1667 Real-World Analysis of Time Spent at Home for Patients With Secondary Acute Myeloid Leukemia Treated With CPX-351 or Venetoclax Plus Azacitidine in England

Priyanka Mehta,[1] Tomas Skacel,[2] Alexandrina Lambova,[3] Eleanor Ralphs,[4] Gry Wester,[4] Karabo Keapoletswe,[4] Alex Legg[2]

[1]University Hospitals Bristol and Weston NHS Foundation Trust, Bristol, UK; [2]Jazz Pharmaceuticals plc, Dublin, Ireland; [3]IQVIA Inc., Sofia, Bulgaria; [4]IQVIA Inc., London, UK

Background

- Adults with secondary acute myeloid leukemia (sAML) face a significant treatment burden with prolonged time in hospital impacting their quality of life[1-3]
- The European LeukemiaNet 2022 guidelines recommend[4]
  - For patients with sAML who are eligible for intensive chemotherapy (IC), fixed-duration IC (1-4 treatment cycles) with CPX-351, a dual-drug liposomal encapsulation of daunorubicin and cytarabine in a synergistic 1:5 molar ratio[4-6]
  - For patients with sAML who are unsuitable for IC, continuous treatment with venetoclax plus azacitidine (VEN-AZA), a combination of a B-cell lymphoma-2 (BCL-2) inhibitor and hypomethylating agent, respectively[4]
- Due to their differing treatment schedules, CPX-351 and VEN-AZA have contrasting short- and long-term burdens on patients and healthcare systems
  - A recent study reported that overall survival and percentage of days at home were numerically higher with conventional 7+3 chemotherapy (despite longer initial hospital length stay) vs VEN-AZA in US patients[3]
- However, the long-term time spent at home with CPX-351 vs VEN-AZA in a non-US healthcare setting remains unexplored[3,7]

Objective

- To compare the time patients with sAML spent at home within their front-line (1L) treatment with CPX-351 or VEN-AZA in routine clinical practice in England

Methods

- This retrospective population-based cohort study included adults (≥18 years) with sAML (therapy-related AML or AML with prior myelodysplasia/chronic myelomonocytic leukemia) who received 1L CPX-351 or 1L VEN-AZA in a real-world setting in England between October 01, 2018, and April 30, 2023
- Patient records were sourced from the Cancer Analysis System database via the National Cancer Registration and Analysis Service
- Time at home, defined as the percentage of days without any record of interaction with the secondary healthcare system, was analyzed monthly from 1L treatment initiation until earliest of death, censoring, or second-line treatment
  - Accident and emergency data were unavailable for this time period
- Hematopoietic cell transplantation (HCT) was considered part of 1L treatment
- To adjust for confounding factors, results were stratified by age, HCT status, and presence of comorbidities

Results

- This analysis included 278 patients treated with CPX-351 (median age: 64 years) and 592 patients treated with VEN-AZA (median age: 74 years)
- Overall, the HCT rate in patients treated with CPX-351 vs VEN-AZA was 38% (107/278) vs 5% (29/592)
- Among patients treated with CPX-351 vs VEN-AZA, 23 (8%) vs 86 (15%) patients received azacitidine for prior malignancy
- Median follow-up time from AML diagnosis was 10.9 months for CPX-351 and 8.8 months for VEN-AZA

Table 1. Baseline Patient and Disease Characteristics

	CPX-351 (n=278)	VEN-AZA (n=592)
Age at AML diagnosis		
Mean (SD)	62 (9)	73 (7)
Median (Q1, Q3)	64 (58, 69)	74 (69, 77)
Age categories at diagnosis, n (%)		
<60 years	80 (29)	26 (4)
≥60 years	198 (71)	566 (96)
Sex, n (%)		
Female	104 (37)	213 (36)
Male	174 (63)	379 (64)
Ethnicity, n (%)		
White	245 (88)	537 (91)
Asian	17 (6)	25 (4)
Other[a]	16 (6)	30 (5)
AML subtype, n (%)		
t-AML	141 (51)	275 (46)
AML with prior MDS or CMML diagnosis	137 (49)	317 (54)

[a]Other ethnicity groups were Mixed, Black, and Chinese/Other.
AML, acute myeloid leukemia; CMML, chronic myelomonocytic leukemia; MDS, myelodysplasia; Q1, quartile 1; Q3, quartile 3; SD, standard deviation; t-AML, therapy-related acute myeloid leukemia; VEN-AZA, venetoclax plus azacitidine.

