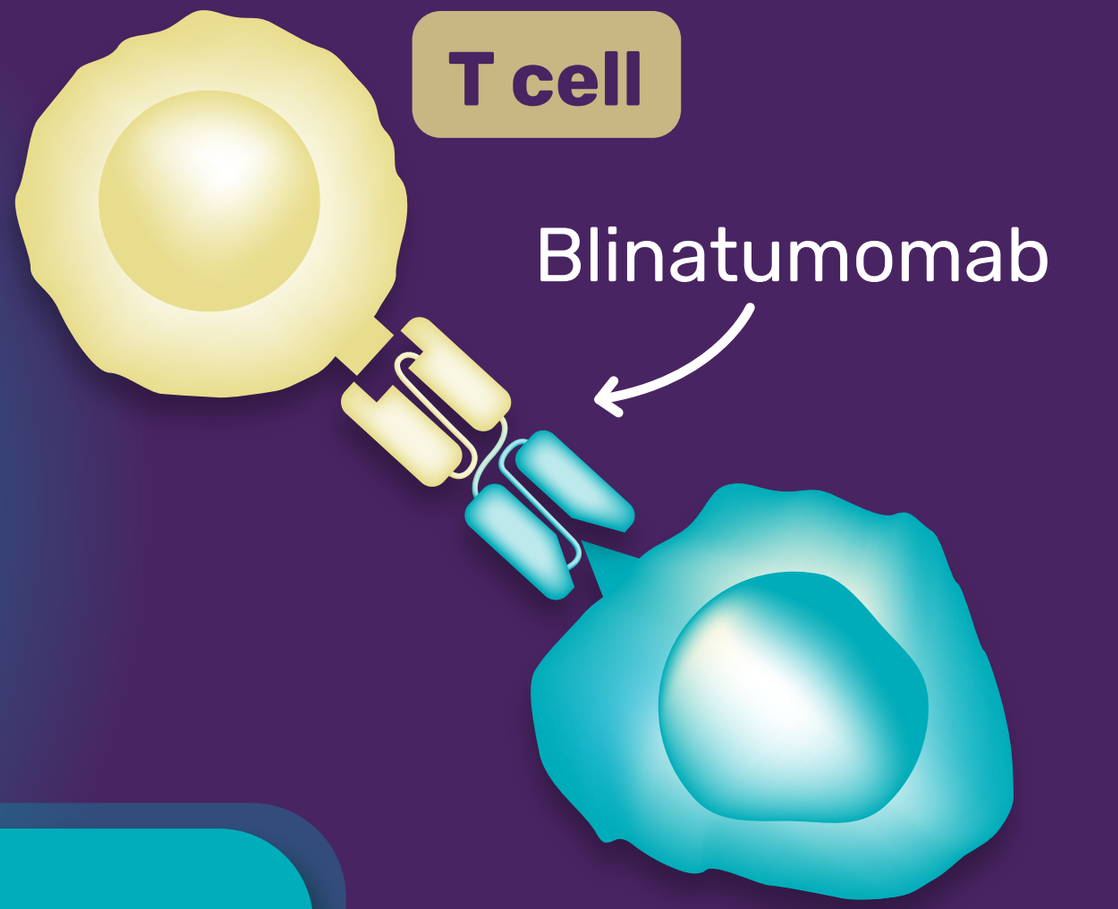
KNOW ALL

ECOG-ACRIN E1910 trial: *An overview*



What is blinatumomab?

