



# Which AML Patients Should Consider a Clinical Trial?

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**Andrew Schorr:**

Dr. Greenberger, so I'm sure you would echo that, and also I wanted to ask about trials. If you are helping fund research, and people like Dr. Verma are doing it around the country or around the world, it would seem like not only should the patient or the family member who is their advocate be asking about getting the right testing, but also inquiring about trials.

**Dr. Greenberger:**

No question about it. Particularly—so, the response rate if you're under 60 and can tolerate the intensive chemotherapy you have about a 50 percent chance of having a good response.

Once you're over 60 people either cannot tolerate the intensive cytotoxic therapy and have to go onto alternative therapies, and so—and the average age of AML patient is somewhere in the 60s, in other words a number of patients really can't go onto the intensive cytotoxic therapy. So knowing what other options there are critical.

I know Dr. Verma mentioned azacitidine (Vidaza). These are drugs that work, but they don't work nearly as well as the cytotoxic therapy if you can tolerate it, and then you have to consider a transplant. So you really have to map out a plan.

I wanted to add, in terms of genetic therapy, one thing that LLS did about a year ago is—so imagine this: What would happen if there were a number of drugs on the shelves, let's say 10, and you walk in and you say okay you have mutation in drug two so you should take drug number two. You have a mutation number eight, take drug number eight.

Oh, you have a mutation of both, take two and eight. Imagine if some scenario like that were to happen, and that's basically what we've done. LLS has set up a so-called master trial where a patient will get genetically tested and based on the mutation be matched to an experimental drug—remember this is a clinical trial experimental drug that we think might work—and beyond that we're moving towards combination therapy because we sort of suspect that combination therapy with targeted agents, the so-called—that hit the mutation are going to be very important.

So if you cannot tolerate the intensive chemotherapy, which can work well for some people, you really need to be considering a clinical trial, and you need to know what mutation you have, who has the trial ongoing, where is it happening, and really beginning to map out a strategy, like Kuldip did, as to what are the alternatives.

**Andrew Schorr:**

And calling the LLS, you all have people on the phone who can guide people as far as trials, let's say, that you're supporting, right?

**Dr. Greenberger:**

Right. So we have an information resource center that operates from 9 a.m. to 9 p.m.—the phone number is on our website—who can assist you. Our experts who know about these trials are—there's about 20 of them placed around the country who can guide you, honestly guide you to the physicians either to educate the physician or educate the patient and also to guide you to the physicians who ultimately will decide what is the best therapy.

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