



How to Test for, Identify and Treat AML Subtypes

Ross L. Levine, MD

Laurence Joseph Dineen Chair in Leukemia Research
Memorial Sloan Kettering Cancer Center

Rick Ross

AML Patient Advocate

Please remember the opinions expressed on Patient Power are not necessarily the views of our sponsors, contributors, partners or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.

Andrew Schorr:

Rick, so, when someone is diagnosed like you, you were told you have AML, it's kind of a five-alarm fire. I mean, A stands for acute, right?

Frederick Ross:

I always thought it was a compliment. We have a patient who is an acute leuk, and I thought isn't that nice.

Andrew Schorr:

No, but it's pretty terrifying, isn't it?

Frederick Ross:

Mm-hmm.

Andrew Schorr:

It's pretty terrifying. And it's like do not pass go. We need to see what approach we can do now. And, in your case, it was transplant, at the time.

Frederick Ross:

Well, two rounds of chemo plus transplant.

Andrew Schorr:

Right. So, Ross, let me ask you about this. You ticked off these different medicines, but you were also talking about medicines that are right for a certain subset of patients. So, how does somebody watching who may be diagnosed with AML, or they have a family member, how do you know what's your subtype of AML and what treatment would line up with that?

Dr. Levine:

That's a great question. I think the first thing that people need to understand is that AML is not one disease. But it's probably 15 to 20 distinct subtypes that we're getting a better handle on. And the message we want patients and doctors

and scientists, all of us to understand and rally around, is that we need to deliver different treatments, ultimately, to each of those subgroups.

And that requires a number of things. It requires something that Gwen said, innovative clinical trials. So one clinical trial that the LLS has led that I'm involved in is the LLS AML trial where we're taking older adults with AML, and we're doing molecular profiling. And then, we assign patients to clinical trial options within a week, which is an incredibly exciting opportunity, because it gets the drugs to trials more quickly. It also gets the right drug to the right group. Instead of saying we're going to try this drug across 15 groups to see what group is best, we usually know, based on the science, which group is best.

And the third part of it is that it allows us to accelerate the process, which we'll go from seeing if a drug works in patients to getting approval. And patients know that they're already being matched up with the best drugs. So we think those kinds of clinical trials are the way forward.

But the other part of it, which I think got brought out, not to sort of build on that, but it's a critical thing is that that's only, still, a small fraction of the patients out there. And I think something that the LLS and all of us are incredibly committed to is the idea that patients, no matter where they are, need access, fundamentally, to three things, in my view. The first is they need a doctor who understands their disease. And it's really important for folks to understand that there are great doctors everywhere. And the LLS and all of us can help identify somebody who really specializes in the kind of blood cancer you have.

We think that expertise is critical. The second thing is that, no matter where you are, whether you're at a place that has this one trial or another, the LLS has great resources to help patients find clinical trial options locally and nationally. We encourage all patients and family members to take advantage of those opportunities. And the third part, which I'm quite passionate about, is that we have to make sure that molecular testing is done everywhere, not just that the big hospitals, the places that you're treated at.

But we think it's critical for it to be everywhere. And we're seeing great inroads in that. But it's important not just for patients to rely on their doctors knowing. But they, actually, should be encouraged to be advocates for themselves and say are you getting all of the testing that's out there? I think it's great. We want doctors to always know exactly what to do, but it's a fast-moving field. And I think it's so important for patients and family members to be advocates and to challenge all of us to make sure we're doing everything we can.

Please remember the opinions expressed on Patient Power are not necessarily the views of our sponsors, contributors, partners or Patient Power. Our discussions are not a substitute for seeking medical advice or care from your own doctor. That's how you'll get care that's most appropriate for you.