**INTRODUCTION**

- **Aim:** Evaluate safety data from ponatinib treatment in patients with chronic phase chronic myeloid leukemia (CML) or Philadelphia–chromosome positive acute lymphoblastic leukemia (Ph+ ALL) treated in the phase II PACE trial (NCT01207440).
- **Objectives:** To evaluate the incidence and timing of adverse events (AEs) in patients treated with ponatinib and to determine the relationship between AEs and treatment-related drug discontinuation.

**METHODS**

- **Study Design:** The PACE study was a phase II trial evaluating ponatinib in patients with CML or Ph+ ALL.
- **Data Analysis:** AEs were analyzed according to treatment, relationship to treatment, and according to patient characteristics such as prior TKI use.

**RESULTS**

- **Incidence of AEs:** The most common treatment-related AEs in CP-CML patients were:
  - Neutropenia
  - Hypertension
  - Hyperlipidemia
- **Time to Initial Onset:** Incidence of select AEs by time to initial onset is shown in Figure 2.

**DISCUSSION**

- **Risk and Benefit Considerations:** ponatinib treatment.
- **Conclusions:** ponatinib treatment.

**ACKNOWLEDGMENTS**

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**REFERENCES**


**CONFLICT OF INTERESTS**

- All authors have disclosed no relevant conflicts of interest.

**AUTHOR CONTRIBUTIONS**


**SUMMARY**

- Ponatinib is a novel kinase inhibitor that inhibits BCR-ABL and several downstream targets.
- The phase II PACE trial evaluated ponatinib in patients with CML or Ph+ ALL.
- The most common treatment-related AEs were:
  - Neutropenia
  - Hypertension
  - Hyperlipidemia
- Risk and benefit considerations should be evaluated when using ponatinib in patients with CML or Ph+ ALL.

**CONCLUSION**

- Ponatinib treatment.

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**Table 1: Patient Demographics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male: 131 (46%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Median: 57 years (range: 18-79)</td>
</tr>
<tr>
<td><strong>Etiology</strong></td>
<td>CML: 208 (69%)</td>
</tr>
</tbody>
</table>

**Table 2: Incidence and Timing of Select Adverse Events in CP-CML (N=228)**

<table>
<thead>
<tr>
<th>Event</th>
<th>Incidence</th>
<th>Time to Initial Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>65%</td>
<td>Median: 10 days</td>
</tr>
<tr>
<td>Hypertension</td>
<td>49%</td>
<td>Median: 20 days</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>47%</td>
<td>Median: 30 days</td>
</tr>
</tbody>
</table>

**Table 3: Dose Modification for Select Adverse Events in CP-CML**

<table>
<thead>
<tr>
<th>Event</th>
<th>Dose Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutropenia</td>
<td>Reduced dose</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Reduced dose</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Reduced dose</td>
</tr>
</tbody>
</table>

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**Figure 1: PACE Study Design**

- The phase II PACE trial evaluated ponatinib in patients with CML or Ph+ ALL.
- The study comprised two phases:
  - Phase 1: Dose escalation
  - Phase 2: Dose optimization

**Figure 2: Incidence of Select AEs by Time to Initial Onset (All Causality)**

- Incidence of select AEs by time to initial onset is shown in Figure 2.

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**Disclosures**

- The authors have disclosed no relevant conflicts of interest.
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