

Bleximenib or Placebo in Combination With Standard Induction and Consolidation Therapy Followed by Maintenance for the Treatment of Patients With Newly Diagnosed *KMT2A*-Rearranged or *NPM1*-Mutant Acute Myeloid Leukemia Eligible for Intensive Chemotherapy: A Double-Blind Phase 3 Study (HOVON 181 AML / AMLSG 37-25)

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Key Takeaway

HOVON 181 AML / AMLSG 37-25 is a phase 3 prospective, global, multicenter, double-blind, placebo-controlled, randomized study evaluating the efficacy and safety of bleximenib versus placebo in combination with SoC remission induction and consolidation IC followed by maintenance therapy in adults with ND AML harboring *KMT2A* rearrangements or *NPM1* mutations

Registration Information

This study is registered with EUclinicaltrials.eu (EU CT number: 2025-522767-15) and with ClinicalTrials.gov (NCT number: NCT07223814)

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Abbreviations

AML, acute myeloid leukemia; allo-HSCT, allogeneic hematopoietic stem cell transplant; CNS, central nervous system; CR, complete remission; ECOG PS, Eastern Cooperative Oncology Group performance status; IDAC, intermediate dose cytarabine; *KMT2A*, lysine methyltransferase 2A gene; *KMT2Ar*, *KMT2A* rearranged; *NPM1*, nucleophosmin 1 gene; *NPM1m*, *NPM1* mutated; QTc, corrected QT interval; SoC, standard of care.