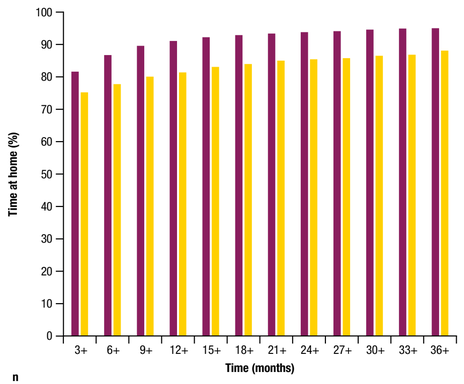
Figure 1. Time At Home Every Month for Patients With sAML Treated With 1L CPX-351 or 1L VEN-AZA

n																																	
CPX-351	278	239	183	152	131	117	106	102	96	88	80	75	69	64	58	55	51	49	47	42	42	40	40	39	39	39	39	37	36	33	30	29	27	27	26	26
VEN-AZA	586	516	460	416	376	344	320	296	284	252	236	225	211	194	167	148	138	128	117	100	89	77	69	62	59	58	53	51	47	44	39	35	31	28	25	21

1L, first-line; sAML, secondary acute myeloid leukemia; VEN-AZA, venetoclax plus azacitidine.

- During the first 3 months of treatment, patients treated with VEN-AZA vs CPX-351 had higher percentage time at home (mean: 50% [95% confidence interval; CI: 50, 51] vs 29% [95% CI: 29, 30]) but both treatments reached equipoise at ~7 months (74% vs 75%), respectively
- From months 8 to 36, a consistently higher percentage time at home was observed in patients treated with CPX-351 (range: 80% to 98%) vs VEN-AZA (range: 75% to 90%), typically ~5% to 10% higher per month (monthly difference range: +4% to +12%)

Figure 2. Time At Home Landmarked From Set Dates for Patients With sAML Treated With 1L CPX-351 or 1L VEN-AZA

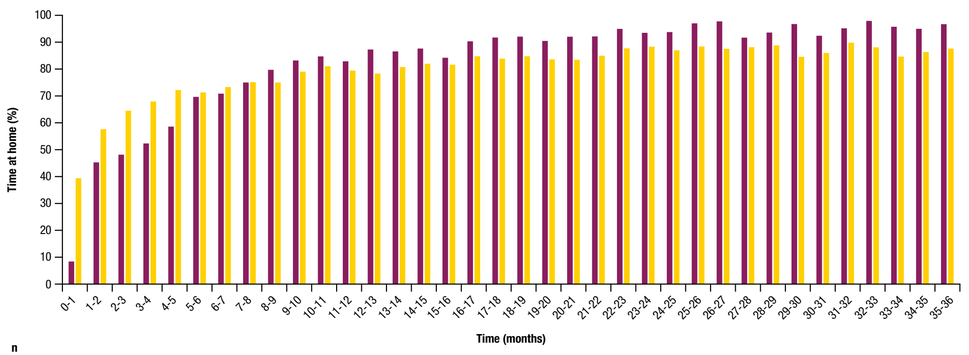


n												
CPX-351	152	106	88	69	55	47	40	39	37	30	27	25
VEN-AZA	416	320	252	211	148	117	77	59	51	39	28	19

1L, first-line; sAML, secondary acute myeloid leukemia; VEN-AZA, venetoclax plus azacitidine.

- In the total population, the overall mean percentage time at home was 70% for CPX-351 vs 69% for VEN-AZA
  - For patients who survived ≥6 months, the mean percentage time at home was 87% vs 78%, respectively

Figure 3. Time At Home Every Month for Patients With sAML Aged ≥60 Years Treated With 1L CPX-351 or 1L VEN-AZA



n																																	
CPX-351	198	169	129	111	94	83	73	69	64	58	52	49	43	39	35	32	30	28	26	23	23	22	22	22	22	22	22	21	19	17	17	16	16	15	15
VEN-AZA	560	494	442	401	364	334	313	289	277	247	232	221	207	190	165	146	136	126	115	98	87	75	67	60	57	56	51	49	45	42	37	34	30	27	24	20

1L, first-line; sAML, secondary acute myeloid leukemia; VEN-AZA, venetoclax plus azacitidine.

