



INTRODUCTION:

Oral decitabine-cedazuridine agent “INQOVI” is approved for the treatment of patients with higher risk myelodysplastic neoplasm (MDS), chronic myelomonocytic leukaemia (CMML), and acute myeloid leukaemia (AML) in Australia.¹

Adverse events such as myelosuppression lead to early treatment cessation, dose interruptions and delays, potentially compromising clinical outcomes.^{2–4} Real-world data describing treatment patterns remain limited.

This audit aimed to characterise the patterns of treatment delivery and clinical outcomes in patients treated with INQOVI at the Northern Hospital.

METHODOLOGY:

Inclusion criteria: receipt of ≥1 treatment cycle INQOVI at Northern Hospital.

10 patients screened following PBS listing. 8 patients met inclusion criteria (4 AML, 3 MDS, and 1 CMML).

Descriptive statistics analysed durations of treatment-emergent cytopenias, treatment discontinuation, dose reductions or delays, and morphologic response.

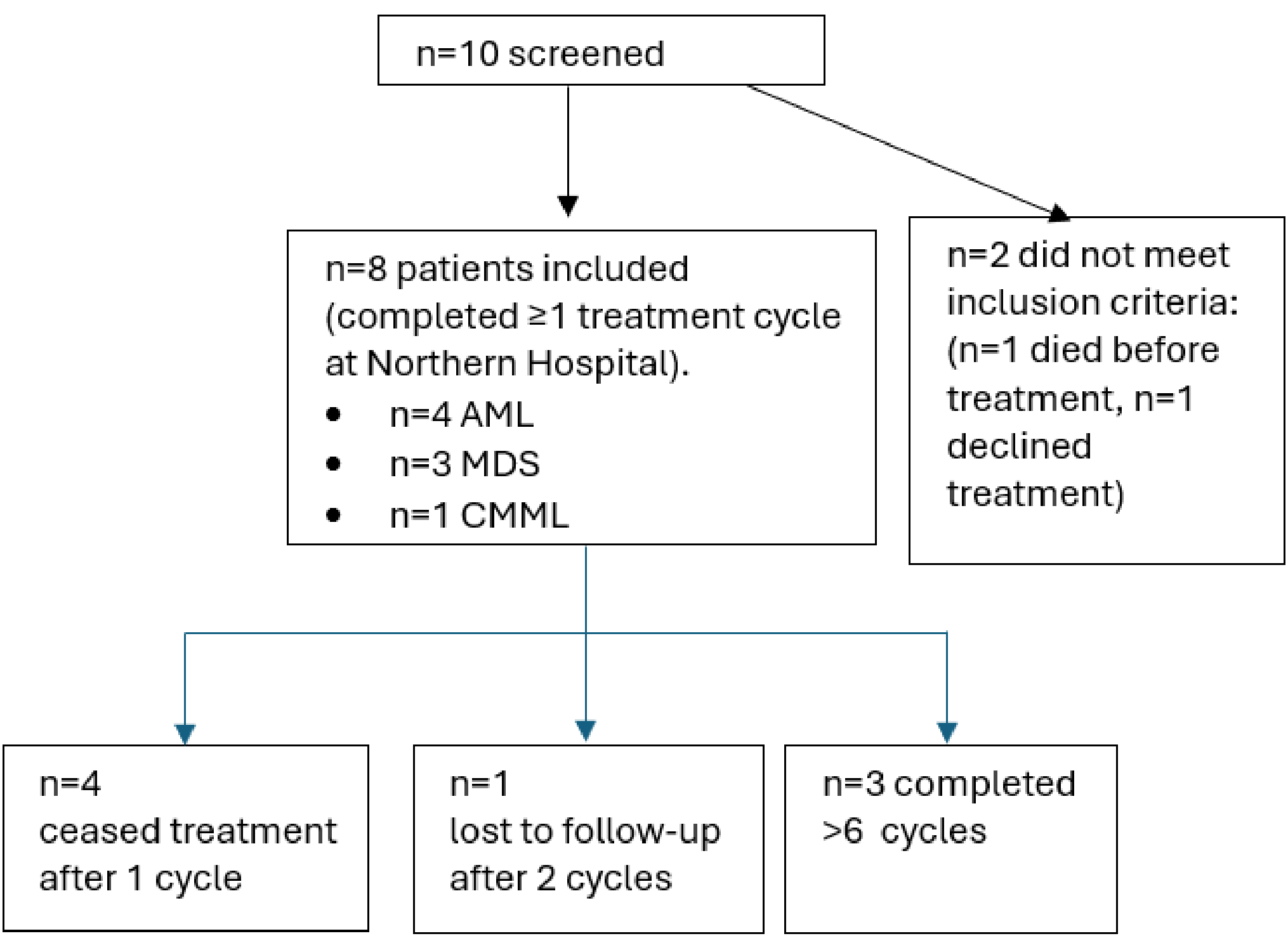


Figure 1: Patient disposition

RESULTS:

TREATMENT-EMERGENT CYTOPENIAS

Treatment-emergent thrombocytopenia:

- Grade 3 thrombocytopenia (platelets 25- <50x10⁹/L) occurred in 12.5% patients (median duration 10 days).
- Grade 4 thrombocytopenia (platelets <25x10⁹/L) occurred in 50% patients (median duration 11 days).

Treatment-emergent neutropenia:

- Grade 3 neutropenia (ANC 0.5-<1.0x10⁹/L) occurred in 37.5% patients (median duration 10.5 days).
- Grade 4 neutropenia (ANC<0.5x10⁹/L) occurred in 25% patients (median duration 19 days).

