CONCLUSIONS

• This study provides an overview of the real-world use of VEN in patients with AML in the US since its approval in November 2018 (patients were mainly treated in community versus academic centers).

• Despite collecting data starting in January 2018 before it was approved in November 2018, almost half of patients with AML who initiated treatment after 2018 received 1L VEN.

• The real-world complete response rate in patients treated with VEN with available data was 62%, but over half of patients treated with VEN discontinued VEN, with discontinuation occurring at a median of 0.23 months.

• The real-world median overall survival of patients who received VEN was longer in patients with de novo AML compared with secondary AML, and in patients with pretreated AML compared with newly diagnosed AML.

• This study is limited by physician-stated outcomes and the potential for incomplete data, imprecise dates, and inaccurate patient information.

• There is an inherent immortal time bias in overall survival of the pretreated population because the analysis is based on diagnosis date. Patients treated with VEN had “additional months” for incomplete data, imprecise dates, and inaccurate patient information.

• The study was performed and completed, and the data that were collected and analyzed are included in the study database only from centers across the US with an electronic health record that contains relevant data from diagnosis until death.