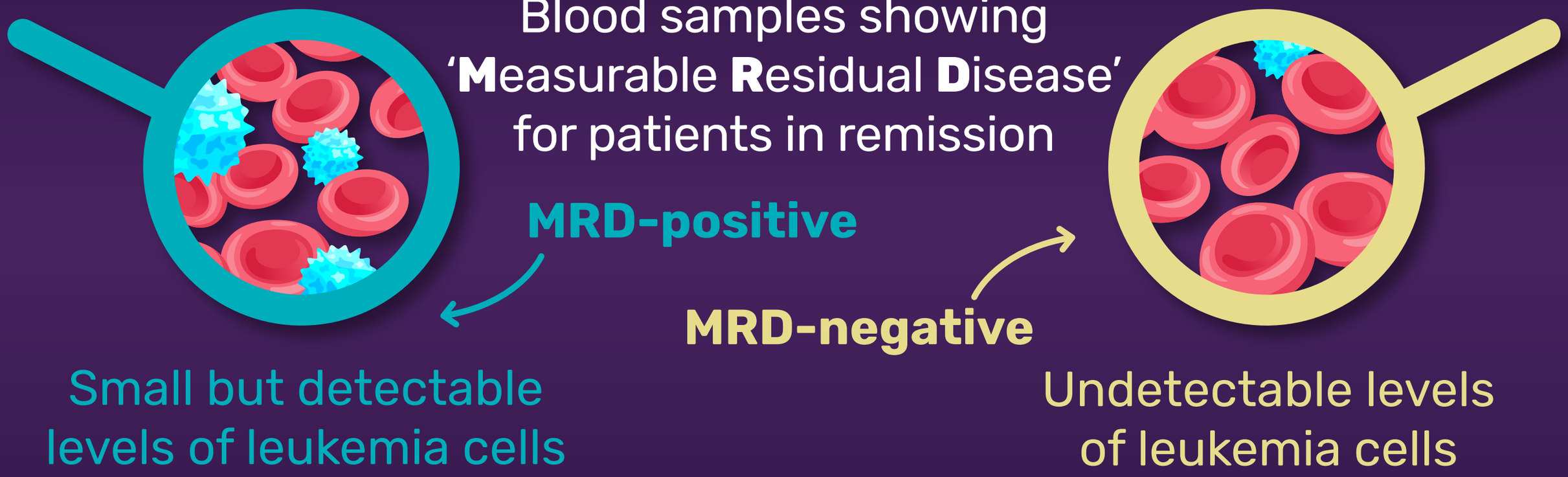
Blinatumomab is a type of immunotherapy known as a bispecific T-cell engager. It helps the body's immune system **recognize and attack leukemia cells**.

It is effective for treating B-ALL (B-cell acute lymphoblastic leukemia) – a type of leukemia where the bone marrow and blood are filled with an abnormally high number of immature B-cell lymphoblasts (a type of white blood cell).

What was the ECOG-ACRIN E1910 trial, and why was it done?

Many older patients with B-ALL become ill again (relapse) after responding to initial chemotherapy (remission).

Blood samples showing
'**M**easurable **R**esidual **D**isease'
for patients in remission



Small but detectable levels of leukemia cells

Undetectable levels of leukemia cells

Blinatumomab was first approved in 2014 to treat certain patients with B-ALL. In 2018, blinatumomab was approved to treat patients in **remission** who are **MRD-positive**.

The ECOG-ACRIN E1910 trial was set up to investigate whether blinatumomab is effective in older patients with B-ALL who are in remission and are **MRD-negative**.

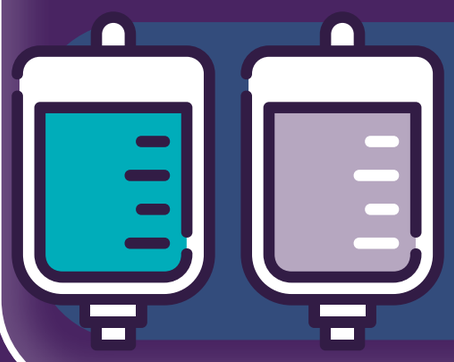
What happened in the trial?

The ECOG-ACRIN E1910 trial compared the effectiveness of two different treatments for adult patients aged 30–70 years. Patients had newly diagnosed B-ALL and were in remission after their initial chemotherapy.

