Vosaroxin induces replication-dependent DNA damage by intercalating into DNA and blocking topoisomerase II–mediated re-ligation, ultimately leading to apoptosis.

Due to the stability of the quinoline core, vosaroxin is minimally metabolized resulting in low potential for drug-drug interactions and production of off-target reactive oxygen species.

This study was sponsored by Sunesis Pharmaceuticals, Inc.

### RESULTS

#### Stratification

- **Age (<60, ≥60 years)**
  - 20 (47.6)
  - 4 (4.5)
  - 47 (20.8)

#### Post-treatment HCT

- **Post-treatment HCT, n (%)**
  - Vos/Cyt (n=226) 47 (20.8)
  - Pla/Cyt (n=203) 44 (21.5)
  - Total (n=429) 91 (20.8)

#### Type of transplantation

- **Type of transplantation, n (%)**
  - Autologous 61 (14.1)
  - Allogeneic 100 (23.3)

#### Engraftment failure

- **Engraftment failure, n (%)**
  - Vos/Cyt 5 (2.2)
  - Pla/Cyt 2 (1.0)
  - Total (n=429) 7 (1.6)

#### Late Relapse

- **Late Relapse: CR1 of 12 months to 24 months**
  - Vos/Cyt 4 (1.8)
  - Pla/Cyt 2 (1.0)
  - Total (n=429) 6 (1.4)

#### Venous-occlusive disease

- **Veno-occlusive disease, n (%)**
  - Vos/Cyt 3 (1.3)
  - Pla/Cyt 1 (0.5)
  - Total (n=429) 4 (0.9)

#### Other

- **Other, n (%)**
  - Vos/Cyt 1 (0.5)
  - Pla/Cyt 1 (0.5)
  - Total (n=429) 2 (0.5)

**Figures**

1. VALOR Study Schema
2. Complete Remission Prior to HCT Among Patients Aged ≥60 Years Who Received Post-Study Transplants (n=91)
3. Overall Survival by Treatment for Patients Aged ≥60 Years Who Received Post-Study Transplants (N=91)

**Table 1. HCT Among Patients Aged ≥60 Years**

<table>
<thead>
<tr>
<th>Type of transplantation, n (%)</th>
<th>Vos/Cyt (n=226)</th>
<th>Pla/Cyt (n=203)</th>
<th>Total (n=429)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-treatment HCT, n (%)</td>
<td>47 (20.8)</td>
<td>44 (21.5)</td>
<td>91 (20.8)</td>
</tr>
<tr>
<td>Type of transplantation, n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard allograft</td>
<td>29 (61.7)</td>
<td>30 (71.4)</td>
<td>59 (66.3)</td>
</tr>
<tr>
<td>Mini allograft</td>
<td>14 (28.9)</td>
<td>12 (28.6)</td>
<td>26 (29.2)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (8.5)</td>
<td>0 (0)</td>
<td>4 (4.5)</td>
</tr>
</tbody>
</table>

**Table 2. Outcomes with HCT Among Patients Aged ≥60 Years Who Reported Receiving Post-Study Transplants**

<table>
<thead>
<tr>
<th>Type of transplantation</th>
<th>No HCT</th>
<th>Pla/Cyt Additional treatment</th>
<th>Total (n=204)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vos/Cyt</td>
<td>20 (42.6)</td>
<td>20 (42.6)</td>
<td>40 (44.9)</td>
</tr>
</tbody>
</table>

**DISCUSSION/CONCLUSIONS**

- While HCT rates were comparable between treatment arms in this older R/R AML population, higher pre-transplant CR rate in the vos/cyt arm enabled more patients ≥60 years old to undergo transplant while in CR compared with those in the pla/cyt arm.

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**REFERENCES**


Please contact Dr. Gary Schiller gschiller@sunesis.com for additional information.

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