

Approaching difficult-to-treat patients with relapsed FLT3 ITD AML

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Welcome to *Managing AML*, I am Dr. Keith Pratz. A topic I frequently get asked is how I approach patients with relapsed FLT3 ITD acute myeloid leukemia. This has historically been a very difficult to treat group of patients and the management of these patients is somewhat dependent on the duration of remission that was seen previously. In patients who are relapsing shortly after treatment, or have never gone into remission, treatment with tyrosine kinase inhibitors plus chemotherapy has shown very little in the way of clinical responses, and it is not something we typically recommend. My personal approach in patients with FLT3 ITD disease in relapse off of a clinical trial is the use of azacitidine and sorafenib given off-label for this indication. There are agents in development that have had high rates of response in the phase 2 setting as single agents: quizartinib and gilteritinib. If and when they become available they might be a very reasonable option in this patient group. Outside of those options, conventional cytotoxic chemotherapy historically has had response rates of 10%-15%, so it is not something we recommend. Often we will seek out a clinical trial or use demethylating agents plus a tyrosine kinase inhibitor in an attempt at achieving a remission and taking the patient to transplant. Thank you for viewing this activity.