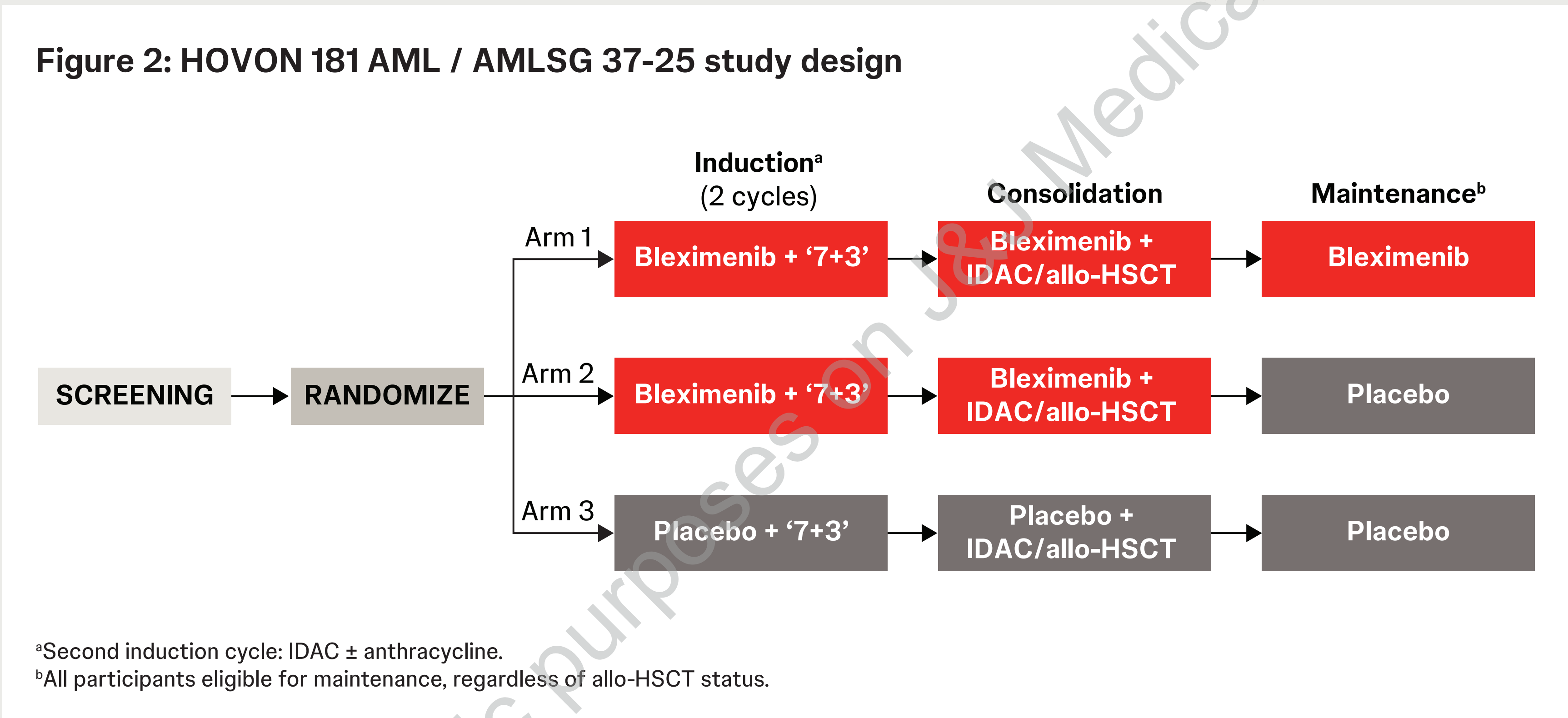
Background

- Newly diagnosed (ND) acute myeloid leukemia (AML) is a genetically heterogeneous disease with a 5-year overall survival rate of ~30%^{1,2}
- In AML, *KMT2A* rearrangements (*KMT2Ar*) are associated with poor treatment outcomes, while *NPM1* mutations (*NPM1m*) are generally associated with favorable risk^{3,4}
- Treatment with cytarabine + anthracycline (daunorubicin or idarubicin) (‘7+3’) with cytarabine consolidation remains the standard of care (SoC) for patients eligible for intensive chemotherapy (IC)³
- Bleximenib is a potent menin inhibitor with activity in *KMT2Ar* and *NPM1m* AML (**Figure 1**).⁵ No menin inhibitors are currently approved for patients with ND *KMT2Ar* or *NPM1m* AML who are eligible for IC
- In the phase 1b ALE1002 study (NCT05453903), high rates of response were observed with bleximenib in combination with ‘7+3’ in participants with ND *KMT2Ar* or *NPM1m* AML eligible for IC⁶
 - The safety profile of bleximenib in combination with ‘7+3’ was consistent with the ‘7+3’ backbone, with no differentiation syndrome or QTc prolongation signal identified
 - No drug-drug interactions with ‘7+3’ were observed

Methods

Study design

- HOVON 181 AML / AMLSG 37-25 (EU CT number: 2025-522767-15, NCT number: NCT07223814) is a prospective, global, multicenter, double-blind, placebo-controlled, randomized, phase 3 clinical study
- 875 participants will be randomly assigned to 1 of 3 study arms (**Figure 2**)



Endpoints

Primary endpoint	
Event-free survival	Defined as time from randomization to failure to achieve complete remission (CR) after remission induction, hematologic relapse after achieving CR, or death
Secondary endpoints	
Key secondary endpoint	Overall survival
Additional secondary endpoints	Duration of CR Rate of CR Incidence of adverse events

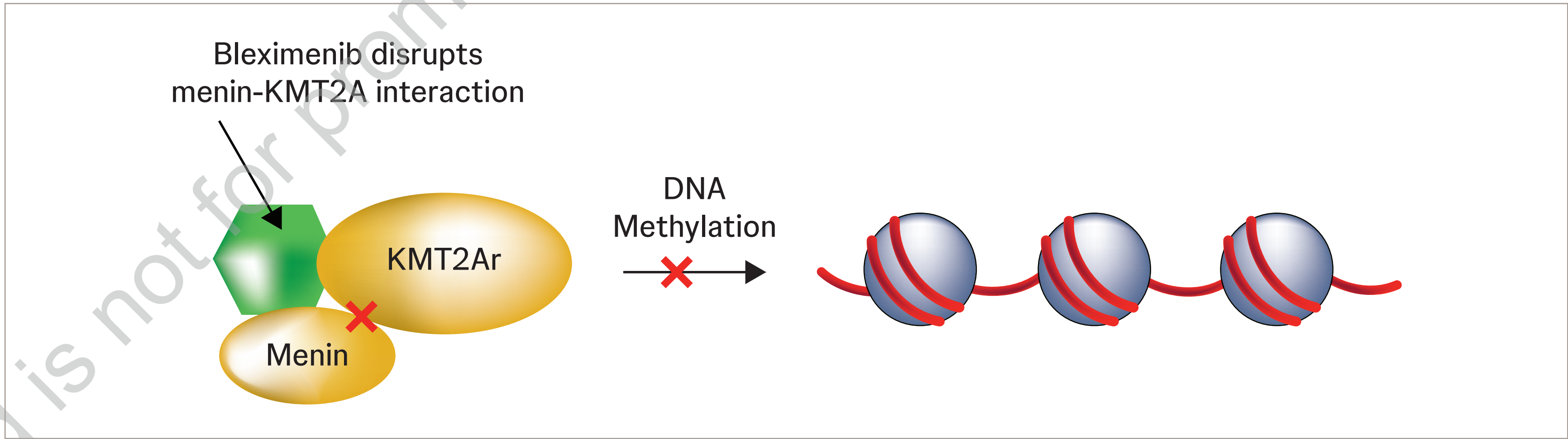
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Objective

- To evaluate the efficacy and safety of bleximenib versus placebo in combination with SoC remission induction and consolidation IC followed by maintenance therapy in adults with ND *KMT2Ar* or *NPM1m* AML who are eligible for IC

Figure 1: Mechanism of action of bleximenib



Eligibility criteria

Key inclusion criteria	Key exclusion criteria
<ul style="list-style-type: none">Age ≥18 yearsND <i>KMT2Ar</i> or <i>NPM1m</i> AML^aEligible for ICECOG PS ≤2Adequate hepatic and renal function	<ul style="list-style-type: none">Prior chemotherapy for AMLKnown active leukemic involvement of the CNSPrior solid organ transplantationActive infectious hepatitisSignificant cardiac disorder ≤6 months prior to randomization

^a≥10% blasts in peripheral blood per 2022 International Consensus Classification criteria.

Study enrollment

- Global enrollment is planned to begin in late 2025 (**Figure 3**)

