Prognosis is particularly poor in older patients and patients with a short duration of
 
Efficacy by Disease Status
- Further subgroup analysis in strictly older patients with the greatest benefit revealed a
  further significant difference in outcomes with vosaroxin and standard chemotherapy (HR: 0.75 [95% CI: 0.62-0.92]).
- The addition of vosaroxin to cytarabine was associated with a significant improvement in OS, DFS, and CR rates in older patients with refractory/refractory AML (Figure 4, 5, 6).

AIMS
- Evaluate the efficacy and safety of vosaroxin in a prespecified subgroup of patients age ≥60 years enrolled in 21C2.
- Further explore the risk/benefit profile of vosaroxin in patients ≥60 years of age according to disease status, refractory, early, late relapse.

METHODS
Patients
- Eligible patients had refractory disease (less than 30% blasts in marrow, ≥0.10 WBC, bone marrow blasts ≥0.25) and ≥60 years old.
- Patients had ≥2 cycles of induction chemotherapy including at least 1 cycle of anthracyclines/methotrexate and cytarabine.

Treatment
- Patients were randomized 1:1 to vosaroxin (100 mg/m²/4 cycles) or standard chemotherapy (70 mg/m²/4 cycles) in 4 cycles.
- Randomization was stratified by age (≥60 vs <60) and disease status (refractory, early relapse, late relapse).

Endpoints
- The following endpoints were evaluated in prespecified analyses in patients ≥60 years and in subgroups of patients ≥60 years for disease status:
  - Primary efficacy endpoint: overall OS
  - Primary safety endpoint: 30- and 60-day mortality

RESULTS
- OS
  - Median OS was 10.3 months in the vosaroxin arm compared to 7.1 months in the standard chemotherapy arm (HR: 0.75 [95% CI: 0.62-0.92]).
  - Median OS was 8.7 months in the vosaroxin arm compared to 6.2 months in the standard chemotherapy arm (HR: 0.75 [95% CI: 0.62-0.92]).
  - Median OS was 6.2 months in the vosaroxin arm compared to 5.2 months in the standard chemotherapy arm (HR: 0.75 [95% CI: 0.62-0.92]).
- DFS
  - Median DFS was 7.2 months in the vosaroxin arm compared to 3.8 months in the standard chemotherapy arm (HR: 0.75 [95% CI: 0.62-0.92]).
  - Median DFS was 7.1 months in the vosaroxin arm compared to 3.8 months in the standard chemotherapy arm (HR: 0.75 [95% CI: 0.62-0.92]).

Safety
- The addition of vosaroxin did not increase 30-day or 60-day mortality in earlier relapse and early relapse patients.
- Fatigue, neutropenia, anemia, and thrombocytopenia were more frequent in the group treated with vosaroxin plus cytarabine versus placebo plus cytarabine (Table 5).

Table 6. Incidence of Grade ≥3 Adverse Events in Patients Age ≥60 Years

Table 5. 30-Day and 60-Day All-Cause Mortality Rates in Patients Age ≥60 Years, by Disease Status

Table 4. Post-Treatment Transplantation Rates in Patients Age ≥60 Years, by Disease Status

Figure 7. Complete Remission Rates in Patients Age ≥60 Years, by Disease Status

Figure 6. Kaplan-Meier Estimates of Leukemia-Free Survival in Patients Age ≥60 Years, by Disease Status

Figure 5. Kaplan-Meier Estimates of Overall Survival in Patients Age ≥60 Years, by Disease Status

Figure 4. Hazard Ratio Estimates of Overall Survival in Patients Age ≥60 Years, by Disease Status

Figure 3. Complete Remission Rates in Patients Age ≥60 Years, by Treatment Arm

Figure 2. DFS in Patients Age ≥60 Years, by Treatment Arm

Figure 1. OS in Patients Age ≥60 Years, by Treatment Arm (n=45)

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