



**NORTHSIDE HOSPITAL  
CANCER INSTITUTE**

**BLOOD & MARROW  
TRANSPLANT PROGRAM**

**The Blood & Marrow  
Transplant Group**  
O F G E O R G I A

# Blood & Marrow Transplant Program

## Clinical Trial Opening | NSH 1182



### **A Multi-Center, Randomized, Double-Blind, Placebo-Controlled Phase 3 Trial of the FLT3 Inhibitor Gilteritinib Administered as Maintenance Therapy Following Allogeneic Transplant for Patients with FLT3/ITD AML**

One of the most common genetic lesions in AML is FLT3/ITD and is associated with an overall poor prognosis. Allogeneic transplant is less effective for FLT3/ITD AML than for other AML subtypes. Gilteritinib (ASP2215) is a novel small molecule pyrazinocarboxamide derivative with inhibitory activity against FLT3. This Phase 3 Astellas and BMT CTN sponsored study (NCT02997202) will determine if the addition of Gilteritinib post allogeneic transplant will have a greater relapse-free survival (RFS) than the placebo controlled study arm.

[northside.com/BMTProgram](http://northside.com/BMTProgram)

[bmtga.com](http://bmtga.com)

## PRIMARY OBJECTIVE

Compare RFS between participants with FLT3/ITD AML in CR1 who undergo transplant and are randomized to receive gilteritinib or placebo beginning after time of engraftment for a two-year period.

## CRITERIA

Registration Inclusion Criteria	Recipient Exclusion Criteria
<ul style="list-style-type: none"><li>› Confirmed AML in CR1</li><li>› Not received more than 2 cycles of induction</li><li>› Any donor source, any graft source, any conditioning regimen allowed</li><li>› Presence of FLT3/ITD mutation at diagnosis</li></ul>	<ul style="list-style-type: none"><li>› Prior allo transplant</li><li>› KPS &lt;70%</li><li>› QTcF &gt;450msec</li><li>› Uncontrolled infections</li><li>› Prior malignancy with curative intent &lt;5 years</li><li>› Requires treatment with strong inducers of CYP3A4</li></ul>
Randomization Inclusion Criteria	Randomization Exclusion Criteria
<ul style="list-style-type: none"><li>› <math>\geq 30</math> days and <math>\leq 90</math> days from transplant</li><li>› ANC <math>\geq 500</math> and platelets <math>\geq 20k</math> in absence of transfusion within prior 7 days</li><li>› Confirmed AML in CR1</li><li>› If has grade II-IV acute GVHD, must not be taking <math>&gt;0.5mg/kg</math> of prednisone or equivalent</li></ul>	<ul style="list-style-type: none"><li>› Requires treatment with strong inducers of CYP3A4</li><li>› QTcF &gt;450msec</li><li>› Uncontrolled infections</li></ul>



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If you have any questions, would like to discuss study logistics, or the eligibility of any patients, please contact Stacey Brown, NH BMT/Leukemia Clinical Research Manager, at 404-780-7965 or [stacey.brown@northside.com](mailto:stacey.brown@northside.com).