Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/myeloid-mutations-all-treatment-decisions/54356/

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How Myeloid Mutations in ALL Inform Treatment Decisions

Announcer:
This is *Project Oncology* on ReachMD. On this episode, we'll learn about the clinical implications of identifying myeloid mutations in acute lymphoblastic leukemia, or ALL for short, with Dr. Caner Saygin. He's an Assistant Professor of Medicine at the University of Chicago Medicine, and he spoke about this topic at the 2026 Society of Hematologic Oncology Annual Meeting. Let's hear from Dr. Saygin now.

Dr. Saygin:
So in my practice, we typically do a comprehensive genomic assessment when we have a patient with newly diagnosed ALL, and that's the case in most academic centers. We look at the traditional somatic drivers of this disease, and we also look at these myeloid mutations or TP53 mutations by using comprehensive panels.

So the risk stratification of ALL is very much biased from pediatric data. But we know that adults who harbor TP53 or myeloid mutations are at higher risk. And we are quite fortunate in the field of adult ALL that we have several new therapies. These are immune-based therapies, such as the blinatumomab, or inotuzumab, an antibody-drug conjugate. We have venetoclax, a BCL-2 inhibitor. We obviously have CAR T-cell therapies and several other immune-based therapies emerging. So my priority for adults with myeloid mutant or TP3-mutant ALL would be to incorporate as many of these novel approaches as possible and de-escalate the chemotherapy. For example, inotuzumab followed by blinatumomab—a chemo-free regimen—has better outcomes than chemotherapy alone in myeloid-mutant ALL.

And the other important piece is to track this disease very carefully using MRD methods. We are also very fortunate to have excellent MRD technologies that are specific and sensitive for ALL. So if patients are not clearing their measurable residual disease when assessed by highly sensitive V(D)J NGS-based platforms, then it should be a signal that they need allogeneic transplant. And I have a very low threshold for recommending transplant for TP53-mutant ALL or myeloid-mutant ALL at first complete remission, especially if there is residual disease detected by these sensitive methods.

Announcer:
That was Dr. Caner Saygin talking about how myeloid mutations can influence our approach to risk assessment and treatment planning in patients with ALL. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!