

**Are there certain agents which could be selected for treatment which may lessen immunosuppression?**

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I've recently been asked in the context of the recent COVID-19 pandemic, "Are there certain agents which could be selected for treatment, which may lessen immunosuppression?" This is a really fluid situation and information is changing by the day, by the hour. I'm recording this the end of March 2020 and so understand that things will change, are changing, and are different by region. But this is a really good question that we've been asking ourselves recently as well. And I think it's not unreasonable to reconsider intensive induction chemotherapy for some patients who may otherwise be eligible for that right now in the context of this pandemic and our uncertainty about the impact it might have on our patient population specifically, and there are other perhaps less intensive approaches that may be as effective. We recently saw a press release that venetoclax plus azacitidine improved overall survival for older induction ineligible AML patients compared to azacitidine alone. I recently saw a guideline recommendation from the United Kingdom AML group suggesting that in a patient 50 and over who is otherwise a candidate for intensive induction chemotherapy in the current climate may be considered, *should* be considered for a venetoclax-based regimen. So these are very, very new and challenging times, but I think that it is not unreasonable to prioritize a therapy that may have less infectious complications right now when so little is known about this.