How are the results of the phase 3 ADMIRAL trial changing the treatment paradigm for salvage therapy of AML?

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Another question I'm asked is how are the results of the phase 3 ADMIRAL trial changing the treatment paradigm for salvage therapy of AML? The big difference is that we really need to screen for FLT3 mutations in patients who have relapsed and refractory AML. Because while it's true that many patients who have FLT3 mutations at initial diagnosis will maintain their mutations at relapse, this can change. Patients can acquire a FLT3 mutation at relapse or after refractoriness to frontline chemotherapy. And now there is an approved drug that's clinically active in this population and showed both superior response rates and superior survival in comparison to standard chemotherapy. So, it behooves us to screen our patients who are refractory to frontline therapy or relapse after a prior CR for the presence of FLT3 mutations because they may substantially benefit from an oral tyrosine kinase inhibitor that can be administered, largely in the outpatient setting and thus provides superior response in survival data with actually less toxicity than traditional chemotherapy.