- When restricted to patients aged ≥60 years, the overall mean percentage time at home was 68% for CPX-351 vs 69% for VEN-AZA
  - The same overall pattern was evident with a short-term benefit for VEN-AZA vs CPX-351 (mean percentage time at home in the first 3 months: 51% vs 30%), but from months 8 to 36, higher percentage time at home was observed with CPX-351 (range: 80% to 98%) vs VEN-AZA (range: 75% to 90%), also typically ~5% to 10% higher per month (monthly difference range: +3 to +12%)
- In patients aged <60 years, the overall mean percentage time at home was 73% for CPX-351 vs 54% for VEN-AZA
- In patients aged ≥70 years, the overall mean percentage time at home was 71% for CPX-351 vs 70% for VEN-AZA

Time At Home for Patients With sAML Treated With 1L CPX-351 or 1L VEN-AZA Who Underwent HCT and Who did not Undergo HCT

- In patients who underwent HCT, the overall mean percentage time at home was 76% for CPX-351 vs 71% for VEN-AZA
- In patients who did not undergo HCT, the overall mean percentage time at home was 55% for CPX-351 vs 69% for VEN-AZA
  - The lower percentage time at home for CPX-351 is likely due to the higher proportion of patients proceeding to HCT post–CPX-351 vs post–VEN-AZA treatment (38% vs 5%), enriching the CPX-351–treated non-HCT group with non-responders

Time At Home for Patients With sAML Treated With 1L CPX-351 or 1L VEN-AZA With and Without Comorbidities

- In patients with comorbidities, the overall mean percentage time at home was 66% for CPX-351 vs 69% for VEN-AZA
- In patients without comorbidities, the overall mean percentage time at home was 74% for CPX-351 vs 68% for VEN-AZA

Conclusions

- Time at home is an important consideration for patient experience and treatment choice.[1] This large real-world analysis quantifies the acute and chronic burden on patients with sAML when treated with CPX-351 or VEN-AZA
- These data highlighted that during early months of treatment, patients with sAML treated with VEN-AZA spent more days at home vs CPX-351; however, this benefit ended at approximately 7 months, and after this, patients treated with CPX-351 consistently spent more days at home per month and overall
  - This benefit was seen regardless of age
- This aligns with previous findings that IC results in more days spent at home vs venetoclax plus hypomethylating agents, and this benefit is likely to increase with successful implementation of outpatient delivery models for IC[1-3]
- While this analysis stratified for confounders (e.g., age, HCT, comorbidities), interpretation was limited by the small patient numbers in some subgroups (e.g., patients aged <60 years treated with VEN-AZA, low HCT rate with VEN-AZA but high HCT rate with CPX-351). Results were also not randomized or propensity-matched, with potential bias with regards to how patients were selected for either therapy
- These findings are important for informed 1L treatment decisions for sAML between patients, carers, and their healthcare team

References: 1. Jensen CE, et al. *Haematologica.* 2023;108(4):1006-1014. **2.** Jensen CE, et al. *Haematologica.* 2024;109(5):1588-1592. **3.** Matthews AH, et al. *Am J Hematol.* 2023;98(8):1254-1264. **4.** Döhner H, et al. *Blood.* 2022;140(12);1345-1377. **5.** Lancet JE, et al. *J Clin Oncol.* 2018;36(26):2684-2692. **6.** Vyxeos liposomal (44 mg/100 mg powder for concentrate for solution for infusion) summary of product characteristics. Electronic Medicines Compendium: Jazz Pharmaceuticals UK, Ltd.; 2025. **7.** Matthews AH, et al. *Blood Adv.* 2022;6(13):3997-4005.

Support and Acknowledgments: This study was supported by Jazz Pharmaceuticals. Medical writing support, under the direction of the authors, was provided by Trina Soluta and Heyam Hayder of CMC Connect, a division of IPG Health Medical Communications, with funding from Jazz Pharmaceuticals, in accordance with Good Publication Practice (GPP 2022) guidelines.

This work uses data that have been provided by patients and collected by NHS England, as part of their care and support of cancer patients. The data are collated, maintained, and quality assured by the National Disease Registration Service, which is part of NHS England. Access to this data was facilitated by the Simulacrum produced by Health Data Insight CIC. Simulacrum is a synthetic dataset based on the real data. It is made available for development of programming and analysis code which is then used on the real data in the CAS to produce the analyses in this study. Simulacrum was developed with financial support from IQVIA.

Poster presented at the 67th American Society of Hematology (ASH) Annual Meeting and Exposition; December 6-9, 2025; Orlando, Florida, and online