Initial chemotherapy
(488 trial patients, in total)

Bone marrow testing finds patients in remission with no detectable leukemia cells **(MRD-negative)**

Consolidation chemotherapy



Blinatumomab
+ chemotherapy
(112 patients)

vs

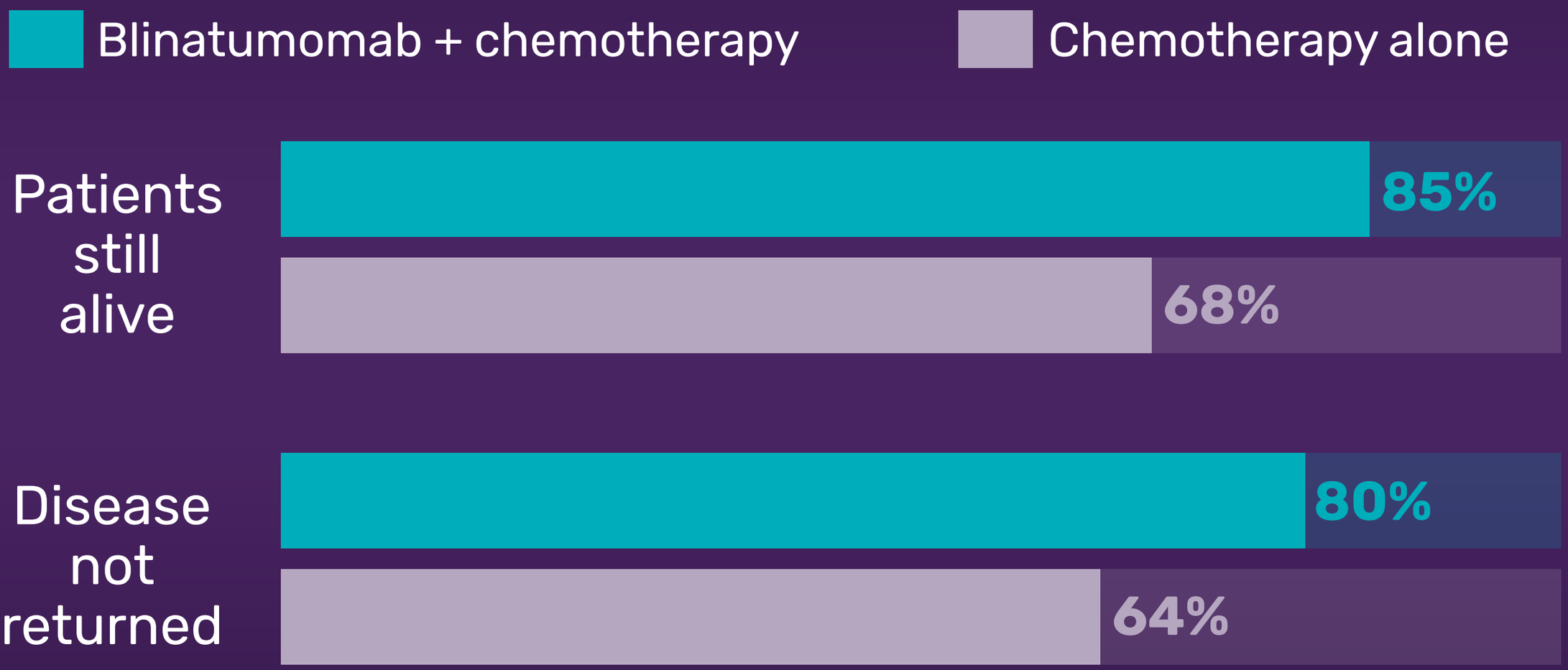
Chemotherapy
(112 patients)

Maintenance chemotherapy

What were the results of the trial?

Adding **blinatumomab** to **chemotherapy** helped more patients to live longer and be free of disease.

3 years after the start of treatment



Serious neurologic or psychiatric side effects were more frequent with blinatumomab + chemotherapy. Low blood cell counts were more common with chemotherapy alone. Other non-blood-related side effects occurred at similar rates in both groups.

What do the findings from the trial mean for patients?

The trial found a strong benefit to adding blinatumomab to chemotherapy in patients aged 30–70 years with MRD-negative remission of B-ALL, helping patients to live longer, without the cancer coming back.

Based on these results, blinatumomab has been approved in the US, Europe, and other countries for certain patients with B-ALL, regardless of their MRD status.

The findings support the role of immunotherapy as part of initial treatment for patients with B-ALL. Further studies will continue to investigate which other patient populations could also benefit from receiving blinatumomab.

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References:

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with the information they need
to deal with acute lymphoblastic leukemia.

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