**RESULTS**

Baseline characteristics of R/R AML patients who received enasidenib 100-mg daily, with or without experiencing IDH-DS, are shown in Table 1.

Six of 13 patients had a hematologic response (Abstract 7015).

**METHODS**

- Hematologic Differentiation Syndrome (HDS) was defined in a study by Brugger et al. (2017) using WHO 2008 criteria.
- Patients who received enasidenib 100 mg daily in the phase 1/2 study of enasidenib in patients with advanced hematologic malignancies (NCT01915498) were evaluated for HDS based on evidence of leukocytosis and bone pain.
- The study design and evaluation of adverse events associated with enasidenib were consistent with the current trial.

**CONCLUSIONS**

- Identification of IDH-2 isocitrate dehydrogenase 2 (IDH2) inhibitors and their potential use in the treatment of AML
- IDH-2 inhibitors are associated with hematologic differentiation syndrome (HDS) characterized by leukocytosis and bone pain.
- These findings suggest that monitoring for HDS in patients receiving IDH-2 inhibitors is important for early identification and management.

**REFERENCES**


**DISCLOSURES**

- The authors have no conflicts of interest to disclose.

**CONSEQUENCES**

- The results of the study have implications for the development and clinical use of IDH-2 inhibitors in AML.
- Further research is needed to understand the mechanisms underlying HDS and to develop strategies for its prevention and management.

**ACKNOWLEDGMENTS**

- The authors thank the investigators and patients for their contributions to the study.
- The support of the study sponsors, Celgene Corporation and Agios Pharmaceuticals, is gratefully acknowledged.

**DISCLOSURES**

- The authors declare no conflicts of interest.
- The study was supported by Celgene Corporation and Agios Pharmaceuticals.

**REFERENCES**