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**How does quizartinib fit into the treatment paradigm of AML and what are the key aspects that clinicians need to know about this agent?**

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A question I'm often asked is how does quizartinib fit into the treatment paradigm of AML and what are the key aspects that clinicians need to know about this agent? Quizartinib currently is an investigational agent. So it's not something I can write a prescription for my patients, but it's really one of the most potent and selective FLT3 inhibitors ever developed, and we know that this drug has a high rate of response in patients who are relapsed or refractory to frontline standard chemotherapy and actually had superior overall survival when compared to standard chemotherapy. Despite this, the drug is not yet approved in that setting and its current investigational areas are both in combinations with standard chemotherapy and with novel agents. A large phase 3 study just recently completed enrollment called the Quantum First Study, where newly diagnosed patients with FLT3-ITD mutation were treated with 7+3 intensive chemotherapy, plus either quizartinib or a placebo, and the primary endpoint of this study will be the event-free survival of those patients enrolled to the trial treated with this intensive approach. We don't have the data yet, but we expect this to read out, hopefully, in the next year. And we may find that the quizartinib joins the ranks of other FLT3 inhibitors, such as midostaurin, that led to improved survival with a trial design that was similar to Quantum First.