

# Gilteritinib helps some people with leukemia

Blood & Marrow Transplant <u>Clinical Trials Net</u>work®

Given after transplant, medicine helps patients with traces of cancer

Gilteritinib is a medicine for a type of blood cancer called acute myeloid leukemia (AML). It's used when cancer cells have a mutation called FLT3.

People with AML are treated with blood or marrow transplant (BMT). Sometimes, after treatment, people appear to be healthy but still have tiny amounts of cancer cells in their body. This is called minimal residual disease (MRD).

# A new study shows that giving gilteritinib after BMT helps people who have FLT3 AML and have MRD.

About 350 people worldwide participated in the study. Half of people got gilteritinib after BMT, and half of people got placebos (sugar pills). About 3 and a half years later, most people who had FLT3 AML with MRD and got gilteritinib were doing better than people who got placebo:

- More than two-thirds (4 out of every 6 people) who got gilteritinib were alive and cancer-free
- About one-half (3 out every 6 people) who got placebo were alive and cancer-free

However, gilteritinib did not help people who did not have MRD.

Gilteritinib can cause side effects, such as lowering the number of blood cells your body makes. This can make you tired, prone to infections, and may cause bleeding problems.

In this study, 8 out of 10 people in the gilteritinib group had side effects. Fewer people, about 5 out of 10 in the placebo group, had side effects. Because of this, researchers recommend gilteritinib only for patients who have FLT3 and MRD.

#### Keep in mind

If you have AML, ask your doctor about the possible benefits and harms of different treatments.

#### Learn more about

- <u>AML</u> at NMDP.org
- <u>Clinical trials of gilteritinib</u> at CTsearchsupport.org
- More <u>study summaries</u> at CIBMTR.org

This plain-language summary (PLS) was written by Jennifer Motl at Medical College of Wisconsin and reviewed by an author of the full article. © 2024 by CIBMTR, license  $\underline{CC BY}$ -SA 4.0.





# Source

Levis MJ, Hamadani M, Logan B, et al. <u>Gilteritinib as Post-Transplant</u> <u>Maintenance for Acute Myeloid Leu-</u> <u>kemia With Internal Tandem Dupli-</u> <u>cation Mutation of FLT3.</u> Journal of Clinical Oncology. 2024:Jco2302474. Epub 2024/03/12. doi: 10.1200/ jco.23.02474.

# **Clinical Trial IDs**

BMT CTN 1506 (MORPHO); ClinicalTrials.gov NCT02997202

#### Sponsor

Blood and Marrow Transplant Clinical Trials Network<sup>®</sup> (BMT CTN<sup>®</sup>)

BMT CTN, funded by the National Heart, Lung and Blood Institute and by the National Cancer Institute, is a collaborative effort of 20 core transplant centers/Consortia, the Center for International Blood and Marrow Transplant Research (CIBMTR), NMDP and The Emmes Company. CIBMTR is a research collaboration of the Medical College of Wisconsin (MCW) and NMDP. You may contact CIBMTR, MCW, Clinical Cancer Center, 9200 W. Wisconsin Ave., Suite C5500, Milwaukee, WI 53226, 414-805-0700. This study also was funded by Astellas Pharma, the maker of gilteritinib.

# Learn more at BMTCTN.net.