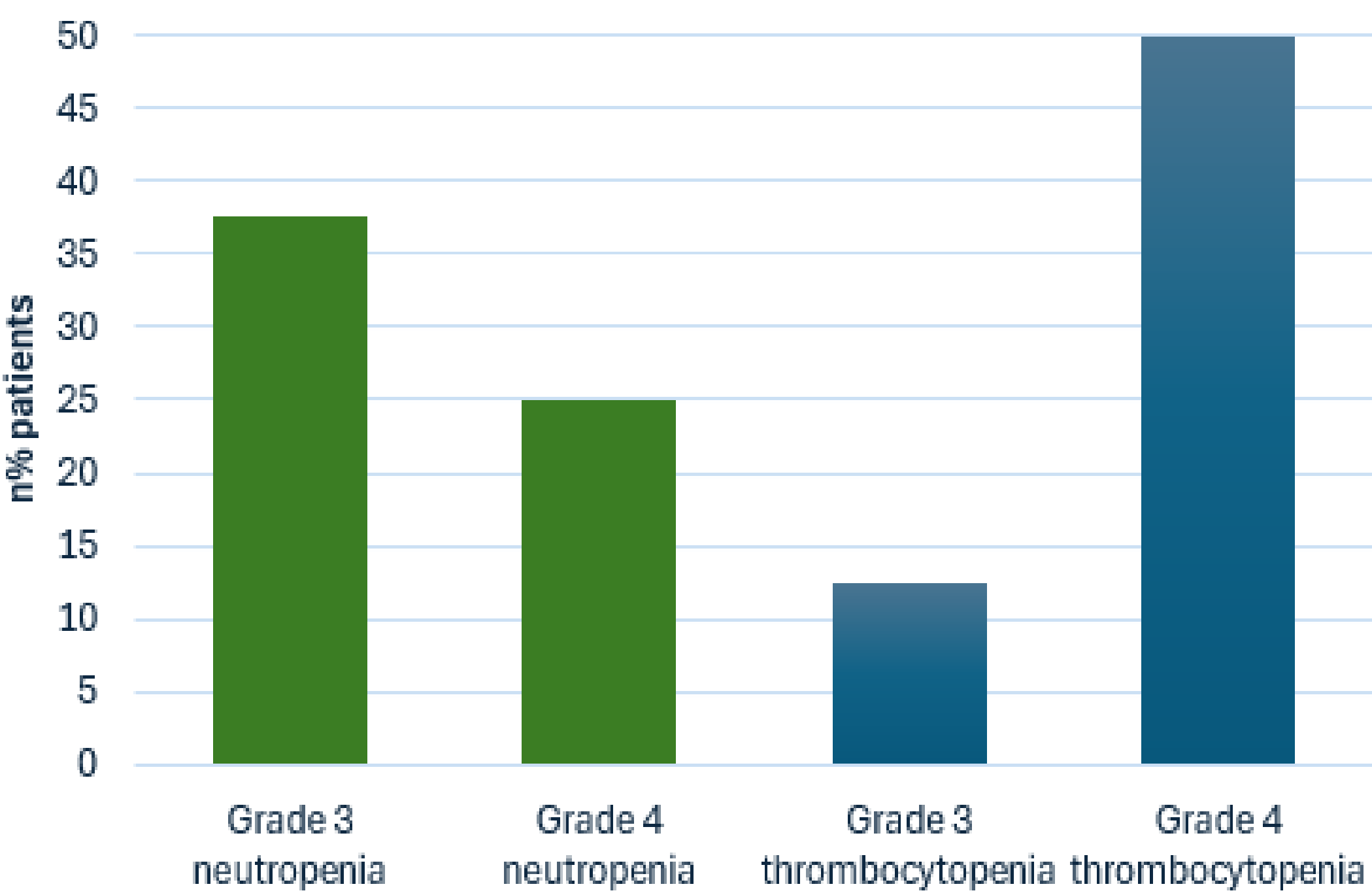


Figure 2: n% patients with treatment-emergent cytopenias during cycles 1-6 INQOVI. Cytopenias were classified as ‘treatment-emergent’ if onset occurred during treatment in patients without baseline cytopenia, or following previous recovery from cytopenia.

Treatment-emergent cytopenia	Median duration per cycle (IQR), days
Thrombocytopenia	
Platelet<50x10 ⁹ /L	10 (4)
Platelet<25x10 ⁹ /L	11 (5)
Neutropenia	
ANC<1.0x10 ⁹ /L	10.5 (23)
ANC<0.5x10 ⁹ /L	19 (19)

Figure 3: Median duration per cycle of treatment-emergent cytopenias in cycles 1-6 INQOVI. Durations were analysed in cycles with new onset treatment-emergent cytopenia, or continuation of treatment emergent cytopenia from the preceding cycle(s).

TREATMENT DELIVERABILITY

Treatment duration:

- Total number of cycles completed ranged from 1 to 22.
- 50% patients ceased treatment after one cycle (two due to non-haematologic toxicity, two due to disease progression).

Dose modifications:

- Two patients (25%) required dose reductions after cycle 1 due to neutropenia and febrile neutropenia respectively.
- Three patients (37.5%) experienced dose delays across 5 cycles related to grade 3-4 neutropenia.

CONCLUSION:

INQOVI was associated with frequent treatment modifications related to myelosuppression in this real-world cohort. Expansion of this audit to a multi-site study is in progress and may provide greater insight into treatment deliverability and clinical outcomes in routine practice.

REFERENCES:

