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Biographical Information

Elias Jabbour, M.D.

Dr. Elias Jabbour graduated from the Saint Joseph's School of Medicine in 1998 and joined, thereafter, the Hotel Dieu de France University Hospital as a resident. In 2001, he pursued in fellowship in Hematology-Oncology at the Gustave Roussy Institute. In 2003, he joined the University of Texas M. D. Anderson Cancer as a fellow in the Department of Hematology/Leukemia and Stem cell transplantation. Thereafter, in 2007, he joined the faculty in the Leukemia department as Assistant Professor and is currently a Professor.

Dr. Jabbour is actively involved in research in both acute and chronic forms of leukemia. He was actively involved in clinical trials that lead to the approval of several drugs in chronic myeloid leukemia (CML), myelodysplastic syndromes (MDS), and acute lymphoblastic leukemia (ALL). He actively assisted in developing chemotherapeutic and biologic agents in leukemias and contributed to the development of others. This research has also provided insight into the biology of leukemias. He has extensively addressed the question of resistance to tyrosine kinase inhibitors and analyzed the outcome of these patients. Dr. Jabbour identified different mechanisms of resistance and described the clinical significance of them. This has clinical significance in establishing new milestones and leading to personalized therapy. He was also actively associated with frontline studies of nilotinib and dasatinib which resulted in FDA approval of these agents for frontline CML therapy in 2010. Dr. Jabbour has been involved in addressing the question of genomic instabilities in patients with low-risk MDS who may need earlier therapeutic intervention. This served as a rationale for the first study in the world randomizing such patients to either 5-azacitidine or decitabine. Identifying patients at risk and applying earlier intervention may significantly improve their prognosis. Dr. Jabbour was instrumental in leading the efforts to test triple therapy in acute myeloid leukemia (nucleoside analogs + anthracyclines + cytarabine). The early results from this randomized trial showed a significant improvement in outcome in young patients who receive the nucleoside analog. Dr. Jabbour has designed more than a dozen clinical trials assessing new combinations for the management of de novo ALL, elderly ALL, and relapsed/refractory disease. Of note, he developed a protocol that has shown significant improvements in survival rates for patients with Philadelphia-positive (Ph+) ALL. In addition, He developed another innovative treatment approach for these patients by combining blinatumomab, a bispecific monoclonal antibody, with ponatinib, offering a chemotherapy-free regimen that will hopefully further increase the cure rates. Another area on which he focused his research is elderly patients with ALL. The aggressive biology of the disease and elderly patients' poor tolerance of intensive chemotherapy leads to low survival rates for this patient population. Dr. Jabbour is currently investigating an innovative strategy combining new monoclonal antibodies such as inotuzumab ozogamicin, a conjugated anti-CD22 antibody, and blinatumomab, with minimal chemotherapy. If successful such strategies will likely increase the cure rates of adult patients with ALL to the high level achieved in pediatric patients.

Dr. Jabbour has taken an active role in the medical community, participating in numerous scientific meetings. He has authored or co-authored numerous publications (>400 peer reviewed publications) and abstracts and serves as a reviewer for many scientific journals. Dr. Jabbour has received several prestigious awards, among them merit awards from the American Society of Clinical Oncology (ASCO; 2005, 2006, 2007) and the American Society of Hematology (ASH; 2005, 2006, 2007). He also received several other honors, including the Kimberly Patterson and Shannon Timmons fellowships and the highly coveted Celgene Future Leader in Hematology (2007) and Young Investigator in Hematology (2016) awards.