase 2 study

Regis Peffault de Latour,<sup>1-4</sup> Sylvie Chevret,<sup>5</sup> Charlotte Jubert,<sup>3,6</sup> Anne Sirvent,<sup>7</sup> Claire Galambrun,<sup>3,8</sup> Annalisa Ruggeri,<sup>9,10</sup> Virginie Gandemer,<sup>11</sup> Jérôme Comillon,<sup>12</sup> Fanny Rialland,<sup>13</sup> Jean-Hugues Dalle,<sup>3,14</sup> Edouard Forcade,<sup>3,15</sup> Benedicte Bruno,<sup>3,16</sup> Catherine Paillard,<sup>17</sup> Pierre S. Rorlich,<sup>18</sup> Alexandra Salmon,<sup>17</sup> Sabine Fürst,<sup>3,19</sup> Flore Sicre de Fontbrune,<sup>1,3</sup> Marie Therese Rubio,<sup>20</sup> Jacques-Olivier Bay,<sup>21</sup> Mohamad Mohty,<sup>9,22,23</sup> Jerome Larghero,<sup>24,25</sup> Eliane Gluckman,<sup>26</sup> and Gerard Socié,<sup>1,3</sup> on behalf of the Francophone Society of Bone Marrow Transplantation and Cellular Therapy

- 60 day-CumI of **neutrophil engraftment of 88.5%** with full chimerism for all of them (23/26).
- 100 day-CumI of grade II-IV **acute GVHD was 40%** (95% CI, 20-60) (8 grade II; 0 grade III; 2 grade IV)
- 1-year CumI of **cGVHD at 26%** (95% CI, 6-46) (severe cGVHD in 2 pts).
- 3-years **overall survival at 82%**

# Emerging strategies: Haplo-identical transplantation (Post-Cy)

- **36 patients** (32 with acquired SAA and 4 with IBMF)



## Causes of death:

- IBMF (2/4):
  - 1 infection
  - 1 GvHD
- Acquired (7/32):
  - 5 infections
  - 2 other HSCT-related

:



# Haplo-empty

## Experimental approach

PHRC National 2019 / Haplo-EMPTY /PI : Régis Peffault de Latour

**Allogreffe haplo-identique** avec injection de cyclophosphamide post-greffe chez des patients présentant une **aplasie médullaire idiopathique réfractaire** à un traitement immunosuppresseur

> **Endpoint primaire et nombre de patients requis:**

- Taux de survie globale à 2 ans de 60% à 80% avec haplo-SCT avec PTCy.
- 31 patients (36 mois d'inclusion /24 mois suivi) , de 3-35 ans

# Conclusion

Acquired aplastic anemia in 2020



- **First line treatment in 2020**

- Sibling transplantation: patients < 40 years
- Horse ATG + Cyclosporine + EPAG for the others
- Up-front MUD (experimental)

- **Refractory patients (6 months)**

- Matched unrelated transplantation: patients < 30 years
- Experimental transplantation: patients < 20 years (?); CB & Haplo-empty (experimental)
- Eltrombopag for the others

# Thank you!

## The French Reference Center for aplastic anemia and PNH in Paris



Saint-Louis Hospital



Robert Debré Hospital



Institute of Hematology, IUH St-Louis

**F Sicre, T Leblanc, JH Dalle, A Baruchel, G Socié,  
N Vasquez, W. Cuccuini, J Soulier (Fanconi team),  
C Kannengiesser, E Lainey, L Da Costa (Telomeres team)**