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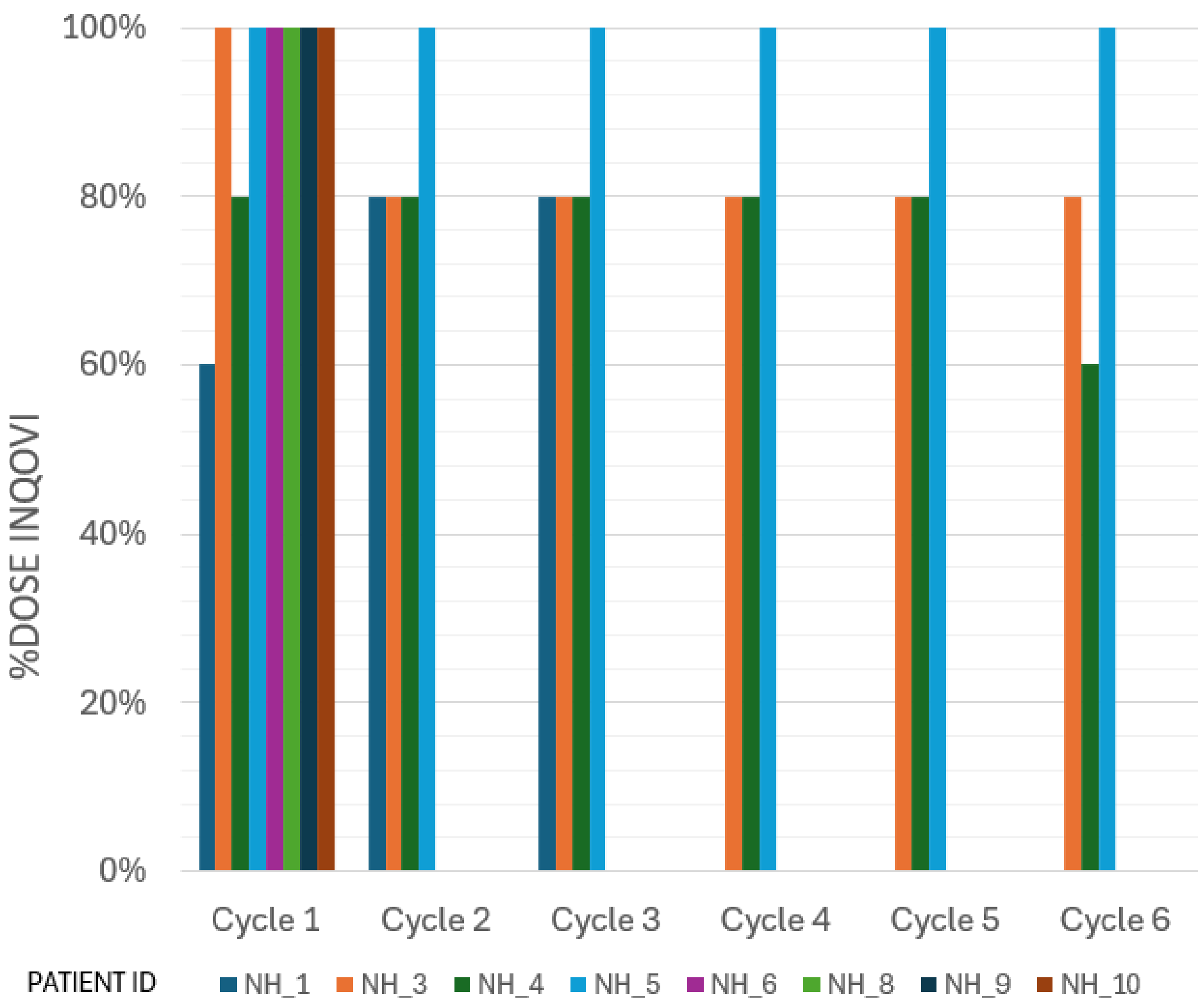


Figure 4: %Dose INQOVI delivered to each patient per 28-day or extended cycle. 100% dose corresponds to 1 tablet 35mg-100mg decitabine/cedazuridine daily for 5 days per cycle, 80% dose 4 tablets per cycle, etc.

MORPHOLOGIC RESPONSE

- Two patients achieved morphologic remission (bone marrow blast count <5%) during treatment with INQOVI.
- Two patients had stable disease with reduction in bone marrow blasts without achieving bone marrow blasts <5%.
- Two patients had disease progression with increased bone marrow blasts.
- Two patients were not assessed (one lost to follow-up, one bone marrow biopsy not performed).

