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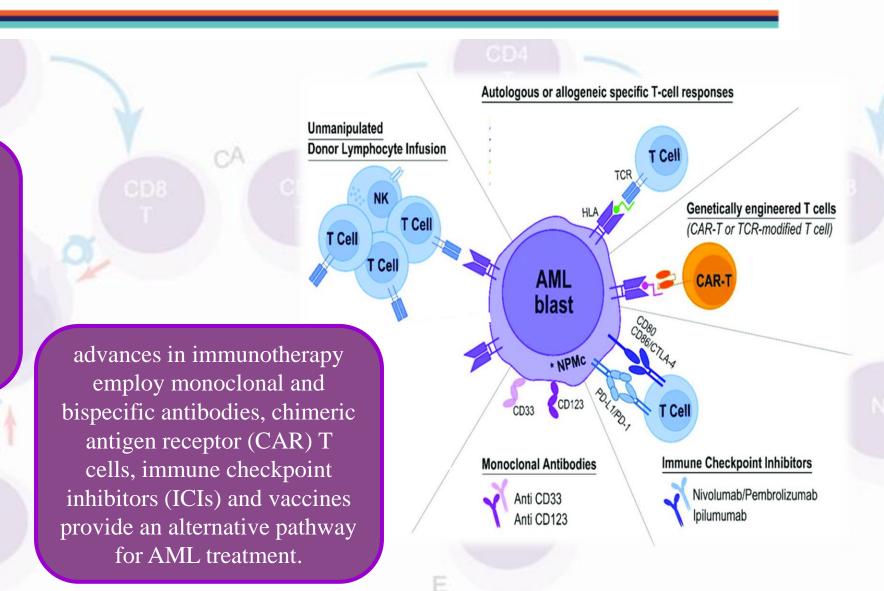
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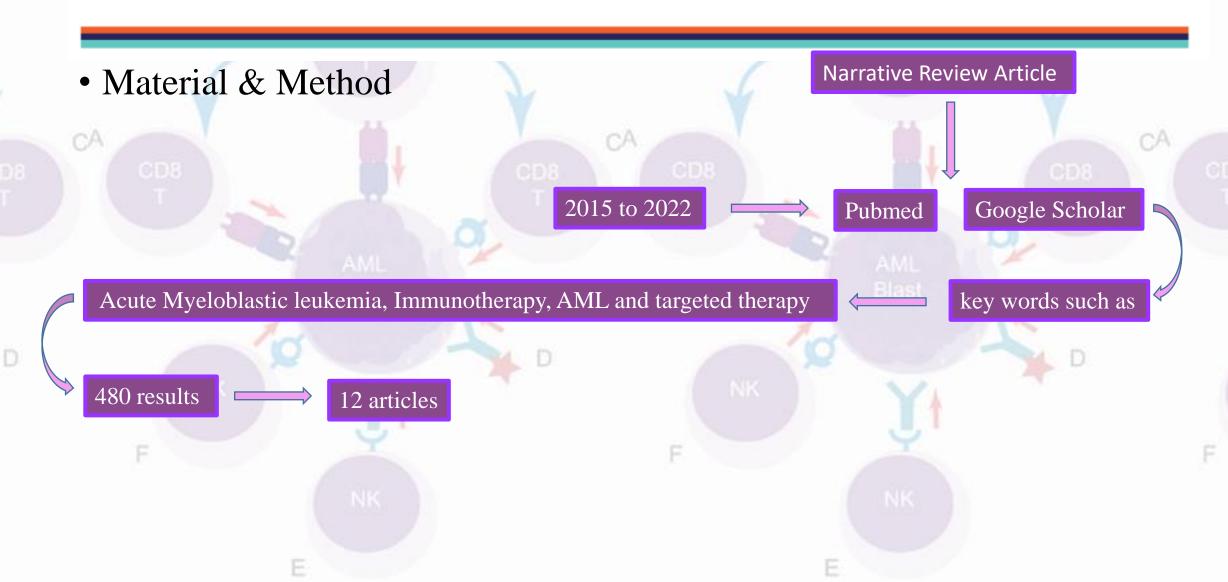
• Introduction:

Acute myeloblastic leukemia
(AML) leads to the production
and proliferation of abnormal
blast cells from the bone marrow
(BM) and is an aggressive and
heterogene disease, poor
prognosis due to various genetic
alterations and abnormalities



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Results

CA

Early-phase clinical trials of CAR-T or NK cells for relapsed/refractory (poor prognosis) AML exhibited



complete remission (CR) or marked reduction of BM blasts in a few enrolled patients

Bi-/tri-specific antibodies



showed 11–67% CR rates with 13–78% risk of cytokine releasing syndrome

Conventional chemotherapy in combination with anti-PD-1/anti-CTLA4 antibody for poor prognosis AML

AML



10–36% CR rates with 7–24 monthlong median survival

gilteritinib and CUDC-907 (a dual inhibitor of PI3K and histone deacetylases)



synergistically induce apoptosis in FLT3-ITD AML cell lines and primary patient samples targeting CD33, CD123, and CLL-1

immune checkpoint inhibitors (anti PD-1 and anti CTLA4 antibodies)



with or without conventional chemotherapy

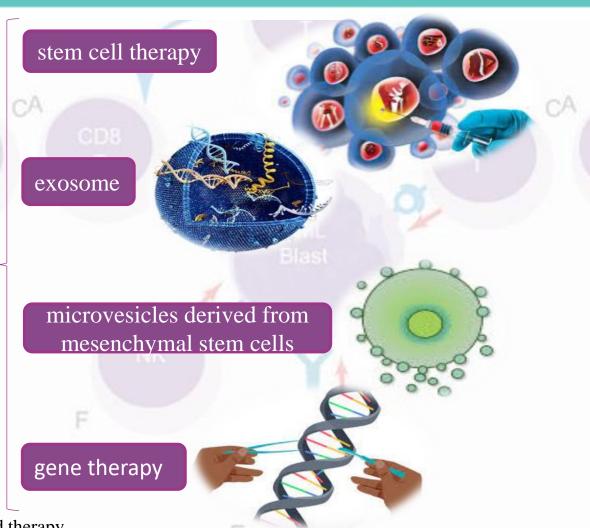
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• Conclusion:

There is no doubt that the landscape of treating AML is becoming more and more complex. However further advances and clinical applications of immunotherapy for AML are awaited

should be better investigated other emerging treatment methods besides immunotherapy



Keywords: Acute Myeloblastic leukemia, Immunotherapy, AML and targeted therapy