EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

25 June 2026
EMADOC-1700519818-3259843
Human Medicines Division

Assessment report for paediatric studies submitted according to Article 46 of the Regulation (EC) No 1901/2006

Venclyxto

Venetoclax

Procedure no: EMA/PAM/0000338556

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

Status of this report and steps taken for the assessment			
Current step	**Description**	**Planned date**	**Actual Date**
☐	Submission deadline	14 April 2026	19 March 2026
☐	Start date	27 April 2026	27 April 2026
☐	CHMP Rapporteur AR	1 June 2026	17 April 2026
☐	CHMP comments	15 June 2026	15 June 2026
☐	Updated CHMP Rapporteur AR	18 June 2026	18 June 2026
☒	CHMP outcome	25 June 2026	25 June 2026

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1. Introduction

On 19 March 2026, the MAH submitted a completed paediatric study for Venclyxto, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

A short critical expert overview has also been provided.

2. Scientific discussion

2.1. Information on the development program

The MAH stated that Study M19-063 (VIALE-T) is a stand-alone study.

2.2. Information on the pharmaceutical formulation used in the study

Venetoclax film-coated tablet, 10 mg, 50 mg and 100 mg (manufactured by AbbVie).

Azacitidine Powder for suspension for injection, 100 mg (manufactured by Celgene or generic manufacturer).

2.3. Clinical aspects

Introduction

The MAH submitted a final report for:

Study M19-063 (VIALE-T) – A Randomized, Open Label Phase 3 Study Evaluating Safety and Efficacy of Venetoclax in combination with Azacitidine after allogeneic Stem Cell Transplantation in Subjects with Acute Myeloid Leukaemia (AML)

Clinical study

Study M19-063 (VIALE-T) – A Randomized, Open Label Phase 3 Study Evaluating Safety and Efficacy of Venetoclax in combination with Azacitidine after allogeneic Stem Cell Transplantation in Subjects with Acute Myeloid Leukaemia (AML)

Description

Study M19-063 was a Phase 3, randomized, open-label, multicentre study designed to evaluate the safety and efficacy of venetoclax in combination with azacitidine compared to best supportive care as maintenance therapy in subjects with AML following allogeneic SCT.

The study consisted of two parts:

- **Part 1 (Dose Confirmation and Safety Expansion)** - a Bayesian optimal interval design was employed to establish the recommended Phase 3 dose (RPTD) for the venetoclax-azacitidine combination. Approximately 24 subjects were planned to enrol in escalating dose cohorts, followed by a safety expansion cohort of 12 additional subjects at the selected dose.
- **Part 2 (Randomization):** Approximately 400 subjects were to be randomized (to obtain 231 overall survival [OS] events) in a 1:1 ratio to receive either venetoclax with azacitidine in addition to best supportive care, or best supportive care only per institutional standards.

Methods

Study participants

To be eligible for enrolment in Study M19-063, subjects must have been ≥ 18 years old for Part 1 and ≥ 12 years old for Part 2.

Subjects must be diagnosed with AML by the World Health Organization Criteria (WHO 2017) and either be planning for allogeneic SCT or have received allogeneic SCT within the past 60 days at the time of registration for study screening.

Treatments

- Part 1: Venetoclax + azacitidine + BSC was administered for a total of 6 cycles. Thereafter, venetoclax monotherapy was administered for an additional 18 cycles, for a total of 24 treatment cycles.
- Part 2: Venetoclax (200 mg orally once daily for up to 24 cycles) with azacitidine (20 mg/m² IV or SC once daily for 5 days in each 28-day cycle for up to 6 cycles) in addition to best supportive care, or best supportive care only per institutional standards. Thus, the combination therapy was administered for a total of 6 cycles. Thereafter, venetoclax monotherapy was administered for an additional 18 cycles, for a total of 24 treatment cycles.

Cycle 1 Day 1 administration of first dose of the study drug was required to occur within 28 to 100 days from the date of transplant.

Objective(s)

Primary objective:

- Part 1: To determine the RPTD of venetoclax in combination with azacitidine in AML patients when given as maintenance therapy following allogeneic SCT.
- Part 2: To determine efficacy of venetoclax in combination with azacitidine to improve OS in AML patients compared to best supportive care when given as maintenance therapy following allogeneic SCT.

Secondary objectives:

- To confirm the safety of venetoclax in combination with azacitidine after allogeneic SCT in subjects diagnosed with AML.
- To determine the efficacy of venetoclax in combination with azacitidine as measured by relapse-free survival (RFS).
- To determine the effect of venetoclax in combination with azacitidine on the frequency and severity of GvHD, on quality-of-life and on minimal residual disease levels.

Outcomes/endpoints

The primary efficacy endpoint of this study was OS. Due to early termination of the study, the protocol-defined interim and final OS analysis timepoints were not reached, so only descriptive statistical analysis was performed.

Results

Participants

A total of 465 subjects (35 subjects in Part 1 and 430 subjects in Part 2) were enrolled across 133 sites in 18 countries.

Paediatric subjects

Five (1.2%) paediatric (< 18 years old) subjects were enrolled in Part 2 of the study, of which 2 were randomised to the test treatment (Arm A) and 3 to the control arm (Arm B).

The age range among these subjects was 15-17 years.

Of the 2 paediatric subjects enrolled in arm A, only 1 received at least one dose of venetoclax + azacitidine and was included in the safety evaluation.

Efficacy results

On 01 July 2025, the sponsor terminated Study M19-063 following the external Independent Data Monitoring Committee (IDMC) recommendation, considering the likelihood of demonstrating superiority for the primary endpoint of OS to be low, and the protracted event accrual.

There were no on-study deaths among the five paediatric patients, in either treatment arm.

Safety results

Only one paediatric subject was dosed with venetoclax + azacitidine in this study. The subject had at least one ≥Grade 3 event and had AEs leading to dose interruption and dose reduction of venetoclax, and to discontinuation of azacitidine.

Discussion on clinical aspects

Study M19-063 included some subjects <18 years of age. Therefore, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended, the MAH submitted the final study report for this study.

Five paediatric subjects with AML (age range 15-17 years) were enrolled to Part 2 of the study. Of these 5 subjects, 2 were randomised to the test arm (venetoclax + azacitidine in addition to best supportive care) and 3 to the control arm (best supportive care). Only one of the subjects randomised to test treatment was dosed and included in the safety population. No new conclusions can be drawn from this study on the efficacy and safety of venetoclax in paediatric patients.

3. CHMP overall conclusion and recommendation

No new conclusions can be drawn from Study M19-063 on the efficacy and safety of venetoclax in paediatric patients. No update of the products information is warranted.

☒ **Fulfilled:**

No regulatory action required.