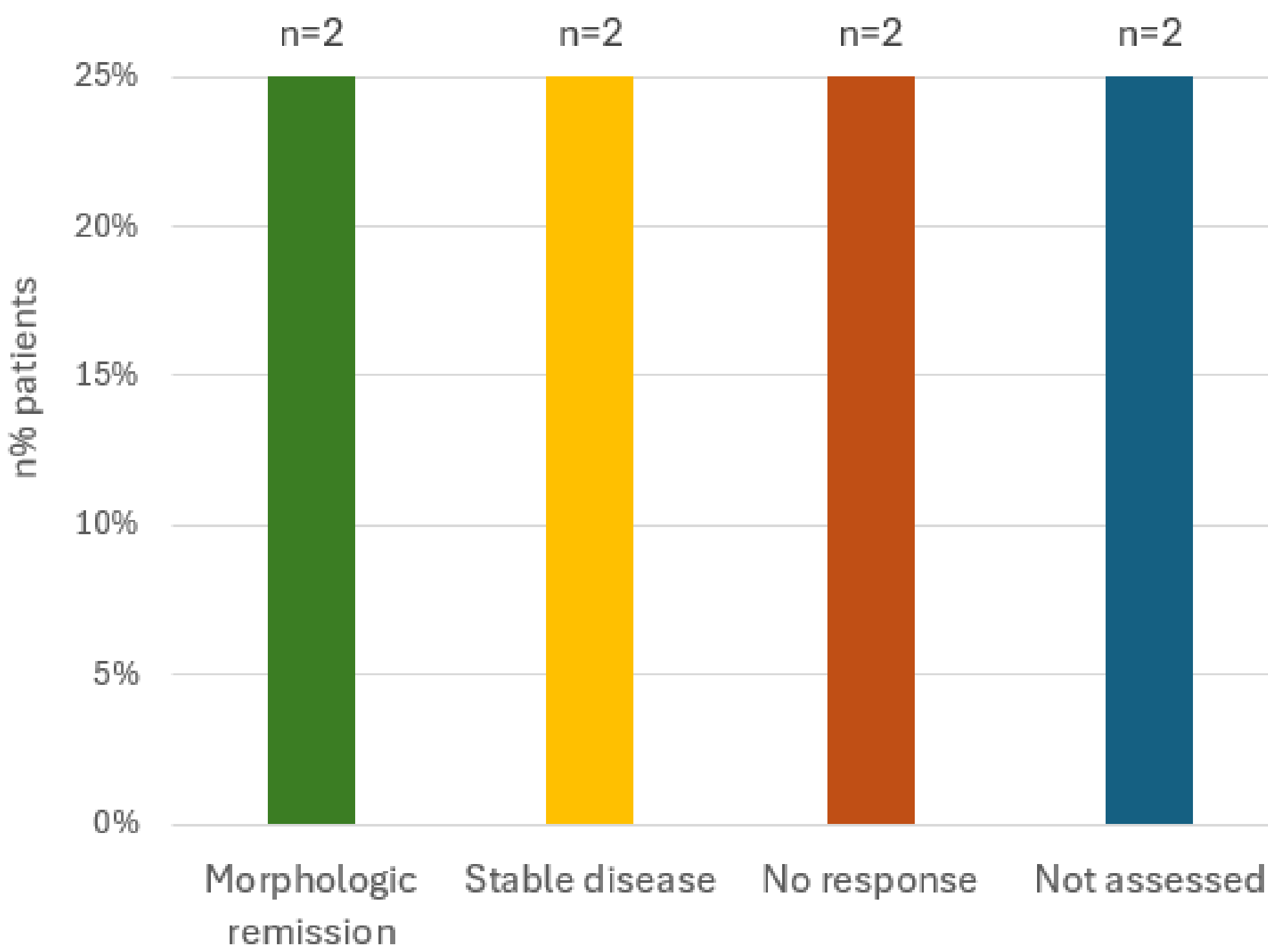


Figure 5: n% patients with morphologic response to INQOVI. Morphologic remission (bone marrow blast count reduced <5%). Stable disease (reduction in bone marrow blast count but remains >5%). Disease progression (bone marrow blast count increase). Not assessed (nil bone marrow blast count data available).